

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
665 MAINSTREAM DRIVE
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