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

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**ORDERED BY**

**DATE:** ________________________________  
**NAME:** ________________________________

**NAME:** ________________________________  
**STREET:** ______________________________

**STREET:** ______________________________  
**CITY, STATE, ZIP:** ________________________

**CITY, STATE, ZIP:** ________________________  
**PHONE:** ________________________________

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**SHIPPING INSTRUCTIONS**  
**CIRCLE ONE:**

**MAIL TO:**  
**FAX TO:**

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<table>
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<th>SERVICE REQUESTED</th>
<th>REQUIRED INFORMATION</th>
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</table>
| [ ] WALL CERTIFICATE . . . . . . LISENSEE NAME /LICENSE NUMBER . . . . . . . . $25.00  
(ALLOW 6-8 WEEKS FOR DELIVERY OF WALL CERTIFICATE) | | |
| [ ] DISCIPLINARY REPORT . . . . . . LISENSEE NAME . . . . . . . . . . . . . . . . . . . . $VARIES  
(CONTACT BOARD OFFICE) | | |
| [ ] OFFICIAL EXAM COPIES . . . . . . LISENSEE NAME . . . . . . . . . . . . . . . . . . . . $15.00  
(PRE NPLEX ONLY) (NEED YEAR EXAMS WERE TAKEN) ____________YEAR | | |
| [ ] DUPLICATE LICENSE . . . . . . LISENSEE NAME . . . . . . . . . . . . . . . . . . . . $25.00  
(CAN BE ORDERED ONLY BY LICENSEE) | | |
| [ ] VERIFICATION OF LICENSE. . . LISENSEE NAME . . . . . . . . . . . . . . . . . . . . $0.00  
(PLEASE SUBMIT A PRE-STAMPED, PRE-ADDRESSSED ENVELOPE WITH YOUR WRITTEN REQUEST) | | |

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**REQUIRED INFORMATION:**

**LICENSEE NAME:** __________________________  
**LICENSE NUMBER:** ____________

**STREET:** __________________________________________________________

**CITY, STATE, ZIP:** ___________________________________________________

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