



STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
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Louise R. Bailey, MEd, RN, Executive Officer



CHANGE OF ADDRESS AND/OR NAME LICENSEES

RN License Number: _____

PLEASE PRINT OR TYPE

LAST NAME:		FIRST NAME:	MIDDLE NAME:
RN LICENSE NUMBER:	DATE OF BIRTH: <i>(Month/Day/Year)</i>	PHONE NUMBER:	E-MAIL ADDRESS:
COMPLETE FOR CHANGE OF ADDRESS ONLY			
PREVIOUS ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
NEW ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
COMPLETE FOR CHANGE OF NAME ONLY			
<p>YOU MUST SUBMIT A PHOTOCOPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. Examples of acceptable forms of legal documentation are a birth certificate, marriage certificate, divorce decree, and/or court documents, social security card or passport. A copy of a driver's license is not acceptable.</p>			
PREVIOUS NAME: <i>Last</i>		<i>First</i>	<i>Middle</i>
NEW NAME: <i>Last</i>		<i>First</i>	<i>Middle</i>
OPTION: ORDER A REPLACEMENT LICENSE CARD <i>(Permanent Licenses Only)</i>			
<p>To order a replacement card as a result of a name change, you are required to return the card(s) with your old name to the Board. There is a \$30 fee per license (limit one per license type). Check the boxes below to indicate the replacement license type card(s) you are requesting:</p>			
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Clinical Nurse Specialist	Total fee enclosed:
<input type="checkbox"/> Furnishing Number (NP)	<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Furnishing Number (CNM)	\$ _____
<p>I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.</p>			
SIGNATURE: _____		DATE: _____	