

## REQUEST FOR A DUPLICATE CARD

**INSTRUCTIONS:** Complete this form with your name, Occupational Therapist (OT)/Occupational Therapy Assistant (OTA) license #, current address, telephone number and your signature. Send this form with a check for twenty-five (\$25.00) dollars. Once the department has received your request, we deposit your payment and then we process your request. The processing time takes 5-10 business days.

1. Please complete the form below.

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

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

\_\_\_\_\_

Phone number: \_\_\_\_\_

Minnesota Credential # : \_\_\_\_\_

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

2. Enclose a check or money order for \$25.00 payable to:  
**Treasurer, State of Minnesota**

**OTs mail the form along with payment to:**  
**Minnesota Department of Health**  
**Health Occupations Program**  
**Attn: Occupational Therapist Licensing**  
**PO Box 64882**  
**St. Paul, MN 55164-0882**

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**PO Box 64882**  
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