



**Application for Duplicate Wall Certificate**  
**Virginia Board of Medicine**  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-367-4600

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Please print or type the following information:

Name: \_\_\_\_\_

License # \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new mailing address?      No              Yes

If you are requesting a new wall certificate due to a name change, please provide supporting documentation such as a court order or marriage license. In addition, if you are requesting a new wall certificate because of a name change, your license will be updated to reflect the same change.

Enclosed:

**\$15.00 check or money order payable to the "Treasurer of Virginia" for a duplicate wall certificate ONLY.**

**\$20.00 check or money order payable to the "Treasurer of Virginia" for a duplicate license and wall certificate.**

Signature \_\_\_\_\_