

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500

[www.lsbns.state.la.us](http://www.lsbns.state.la.us)

RNs and APRNs are expected to have current mailing address and contact information on file with the Louisiana State Board of Nursing at all times. There is no fee to update your contact information.

Except for a name change, licensed nurses must report all changes of address and contact information themselves online through the LSBN website [www.lsbns.state.la.us](http://www.lsbns.state.la.us) under **Services / Address Change** for a mailing/postal address change, or **Services / My Profile** for changes of phone numbers and/or email address.

If you're an RN nursing student, or applicant awaiting initial licensure, complete out this form and send to LSBN. Board staff will update your application file on your behalf within 5 to 7 days of receipt. For identity verification the form must be signed with all information provided.

## ADDRESS/CONTACT CHANGE FORM

**Full Name:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

\_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone :** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

### Identifying Information:

**Social Security #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City & State of Birth:** \_\_\_\_\_

**School of Nursing:** \_\_\_\_\_

**City/State School of Nursing is/was located:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of nurse*

\_\_\_\_\_  
*date signed*

**If you have a Name Change**, complete the separate Name Change Request Form available at the LSBN website under **Resources / Forms / Misc Forms** and submit to the Board together with a photocopy of the certificate of marriage or divorce decree.

**\*\* All changes in contact information should be updated/reported within 30 days \*\***