For Official Use Only

___3628 - $25
___3629 - $25

State of Tennessee
Board of Medical Examiners' Committee on Physician Assistants
227 French Landing
Heritage Place Metro Center, Suite 300
Nashville, TN 37243
(615) 532-3202, ext. 24384 or (800) 778-4123. ext. 24384

REQUEST FOR DUPLICATE OR REPLACEMENT LICENSE

Check Applicable Profession

___Physician Assistant ___Orthopedic Physician Assistant

Check Applicable Document

___Renewal Certificate (no fee) ___Wall License ($25)

I _____
Print Name in Full

of _____
Street Address City State Zip Code

am licensed to practice the above profession pursuant to license number: _____

I hereby request a duplicate or replacement license and remit herewith the fee required by the rules and regulations that govern the practice of my profession.

Further, the circumstances surrounding the loss or destruction of my original document include:

_____

_____

_____
Licensee Signature Date

Sworn and subscribed to me this _____ day of _____, _____.

At: _____, _____.
City State

(Seal)

_____
Notary Public

My Commission Expires: _____.