



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
AUDIT NO.
DATE

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

NAME CHANGE AFFIDAVIT

This is to certify that my name under which I was [] licensed [] graduated has been legally changed from:

FIRST MIDDLE MAIDEN LAST
to FIRST MIDDLE MAIDEN LAST due to
[] Marriage [] Divorce [] Religious Order [] Other

Such as recorded in County, State of

Social Security Number Telephone Number () ()
HOME WORK

License Number Date of Birth MM/DD/YYYY Date of Legal Name Change MM/DD/YYYY

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

Name Change For (check type of license)

- [] RN
[] LPN
[] LPTN
[] APN
[] RNP

Primary State of Residence

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/Replacement License - \$2.50

AFFIDAVIT

I, , being duly sworn, say that I am the person referred to in the foregoing name change application, that the statements herein contained are true in every respect, that I have legally changed my name and have shown the [] marriage license or [] court order documenting the legal name change to the notary before asking it to be notarized.

COUNTY OF STATE OF SWORN TO, BEFORE ME THIS DAY OF MONTH YEAR SIGNATURE OF NURSE (LEGALLY CHANGED NAME)

Also, by my signature, I certify that I have seen the original legal document checked above which verifies the legal name change noted.

AFFIX NOTARY SEAL HERE

MY COMMISSION EXPIRES NOTARY PUBLIC DATE