

Department of State
Bureau of Professional and Occupational Affairs
STATE BOARD OF NURSING

Mailing Address:
State Board of Nursing
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REQUEST FOR CHANGE OF NAME and/or ADDRESS, DUPLICATE LICENSE, INACTIVE LICENSE

Complete the following information for the license/certificate you hold. A separate form must be completed for each license/certificate you hold. All information must be completed by the licensee.

CURRENT INFORMATION:

Last Name: _____ Birth Date: _____

First Name: _____ Middle Initial: _____

License No: _____ Expiration Date: _____ Social Security No: _____

Check here if you are an applicant.

ADDRESS CURRENTLY ON FILE WITH THE BOARD:

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Change Address to:

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Change of Name – You must submit a copy of a legal document verifying your new name. The following are acceptable name change verification documents:

- (1) marriage certificate;
- (2) divorce decree which indicates the retaking of your maiden name;
- (3) other legal document indicating the retaking of a maiden name;
- (4) for a legal name change, a copy of the court document must be provided.

Change Name to:

Last Name: _____ First Name: _____ Middle: _____

Duplicate: A \$5.00 fee per duplicate (check or money order) payable to “Commonwealth of PA”.

NOTE: Without the \$5.00 fee, the change(s) will be made but no duplicate will be issued.

Inactive Status – I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.

SIGNATURE OF LICENSEE (Mandatory) _____ **DATE** _____

A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.