

Nevada State Board of NURSING

Name Change Form

Return to: Nevada State Board of Nursing
 4220 S. Maryland Pkwy., Suite 300, Las Vegas, NV 89119-7524, (702) 486-5803 (fax)
OR 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547, (775) 687-7707
 (fax) (888) 590-6726 (telephone)
 www.nevadanursingboard.org

(NOTE: The address on this application will become your address of record unless you specify otherwise.)

A change of name will be made upon receipt of this form; a copy of your marriage certificate, driver's license or other official court document.

Designation	License/Certificate #	Designation	License/Certificate #
RN		APRN	
LPN		CRNA	
CNA		EMS/RN	
		CNA INSTR	

New Name _____ Former Name _____
 Social Security # _____ Birthday (m/d/y) _____
 Address _____ City/State _____ Zip _____
 Home Telephone _____ Work Telephone _____
 Signature _____ Date _____

YOUR SIGNATURE MUST BE NOTARIZED

State of _____

County of _____

This instrument was acknowledged before me on ____ / ____ / ____ by _____

SEAL

Notary Public

rev 11-21-13