



APPLICATION FOR DUPLICATE PRACTITIONER'S LICENSE

Use this form to request a duplicate license for any reason OTHER than a name change. Please use 1. Change of Name/Address Form to request a duplicate license due to a name change.

A copy of your current U.S. government issued photo ID may be requested if not already on file with the Board.

License Type
Practitioner Information
Name: Last First Middle whose mailing address is:
Email Address:
whose license number is: and *Social Security Number is:
wishes to apply for a duplicate of said license. Being duly sworn and deposited, I state my license has been (check appropriate one):
Fee Payment \$25
Credit Card Payment \$25
Check or Money Order Payment \$25
Attestation
I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true and correct.
Signature Required: Date:
If you have questions about this form please e-mail vickie.rodriquez@ks.gov