



Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE (501) 686-2700
FAX (501) 686-2714
www.arsbn.org

REPLACEMENT/DUPLICATE LICENSE APPLICATION

- REPLACEMENT LICENSE.** Thank you for notifying us of your recent name change. Your nursing documentation should be signed with the same name that is on your license. If you want to use your maiden name for your middle name or you want your last name hyphenated, we need a court order, a certified copy (front and back) of the marriage license, divorce decree or other court document showing your newly changed name. Complete the enclosed application, have it notarized, and submit with \$25.00 **for each license** to receive replacement license(s). Please sign Name Change Affidavit with your legally changed name.
- DUPLICATE LICENSE.** A duplicate license or certificate will be issued upon submission of the notarized application, along with the \$25.00 duplicate license fee **for each license**. Should the original license ever be returned to you, it should be sent to this office immediately, along with an explanation. It will be considered void and should not be used again.

FEES ARE NON-REFUNDABLE

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FALSIFICATION OF THIS FORM IS GROUNDS FOR DISCIPLINARY ACTION AGAINST YOUR LICENSE.

FOR OFFICE USE
DUP. LIC ISSUED
AUDIT NO.

ARKANSAS STATE BOARD OF NURSING
UNIVERSITY TOWER BUILDING, SUITE 800
1123 SOUTH UNIVERSITY
LITTLE ROCK, ARKANSAS 72204
(501) 686-2700

DUPLICATE LICENSE APPLICATION

Full Name (MISS, MS., MRS., OR MR) FIRST MIDDLE MAIDEN LAST

Address STREET CITY STATE ZIP

Mailing Address STREET/P.O. BOX CITY STATE ZIP

Social Security Number Telephone No. () (WORK) (HOME)

Date of Birth MM/DD/YYYY Place of Birth

Graduate of NAME OF NURSING SCHOOL Date of Graduation

School Address CITY STATE

Primary State of Residence License Number Date of Original Licensure

Check Type: RN LPN LPTN RNP APN

Reason for Duplicate License:

METHOD OF PAYMENT:
Credit Card Money Order/Cashiers Check
In-state personal check
Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.
Type of card Visa MasterCard Discover
Cardholder's Name
Credit card billing address
Credit Card #
Expiration date / Amount Paid
Signature
*Processing fee - Duplicate License - \$2.50

AFFIDAVIT

I certify the above statements to be true.

SIGNATURE OF NURSE

County of

State of

Sworn to, before me this day of MONTH YEAR

AFFIX NOTARY SEAL HERE

NOTARY PUBLIC

MY COMMISSION EXPIRES DATE