



DUPLICATE WALL CERTIFICATE REQUEST

1. Download & Save copy of form
2. Complete all required fields & **save copy to be emailed** (Please select type of license below to be mailed)
3. To pay online a nonrefundable fee of \$50.00 (click link=> [pay wall size certificate](#)) After payment, print a digital copy of the confirmation receipt. Tip: right-click/print as pdf.
4. Email a copy of the completed form and confirmation receipt to mdh.psychologyboard@maryland.gov with **Subject line** "Duplicate Wall Certificate Request"
5. Requests will not be processed without completed form and copy of confirmation receipt

Duplicate wall certificate fee (credit/debit card only)

Wall Certificate (\$50.00)

Date of Request: _____ Maryland License# _____

Full Name: _____

(As it appears on your license)

Home Address: _____

Current email: _____ Primary Telephone #: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Payment #:

Amount: \$

Date Stamp/Staff

Initial: