



MASSACHUSETTS ALLIED HEALTH Wall Certificate Request Form

As a licensee, you may order a wall certificate to commemorate this achievement. You may pay by credit card or with a certified check or money order. PCS will print the wall certificate and send it to the Massachusetts Board of Allied Health for the appropriate signatures. The wall certificate(s) will then be mailed to you.

_____ Please write your profession \$25 per certificate (PT, OT, etc)

Name: _____ License # _____
Please print full name as you wish to appear on the certificate.

Type of Payment: Certified check or money order (payable to PCS). Mail the completed form and payment to PCS.
 Credit card (complete information below). You may fax or mail the completed form to PCS.

Authorized payment amount: \$ _____

Type of credit card: VISA MasterCard

Credit Card # _____ expiration date _____

Print Name on Credit Card: _____
If name different than
applicant's, include address: _____

Authorized Signature: _____ Date: _____

PCS
Attn: MA Allied Health Coordinator
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