

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board 77 South High Street, 16th floor, Columbus, Ohio 43215-6108 Phone (614) 466-3774 Fax (614) 995-0816

Affidavit of Lost or Replacement Documents

Instructions:

- 1. Complete all sections of this form by printing or typing. **Notarize the completed form.**
- 2. The fee for a new wall license is \$10.00. Acceptable forms of payment are: cashier's checks, money orders, or business checks. Make checks payable to "**Treasurer**, **State of Ohio**". Personal checks, cash and/or credit cards will not be accepted.

Upon receiving your completed request form and appropriate documentation, your licensure record will be updated. Please allow approximately 7 business days for processing.

Profession and Ohio License Number	:: (ex: OT – 9999)	Social Security Number (Required):	
Select number of wall license(s) you are requesting: \Box 1 \Box 2			
Full Name:			
Address:			
City:	State:		Zip Code:
Phone Number:		Email:	
To be completed before a Notary Public: Signature of Licensee day			
Signature of Notary Public		Commission Expires	NOTARY PUBLIC
For Office Use Only:			
Date Received:		Money order Reference N	d: \$