

Nevada State Board of **NURSING**

Name Change Form

Return to: Nevada State Board of Nursing
 2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102-4392, (702) 486-5803 (fax) **OR**
 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547, (775) 687-7707 (fax)
 (888) 590-6726 (telephone)
 www.nursingboard.state.nv.us

(NOTE: The address on this application will become your address of record unless you specify otherwise.)

A change of name will be made upon receipt of this form; a copy of your marriage certificate, driver's license or other official court document.

Designation	License/Certificate #	Designation	License/Certificate #
RN		APN	
LPN		CRNA	
CNA		EMS/RN	
		CNA INSTR	

New Name _____ Former Name _____

Social Security # _____ Birthday (m/d/y) _____

Address _____ City/State _____ Zip _____

Home Telephone _____ Work Telephone _____

Signature _____ Date _____

YOUR SIGNATURE MUST BE NOTARIZED

State of _____

County of _____

This instrument was acknowledged before me on ____ / ____ / ____ by _____

SEAL

Notary Public

rev 4-2-07