



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
101 DEE DRIVE

Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369

LESLEIGH BARBER
Board Chair

PATRICIA A. HOLSTEIN
Executive Secretary

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/replacement license or registration (I.D. card) is \$5.00
- The fee for a duplicate/replacement wall certificate is \$15.00
- If your license or registration I.D. was stolen, you must file a report with your local Police Department and send a copy of that report in with your request.

Processing takes approximately 10 business days.

Profession and WV License/Registration Number:		Social Security Number (Required):	
I am requesting a new License or Registration card (\$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"/>	
First Name:		Last Name:	
Address:			
City:	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 or registrant _____

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

Signature of Notary Public _____

My Commission Expires: _____

