

Nevada State Board of Medical Examiners

9600 Gateway Drive, Reno, NV 89521

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  
9600 Gateway Drive, Reno, NV 89521

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/P.O. Box: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

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 an application or order form, please mail to:  
Nevada State Board of Medical Examiners  
9600 Gateway Drive, Reno, NV 89521  
or fax to:  
775-688-2321*

**Please type or print legibly.**

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: \_\_\_\_\_ / \_\_\_\_\_    Three Digit Credit Card Verification Code:    CVC: \_\_\_\_\_  
(MM)    (YYYY)    (Code found on the back of the card)

***For security of your financial information, please do not email this form to the Board; emailed forms will not be accepted.***

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: \_\_\_\_\_