Arizona State Board of Nursing

4747 N. 7th Street, Suite 200, Phoenix, AZ 85014-3655
Phone: (602) 771-7800 Fax: (602) 771-7888
E-mail: Arizona@azbn.gov

PRINT, FILL OUT AND RETURN THE REQUEST FORM BY MAIL ONLY WITH APPLICABLE FEES

REQUEST FORM TO:

CHANGE NAME, ADDRESS CHANGE

DUPLICATE LICENSE/CERTIFICATE

***Name and address changes are to be submitted to the Board, within 30 days (R4-19-308, R4-19-812).**

CHANGE REQUESTED: (Check **ALL** that apply)

☐ NAME CHANGE * **(Complete Areas 1, 2 & 5)** ☐ ADDRESS CHANGE * **(Complete #'s 1 & 3)** ☐ DUPLICATE **(Complete #'s 1 & 5)** ☐ DOCUMENT REQUEST **(Complete #'s 1 & 4)**

ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS AND MADE PAYABLE TO THE ASBN

1. FILL IN ALL INFORMATION IN THIS SECTION: (PRINT CLEARLY) Social Security #:_____ (Mandatory)

NAME_____ TELEPHONE # (____) _____
Last First MI

RN ☐ LPN ☐ ADVANCED PRACTICE ☐ CRNA ☐ SCHOOL NURSE ☐ CNA ☐

2. FOR NAME CHANGES: Must provide documentation to verify license/certificate holder's **previous** name i.e. birth certificate, a social security card, marriage license, divorce decree, High School diploma **and** documentation which verifies the licensee/certificate holder's **current** name i.e. divorce decree, driver's license, social security card, marriage license.

FORMER NAME_____
Last First Middle Name or Initial

NEW NAME_____
Last First Middle Name or Initial

3. FOR ADDRESS CHANGE: ☐ **There will be a $25 fee if address change is not made within 30 days (Address changes can also be made by going online to www.azbn.gov.)**
Address you are changing is:

☐ **Primary State of Residence (Home)** ☐ **Mailing Address** ☐ **Temporary Address** ☐ **Work Address**

OLD ADDRESS_____
Street City State ZIP

NEW ADDRESS_____
Street City State Zip

4. DOCUMENT REQUEST: ☐ Original CNA Document (Exam/Renewal) **$50**

5. DUPLICATE (select the license or certificate that pertains to you) **FEES ARE NOT REFUNDABLE**

☐ **CNA $25** ☐ **ADVANCED PRACTICE/CRNA/SCHOOL NURSE $25** ☐ **RN/LPN LICENSE $25**

REASON FOR REQUEST: (Only check one box)

☐ Card Lost/Stolen: **Include a statement to explain fully the circumstances surrounding loss of license or certificate.**

Statement of loss:_____

_____

☐ Name Change (If requesting a new license/certificate reflecting the new name.

☐ Address change (If requesting a new license/certificate reflecting the new address.

The undersigned verifies that he/she is the person referred to on this request form, and that the statements are true in every respect.

Signature _____

FEES ARE NOT REFUNDABLE