



Postgraduate Training License Request to Order Duplicate License Certificate

There is a \$25.00 fee for the certificate.

- Please provide:

Name: _____

License #: PTL_____

- Place the appropriate check marks below:

Pocket Certificate ()

Lost

Stolen

- Explanation as to why you are requesting a duplicate certificate:

- Mail completed form and check or money order to:

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991

Cashiering: Transaction Code 8001