



AFFIDAVIT OF LOST DOCUMENT

(Please print)

Return this completed and notarized form to the Ohio Board of Nursing, **Attention: Renewal**, at the above address, along with a \$25 fee, in the form of a certified check, cashier's check or money order payable to "Treasurer, State of Ohio." **Personal checks will not be accepted.**

License/Certificate# _____

Name _____
Last First Middle Maiden

Address _____

City, State, Zip _____

County _____ Telephone# _____

This is to certify that the document(s) checked below was stolen, lost, destroyed, or not received. Please check the appropriate replacement requested, and allow 14 business days to receive the replacement by U.S. mail.

- Frameable certificate to practice nursing in Ohio as an: RN LPN
- Frameable certificate to practice in Ohio as a Certified Dialysis Technician
- Frameable certificate to practice in Ohio as a Certified Community Health Worker
- Frameable Certificate of Authority to practice nursing in Ohio as a: CNM CNP CNS CRNA

Explanation: _____

Signature _____ Date _____

Signed and sworn before me this
_____ day of _____, 20____.

(Notary Seal)

Signature of Notary Public

Expiration Date of Commission