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Email: NHCWACERTIFICATIONINFO@gmail.com
Website www.NHCWA.com

DUPLICATE/REPLACEMENT CERTIFICATE APPLICATION

If you need a replacement certificate and you do not have any changes in information, follow these steps:

1. MAIL the Duplicate Request form (below) and a MONEY ORDER or FACILITY CHECK (NO PERSONAL CHECKS WILL BE ACCEPTED) for \$20.00 for each certificate requested, made payable to: The National Healthcare Workers Association Po. Box 5034 Milford CT 06460. You can also pay on-line and fax the form to **Fax: 877-560-9486**

** If you have changed your name you must include **legal documentation of name change**, along with this completed duplicate request form and fee.

The National Healthcare Workers Association Testing Office will issue you a duplicate/replacement certificate within 10 days of our receiving the duplicate request form.

NAME: / _____ / _____
M.I. First Last Name

MAILING ADDRESS: _____
Number Street Apt. No.

City State Zip Code

Maiden Name

Email Address: _____

I am requesting a copy of my: **Certificate Name** _____ **Certificate #** _____

I certify that the information provided on this form is true and accurate, and that I am the person whose name appears on this form and is requesting the Replacement/Duplicate Certificate.

Signature

Date