APPLICATION FOR DUPLICATE LICENSE
This form is not to be used to request a duplicate due to a name change (see Application For Name Change).
Iowa Department of Public Health/Bureau of Professional Licensure
Lucas Office Bldg., 5th Floor, 321 E. 12th Street, Des Moines, IA 50319-0075

Website: http://www.idph.iowa.gov/licensure
Online Licensure Services: https://ibplicense.iowa.gov

TO BE COMPLETED BY LICENSEE (TYPE OR PRINT). Incomplete applications will be returned.

1. ________________________________ 2. ________________________________
   Last Name                                                        First Name and Middle Name

3. ___________________________________________________________
   Current Mailing Address                                          City, State, Zip Code

4. ________________________________ 5. ________________________________
   Profession & License Number                                     E-Mail Address

6. ________________________________ 7. ________________________________ 8. _______ -- --
   Daytime Phone (Including Area Code)                             Date of Birth                                      Social Security Number

☐ Reason for request for duplicate licensure/wallet cards. The fee is $20.00. Make check/money order payable to your licensing board.
   □ Lost.
   □ Stolen.
   □ Destroyed.
   □ Did not receive the original wallet card.
   Approximate date card(s) was lost, stolen, or destroyed (if applicable) ______________________.

☐ Reason for request for a duplicate 8x10 license certificate. The fee is $20. Make check/money order payable to your licensing board.
   □ Lost.
   □ Stolen.
   □ Destroyed.
   □ Did not receive the original certificate of licensure.
   Approximate date certificate(s) was lost, stolen, or destroyed (if applicable) ______________________.

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THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

I hereby affirm that the above stated document has not been given away, loaned or sold to any person and that I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification, it may be deemed as fraud and deceit and that, if founded, the Board has the authority to impose disciplinary action.

Licensee’s signature: ________________________________
   (To be signed in presence of a notary)

Notary of public signature: ________________________________ Commission expires: __________________

Subscribed and sworn to me this _________ day of ____________________________, 20_____.

State of: __________________. County of: ________________________________.

S E A L

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