



### Replacement Certificate Order Form

Full Name:

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Specialty:

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Street Shipping Address (for FedEx Delivery):

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Payment: **\$25**

I will pay by check.      Check number: \_\_\_\_\_

I will pay by VISA, MasterCard or American Express.

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_      Card Security Verification Code (3 or 4 digit): \_\_\_\_\_

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

**Submit completed forms by mail, email, or fax:**

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