

COMMONWEALTH OF MASSACHUSETTS
Board of Registration in Medicine
Committee on Acupuncture
200 Harvard Mill Square Suite 330
Wakefield, Massachusetts 01880
Telephone: (781) 876-8210

Dear Licensee:

Please read the instructions below to determine the information you need to submit.

LOST OR MISPLACED CERTIFICATE

Return the completed *certified* affidavit explaining you have made every reasonable attempt to locate the certificate and enclose the appropriate fee(s) made payable to the Commonwealth of Massachusetts.

\$18.00 for the wall certificate
\$11.00 for the wallet certificate
\$29.00 for the wall certificate and the wallet certificate

DAMAGE TO WALL OR WALLET CERTIFICATE

Return the completed *certified* affidavit explaining the cause of the damage to the certificate. Return the original (now damaged) certificate and enclose the appropriate fee(s) made payable to the Commonwealth of Massachusetts.

\$18.00 for the wall certificate
\$11.00 for the wallet certificate

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SUPPLEMENT AFFIDAVIT DETAILING THE LOSS OF MY LICENSE

Please print clearly or type:

- NAME OF LICENSEE: _____
- MAILING ADDRESS: _____
- CITY, STATE, ZIP: _____
- LICENSE NUMBER: _____

The circumstances surrounding the loss of my (a)____ Wallet-size card (b)____ Wall certificate are as follows:

I have made every reasonable attempt to locate my license to no avail. I declare that my statements are true and correct.

(Signature of Licensee)

(date)

COMMONWEALTH OF MASSACHUSETTS

COUNTY _____

Then personally appeared the above named and acknowledge the foregoing statements to be true to the best of his/her knowledge and belief, this _____ day of _____, 19_____.

NOTARY PUBLIC

My Commission Expires _____

Notary Seal