ARKANSAS	STATE	BOARD	OF	NURSI	١G

UNIVERSITY TOWER BUILDING 1123 SOUTH UNIVERSITY, SUITE 800

LITTLE ROCK, ARKANSAS 72204

501.686.2700 • 501.686.2714 fax • www.arsbn.org •

NAME CHANGE REQUEST

Your nursing documentation should be signed with the name that is on file with ASBN.

□ NAME CHANGE AND LICENSE REQUEST - \$30.00 FOR EACH LICENSE.

NAME CHANGE REQUEST - NO FEE **Note:** You will not receive a replacement license, but your name change will be on file with ASBN.

This is to certify that my name has been legally changed from:

FIRST	MIDDLE	MAIDEN		LAST		
to		rder Other		LAST		
Such as recorded in	Co	unty, State of				
Social Security Number	er	Telephone Number <u>(</u>) () WORK		
License Number	Date of Birth	MM/DD/YYYY	Date of Legal Name Chan	nge		
Current Address	STREET/P.O. BOX	CITY	STATE	ZIP		
E-mail address						
check type of license(s) RN LPN LPTN APRN RNP	court action showing your	Declaration of primary state of residence: In accordance with A.C.A. §17-87-601 (Nurse Licensure Compact), I declare the State of as my primary state of resi- dence and that such constitutes my permanent and principal home for legal purposes. Signature Date				
 In-state Money Credit of 	THOD OF PAYMENT personal check order/cashiers check	(listed below) assessed wi State Board of Nursing do Type of card Visa Cardholder's Name	by credit card. There is a nor ith paying your fees by credit es not receive any portion of MasterCard Discover ss	card. The Arkansas the processing fee. r Zip 2 Paid 7.16 lw		
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