

ATTACH  
PHOTO HERE



2215/001 \$25.00

LICENSE NO: \_\_\_\_\_

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
227 French Landing, Suite 300  
Heritage Place MetroCenter  
Nashville, TN 37243

TENNESSEE BOARD PODIATRIC MEDICAL EXAMINERS

### AFFIDAVIT FOR REPLACEMENT LICENSE

I \_\_\_\_\_  
(FIRST) (MIDDLE) (MAIDEN) (LAST)

the lawful possessor of the lost \_\_\_\_\_, stolen \_\_\_\_\_, destroyed \_\_\_\_\_, other \_\_\_\_\_ license to practice Podiatry in the state of Tennessee do hereby request a replacement of said license.

PLEASE EXPLAIN REASON/CIRCUMSTANCE BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Legal signature as licensed) (Date)

PRESENT ADDRESS:

\_\_\_\_\_  
(Street No.) (Apt No.)  
\_\_\_\_\_  
(City) (State) (Zip)

This person whose signature appears above has personally appeared before me and being duly sworn, states the statements made in this affidavit are strictly true this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

COUNTY OF:

\_\_\_\_\_  
(Notary's Name)

STATE OF:

My Commission Expires: \_\_\_\_\_

SEAL