



Oregon Board of Naturopathic Medicine
SERVICE REQUEST FORM
 PLEASE TYPE OR PRINT NEATLY



ORDERED BY

SHIPPING INSTRUCTIONS

CIRCLE ONE:

MAIL TO: _____ FAX TO: _____

DATE: _____ NAME: _____

NAME: _____ STREET: _____

STREET: _____ CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____ FAX: _____

PHONE: _____

SERVICE REQUESTED:	REQUIRED INFORMATION:	FEE:
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WALL CERTIFICATE LICENSEE NAME /LICENSE NUMBER \$25.00
 (ALLOW 6-8 WEEKS FOR DELIVERY OF WALL CERTIFICATE)

NAME AS YOU WANT IT ON CERTIFICATE: _____

DISCIPLINARY REPORT LICENSEE NAME \$VARIES
 (CONTACT BOARD OFFICE)

OFFICIAL EXAM COPIES LICENSEE NAME \$15.00
 (PRE NPLEX ONLY) (NEED YEAR EXAMS WERE TAKEN) _____ YEAR

DUPLICATE LICENSE LICENSEE NAME \$25.00
 (CAN BE ORDERED ONLY BY LICENSEE)

VERIFICATION OF LICENSE. .. LICENSEE NAME \$0.00
 (PLEASE SUBMIT A PRE-STAMPED, PRE-ADDRESSED ENVELOPE WITH YOUR WRITTEN REQUEST)

REQUIRED INFORMATION:

LICENSEE NAME: _____ LICENSE NUMBER: _____

STREET: _____

CITY, STATE, ZIP: _____

Oregon Board of Naturopathic Medicine
 800 NE OREGON ST., SUITE 407, PORTLAND, OR 97232
 (971) 673-0193