

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, Louisiana 70810
Telephone: (225) 755-7500
www.lsbn.state.la.us

REQUEST CORRECTION TO APPLICATION

Complete and submit this form if you have submitted an application online that is currently being processed **and** you have made an error in completion of that application and are requesting to make a correction to the information provided. ***Do not submit this form if you submitted the wrong application or wish to revise your response to eligibility questions #1-20.*** You may be asked to provide additional supporting documentation to support your request. Applicants are expected to complete all applications and forms carefully, correctly, and accurately. Incorrect or incomplete applications will delay processing of an application. Falsifying applications is a violation of the Louisiana Nurse Practice Act and LSBN Rules.

*** Submit this form by composing and sending a message through the **Message Center** in your **Louisiana Nurse Portal** account. Select the application type as the topic of the message and upload this completed document as an attachment when sending the message.

Name: _____ Date of Birth: _____

Last 4 digits of social security#: _____

Application type submitted with an error (i.e. endorsement, student clinical, etc.): _____

Select One:

- I am requesting to revise an error in my request for controlled substance privileges.
- I am requesting to revise an error in my demographic information (i.e. spelling of name, date of birth, etc.).
- I am requesting to revise an error in my _____.

All applicants must provide specific details below regarding the error made and correction requested:

Signature of Applicant

Date