

**Oregon Board of Optometry
Wall Certificate Order**

_____, O.D.
(Print name as you wish it to appear on your 8/12" X 11" certificate)

Oregon optometric license number

Date license effective

Enclose this order with a check in the amount of \$30.00 made payable to the Oregon Board of Optometry and send it to the address below. It will take several weeks to process your order.

Oregon Board of Optometry
P O Box 13967
Salem OR 97309-1967

wallcertjor