

REQUEST FOR A DUPLICATE CARD

INSTRUCTIONS:

1. Please complete the form below.

Name: _____

Address: _____

Phone number: _____

Minnesota Credential # : _____

2. Complete a check or money order for \$25.00 made out to:
Treasurer, State of Minnesota

3. Mail the form along with payment to:
Minnesota Department of Health
Health Occupations Program
Attn: Kim Ruberg
PO Box 64882
St. Paul, MN 55164-0882

Once the department has received your request, we deposit your payment and then we process your request. The processing time takes 5-15 business days.