



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
101 Dee Drive
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

Affidavit of Lost or Replacement Documents

- Complete all sections of this form by printing or typing. (Name must be the same as it will appear on your license/registration as well as on the signed patient records or in patient notes.)
- This form must be notarized.
- The fee for a duplicate license/registration is \$5.00.
- The fee for a duplicate wall certificate is \$15.00.
- **Our office cannot accept cash.**
- If you are submitting a name change request, you are required to order a replacement license/registration with your updated name. A notarized copy of your marriage certificate or divorce decree must be included.
- If your license/registration was stolen, you must file a report with your local police department and include a copy of that report with your request.

Allow approximately 10 business days for processing.

I am requesting a new license/registration (\$5.00). Yes <input type="checkbox"/> No <input type="checkbox"/>		I am requesting a new wall certificate (\$15.00). Yes <input type="checkbox"/> No <input type="checkbox"/>	
Profession and WV License/Registration Number:		Social Security Number (Required):	
First Name:		Last Name:	
Street Address:		City:	
County:	State:	Zip Code:	
Reason you are requesting a duplicate or replacement document (ex. lost, stolen, etc.):			

To be completed before a Notary Public:

Signature of Licensee/Registrant: _____

Sworn to and signed before me this _____ day of _____, 20_____

Signature of Notary Public: _____

Commission Expires: _____

