



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
Home Page: http://www.azbn.gov

Name Change/
Duplicate License/Certificate Request

Applicant Information:

Name (please print): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- RN LPN ADVANCED PRACTICE
CRNA SCHOOL NURSE CNA

Check all that apply:

- Name Change Request
Duplicate License/Certificate Request
CNA Original Document Request

NAME CHANGE

Pursuant to the Nurse Practice Act (R4-19-308 and R4-19-812), a licensee, applicant or a certified nursing assistant who legally changes names must notify the Board in writing within 30 days of any name change. The applicant shall submit a copy of any official document evidencing the name change.

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 Legal Name: Last First Middle Name or Initial

New Legal Name: Last First Middle Name or Initial

DOCUMENT REQUEST

ORIGINAL DOCUMENT (CNA only):

Original CNA Document (Exam/Renewal) \$50

DUPLICATE DOCUMENT: (select the license or certificate that pertains to you)

- RN/LPN LICENSE \$25 ADVANCED PRACTICE/CRNA/SCHOOL NURSE \$25
CNA \$25 (Only if an original CNA document has previously been paid for and received.)

Reason for Duplicate: (Only check one box)

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

Statement of loss: \_\_\_\_\_

- Name Change (If requesting a new license/certificate reflecting the new name.)
Name and Address change (If requesting to change your address in addition to changes/requests made on this form, complete the Declaration of Primary State of Residence/Change of Address form and submit both forms/payments together.)

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

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

FEES ARE NOT REFUNDABLE

Signature

Date