GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS					
2 Peachtree Street, N.W., - 36 <sup>th</sup> Floor					
Atlanta, Georgia 30303					
(404) 656-3913 main number; (404) 656-9	9723 (fax)				
www.medicalboard.georgia.gov					
DUPLICATE IDENTIFICATION CARD ORDER FORM					
<b>INSTRUCTIONS:</b>					
□Type or print clearly.					
□Complete all information requested.					
□Attach check or money order for \$10.00 made payable to: CSBME					
	Ĩ				
CHECK CATEGORY:					
$\Box$ MD, DO.	<b>Clinical Perfusionist</b>	☐Auricular Detox			
□Physician Assistant	Acupuncturist				
<b>Respiratory Care Professional</b>	<b>Residency Training</b>				
LICENSE/CERTIFICATE NUMBER:		DATE ISSUED:			

I hereby apply for a Duplicate Identification Card and enclose the fee of \$10.00. The circumstances regarding the loss or destruction of my original identification card are as follows:

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