

*Commonwealth of Massachusetts*

**BOARD OF REGISTRATION IN MEDICINE**  
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880  
(781) 876-8210 - [www.massmedboard.org](http://www.massmedboard.org)

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**REQUEST FOR REPLACEMENT WALL CERTIFICATE**

Please enclose a personal check or money order for \$27.00, made payable to the *Commonwealth of Massachusetts*.

Please explain the reason for requesting a replacement wall certificate

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I declare under the pains and penalties of perjury that my statements are true and correct.

Signature \_\_\_\_\_ Month / Day / Year \_\_\_\_\_

Print name \_\_\_\_\_ MA. LICENSE #: \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please forward this completed form with your check for \$27.00 to the Board of Registration in Medicine at the above listed address. Thank you.

*For Office use only*

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by: \_\_\_\_\_