Replacement of Certificate Request Form

Please print and fill out this request form for the replacement of either your original AHS Membership Certificate or your NBCA Exam Certificate. Please include check, money order or Credit Card details for the \$10.00 processing fee and mail to:

American Health Source 801 W. Norton Ave., Suite 420 Muskegon, MI 49441

Name Change

Please submit proof of your name change to the AHS office. Attach a copy of a legal court record such as a marriage license, divorce decree or court-approved name change document supporting the name change. If you wish to have a new certificate reflecting your name change, please follow the directions above for the Replacement of Certificate(s).

Please print or type neatly. You must provide all information and correct fees or your request will be returned. If necessary, you may make additional copies of this form for multiple requests. AHS will process your request within 72 hours of receipt.

** Replacements of NBCA Exam Certificates are only available to currently certified professionals in good standing. If your certification has lapsed – no certificate will be provided. No Refunds.

Certificate Inform			
Certification ID: _ Name (as you wo	uld like printed on your o	ertificate):	
Name as it appea	rs on your current certific	cate:	
Is this a name chang	ange? □No □Yes (If yes		f the legal court record supporting
Method of Paym *Make checks/money ord	ent: Include a \$10.00 fee ders payable to AHS.	e for each certificate requ	uested.
□Check/Money C)rde <u>r</u>		
		Discover □ Amer	·
Card Number (ple	ease print clearly)	Expiration date	3-digit Security Code
Cardholder's Sigr	ature:		
Certificate(s) wil alternative addre		s we have for you on fil	e unless you indicate an
Name:			
Address:		Telephone: ()
City:		State:	_ Zip Code:
Do you want us to	permanently change the	e above information in ou	ur AHS data base? □No □Yes