

ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204

501.686.2700 • 501.686.2714 fax • www.arsbn.org

NAME CHANGE REQUEST

Your nursing documentation should be signed with the name that is on file with ASBN.

- NAME CHANGE AND LICENSE REQUEST - \$25.00 FOR EACH LICENSE.
- NAME CHANGE REQUEST - NO FEE **Note:** You will not receive a replacement license, but your name change will be on file with ASBN.

This is to certify that my name 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 _____ Date of Legal Name Change _____
MM/DD/YYYY MM/DD/YYYY

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

E-mail address _____ Primary State of Residence _____

Name Change for:

check type of license(s)

- RN
- LPN
- LPTN
- APN
- RNP

Legal Document Submitted

(check one)

- Marriage license
- Divorce Decree
- Other

Attach a copy (front and back) of the marriage license, divorce decree or other court document showing your newly changed name.

Signature _____

Date _____

Replacement License Fee \$25.00
per license

METHOD OF PAYMENT

- In-state personal check
- Money order/cashiers check
- Credit card

FEES ARE NONREFUNDABLE

CREDIT CARD INFORMATION

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 _____

Cardholder's billing address _____

City State Zip

Credit Card # _____

Expiration date mm / yyyy Amount Paid _____

Signature _____

*Processing fee - Replacement license- \$0.75

FOR OFFICE USE
AUDIT NO. _____
DATE _____