For office use only

Arizona State Board of Nursing
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E-Mail: arizona@azbn.gov
Home Page: www.azbn.gov

Name Change/Duplicate License/Certificate Request

Applicant Information:

Name (please print):_____

Social Security #: _____-_____-_____ Email: _____

Phone Number: (_____) _____-_____ Cell 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. **DO NOT SEND YOUR ORIGINAL DOCUMENTS.**

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**