#### **Replacement Certificate Request**

The ABMGG does not issue duplicate Certificates. A Replacement Certificate will only be issued under certain conditions. To request a Replacement Certificate, you must complete and submit this form along with \$150 payment to the ABMGG.

The Replacement Certificate will indicate that the Certificate is a replacement and the date of the replacement. If more than one Certificate needs to be replaced, an additional Replacement Certificate Request Form must be completed and submitted with a \$150 payment for each.

#### **INSTRUCTIONS:**

Complete, print, and send this form, including the existing certificate or a notarized Affidavit (page 3) if applicable to:

American Board of Medical Genetics and Genomics 6120 Executive Blvd, Suite 525 Rockville, MD 20852

If you would like to pay the fee electronically (credit card or ACH), contact <u>abmgg@abmgg.org</u>. Otherwise, include a check payment with your request form in the mail.



# ABMGG American Board of Medical Genetics and Genomics 6120 Executive Blvd, Suite 525 Rockville, MD 20852 301.634.7315 ABMGG.org

# **Replacement Certificate Request Form**

First Name:		Middle:			Last:		
Date of Birth:		-					
Mailing address:							
		S					
Email:							
Phone:		_					
Certificate I wish to re	eplace:			Ye	ear Issued	l:	
Reason for requesting	replacement c	ertificate:					
o Damage - the o	•	<u> </u>		•			
<ul> <li>Legal name ch the original Cer</li> </ul>				<u>equest Fo</u>	<u>orm</u> , verifi	cation do	cument and
<ul> <li>Loss of Certification</li> <li>must accompan</li> </ul>	y this request.	•			ed, signed	, and nota	arized and
o <b>Other</b> (if other,	detailed expl	anation is req	uired belov	v)			
Signature			Date:				



### **AFFIDAVIT**

## BEING DULY SWORN ON OATH, I HEREBY CERTIFY AND STATE AS TRUE THE FOLLOWING:

Diplomate Name (printed):

Diplomate Signature:

1.	I hereby affirm that, after a diligent search, I have determined that the following Certificate issued to me by the American Board of Medical Genetics and Genomics has been lost or destroyed.
2.	I further affirm that should the original of the above Certificate be found, I will return it to the ABMGG immediately.
3.	I understand that if it is determined by the ABMGG that the statements contained in this Affidavit are not true, I may face disciplinary action by the ABMGG which could result in the revocation of my certification and eligibility for future certification
FUF	RTHER AFFIANT SAYETH NAUGHT.
Not	ary:
Sub	oscribed and sworn

**Date:** \_\_\_\_\_