

# ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING  
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LITTLE ROCK, ARKANSAS 72204

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## DUPLICATE LICENSE APPLICATION

Check type: RN  LPN  LPTN  RNP  APN

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

Date of Birth \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth \_\_\_\_\_  
CITY STATE

Social Security Number \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Primary State of Residence \_\_\_\_\_

License number \_\_\_\_\_

Reason for Duplicate License:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Submit the \$25.00 duplicate license fee, along with this form, for each license. Should the original ever be returned to you, it should be sent to the Arkansas State Board of Nursing immediately, along with an explanation. It will be considered void and should not be used again. If you are changing your name, submit a Name Change Request form.

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