Print Form

Nevada State Board of Medical Examiners
PO Box 7238 Reno, NV 89510-7238
Physical Address: 1105 Terminal Way, #301, Reno, NV 89502-2144
Phone: In Reno/Sparks/Carson City: (775) 688-2559
(If calling from any other area of Nevada, call the Board's in-state toll-free number: (888) 890-8210))
Fax: (775) 688-2321

REQUEST FOR REPLACEMENT WALL CERTIFICATE AND/OR WALLET IDENTIFICATION CARD

Please complete and mail this form to: Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510-7238

You must submit a copy of your photo ID with your request in order to verify your identity to ensure your information is released only to you.

Date: _____

Name: _____

License No.: _____

Please send:

- ☐ Replacement Wall Certificate.....$25.00
- ☐ Replacement Wallet ID Card.....$15.00

To the address below:

Street/PO Box: _____

City, State Zip: _____

Reason for Replacement: _____

_____

_____
Signature (required)

Payment must be made in advance. You may pay by check, cashier's check or money order, payable to "NEVADA STATE BOARD OF MEDICAL EXAMINERS," or by credit card. If paying by credit card, please complete the Credit Card Authorization Form on the last page of this form. A two percent (2%) service fee will be assessed for payment by credit card.

CREDIT CARD AUTHORIZATION FORM

If mailing or faxing this page separately from the application, please mail to:
Nevada State Board of Medical Examiners
P.O. Box 7238
Reno, NV 89510-7238
or fax to:
775-688-2321

***Please type or print legibly*.**

Name of Licensee: _____

Method of Payment: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Credit Card: _____

Business Name (if applicable): _____

Credit Card Billing Address:

_____

_____

_____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ / _____
(MM) (YYYY)

I authorize the Nevada State Board of Medical Examiners to charge the above credit card for a one-time payment in the amount of $ _____, and an additional 2% service fee.

Printed Name: _____

Authorized Signature: _____ Date: _____