



MASSACHUSETTS PODIATRY Wall Certificate Request Form

As a licensed podiatrist, 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 Registration of Podiatry for the appropriate signatures. The wall certificate(s) will then be mailed to you. Please indicate the number of wall certificates you would like to receive.

Quantity _____ (\$15 per certificate)

SSN: _____

Name: _____
Please print your name and degree (optional) as it should appear on wall certificate(s)

Address: _____
Street City State Zip Code

Contact Phone Number: _____ Email: _____

License Number: _____

Type of Payment: _____ Certified check or money order (payable to PCS; please include your SSN on the front of your payment). 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

applicants include address _____

Authorized Signature: _____ Date: _____

PCS
Attn: MA Podiatry Coordinator
P.O. Box 198689
Nashville, TN 37219-8689
Toll Free: 1-877-887-9727 fax: 615-846-0153