



Arizona State Board of Nursing
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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 CMA

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 certificate holder who legally changes names must notify the Board in writing within 30 days of any name change, and submit a copy of any official document evidencing the name change. DO NOT SEND YOUR ORIGINAL DOCUMENTS.

Must provide documentation to verify the licensee's/certificate holder's previous name (including birth certificate, social security card, passport, driver's license, marriage license, divorce decree, or a government issued identity card) and an official document to verify the licensee's/certificate holder's current/new name (including social security card, passport, driver's license, marriage license, divorce decree, government issued identity card or court decree with legal name change)..

Former Legal Name: Last First Middle Name or Initial

Current 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