

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500 ♦ Credentialing Dept Fax: (225) 755-7581

www.lsbns.state.la.us

NAME CHANGE REQUEST FORM

I am requesting the Louisiana State Board of Nursing adjust my licensure record to reflect the following name change. I am submitting along with this form the following Board required documentation to process my request:

(check one box and attach/submit with this completed form)

- photocopy of official certificate of marriage

- photocopy of court documents indicating finalized divorce / divorce decree

- photocopy of court documents indicating a legal name change

RN/APRN License #: _____ Social Security #: _____

New Name: _____

Previous Licensed Name: _____

Mailing Address: _____

- check if new address

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone : (_____) _____ Email: _____

Identifying Information:

Date of Birth: _____ City & State of Birth: _____

School of Nursing: _____ Year Graduated: _____

City/State school of nursing was located: _____

Signature of nurse

date signed

Mailing address changes are posted by the nurse electronically at the LSBN website www.lsbns.state.la.us under **My Services / Address Change**. Updating an *email address* and/or *phone number(s)* are posted by the nurse online under **My Services / My Profile**. Verification of licensure status and name change can be viewed under **Licensure Verification** on the LSBN homepage. Please allow ten (10) business days after receipt of your name change request to LSBN for processing.

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