

## Request for Duplicate Certificate and/or Pin Form



To order a replacement certificate: Please complete this form and send it to the address listed below with a \$20 check **payable to AAOMS**.

**Note: If you need a certificate from the current year, please call PSI at 833-333-4755 for a replacement copy.**

To order a replacement pin: Please complete this form and send it to the address listed below with a \$10 check **payable to AAOMS**.

**DAANCE**

9700 W. Bryn Mawr Ave.  
Rosemont, IL 60018-5701

**Voice:** 847-678-6200

**Fax:** 847-678-6286

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Your name as it should appear on the certificate

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Your name at the time you took your exam (if different)

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Sponsoring doctor's name at the time you took your exam

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Year and month you took the exam (if you don't remember, please write the approximate year)

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Mailing address (please indicate if this is your home or work address)

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Contact phone number or email address

The information on this form is confidential and may be legally privileged. It is intended solely for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it is prohibited and may be unlawful.