



American  
Board of  
Psychiatry and  
Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

**Mail to:**  
Executive Vice President  
American Board of Psychiatry and Neurology, Inc.  
2150 E. Lake Cook Road, Suite 900  
Buffalo Grove, Illinois 60089  
Phone: 847.229.6500  
Fax: 847.229.6600

## Request for Duplicate Certificate Form

Fee \$150 - check or credit card accepted (form included)

*Please Note: Photocopies of Board certificates are not available from the ABPN.*

Unframed certificate (approx. 11" x 14")

PLEASE PRINT CLEARLY AND LEGIBLY OR TYPE

Indicate the specialty or subspecialty: \_\_\_\_\_

Indicate type:  Initial Certification  Maintenance of Certification

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Name as it should be printed on the certificate:

*Please Note: For any name changes on a certificate, submit certified, legal documentation (marriage license, name change determination, etc.) with this form.*

**Documentation That Must Be Included:**

- copies of all medical licenses held or the current renewal registration cards for your medical licenses, *whichever show the expiration date,*
- for security purposes, a copy of government-issued photo identification, such as a driver's license or passport, and
- the \$150 fee payable to the American Board of Psychiatry and Neurology, Inc.

I realize that certificates are printed approximately four times per year. Depending on when a duplicate certificate is requested, it may be four to six months until I receive the duplicate certificate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

