



American Board of Psychiatry and Neurology, Inc.

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

Request for Duplicate Certificate Form

Indicate the specialty or subspecialty: _____

Indicate type: ☐ Initial Certification ☐ Continuing Certification

Full Name: _____ ABPN ID# _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Birth Date: _____

Name and title as it should be printed on the certificate:

Please note:

- Duplicate certificates will only be issued to diplomates with current ABPN Board certification.
- For any name changes on a certificate, please submit certified, legal documentation (marriage license, name change determination, etc.) with this form in addition to the documentation listed below.
- To protect your certification and professional credentials, we encourage you to avoid photographing or scanning your certificate for placement on a website or public display other than in your own physical office space.
- Photocopies of Board certificates are not available from the ABPN.

This form and all documentation listed below must be emailed to questions@abpn.org:

☐ 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.

After a review of documentation, a payment link for \$150 for each certificate will be sent by email.

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: _____

Certificates are 11" x 14" and will be mailed in an unmarked, flat, white cardboard mailer.