

MISSISSIPPI STATE DEPARTMENT OF HEALTH
OFFICE OF TUBERCULOSIS & REFUGEE
HEALTH

DUPLICATE
CERTIFICATE REQUEST

Telephone: 601-576-7700
Fax: 601-576-7520

This form is ONLY for individuals who have completed a Tuberculosis Surveillance & Testing Certification Workshop and have misplaced their original certificate.

Name (Please Print)

Date of Birth

I hereby acknowledge there is a \$15 fee for the reproduction of a certificate of Completion for the Tuberculosis Surveillance and Testing Course. Below I have listed to the best of my knowledge the information pertaining to which class I completed and where I received my initial certification from the Tuberculosis Program of the Mississippi State Department of Health:

Course Date: _____ Location: _____

Maiden Name _____ Email Address: _____

Mailing Address: _____

Telephone#: _____ Fax#: _____

Employer: _____

Certificate Requested:

Tuberculosis Surveillance & Testing Certification: Certificate of Completion

I understand the reproduction fee of **\$15.00** is NOT REFUNDABLE and I must provide the request form with acceptable form of payment to receive a copy of certificate. Confirmations are sent via email. I am mailing an acceptable form of payment (COMPANY CHECK, CERTIFIED CHECK OR MONEY ORDER – **NO CREDIT/DEBIT CARDS OR PERSONAL CHECKS**) payable to:

MSDH Tuberculosis Program
P. O. Box 1700
Jackson, MS 39215

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Amount: _____ Method of Payment: _____ Payment Number: _____

Confirmed Attendance: _____ Date Mailed: _____