

STATE OF NEW MEXICO

(505) 841-8340

(505) 841-8347 fax



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

RN / ADVANCED PRACTICE
RENEWAL / RE-ACTIVATION APPLICATION

WORKING ON AN EXPIRED LICENSE IS A VIOLATION OF THE NURSING PRACTICE ACT
IF SENDING IN RENEWAL FORM BY FAX, DO NOT MAIL IN THE ORIGINAL!

NURSE LICENSE NUMBER: _____ EXPIRATION DATE: _____ (MM/DD/YYYYY)

LEGAL NAME: _____
Last First Middle Maiden

PHONE NUMBER: _____

ADDRESS: _____
Number Street Apt City / State Zip + 4 County/Country

Change of Address ___ Yes ___ No NOTE: Indicate a change of address ONLY if your address was different from
the label on the envelope containing your renewal notice.

Change of Name ___ Yes ___ No NEW NAME: _____
FIRST MIDDLE LAST

Requirements to Process a Name Change:

- Copy of filed & Recorded Marriage Certificate and/or Divorce Decree or Legal Order.
• LEGAL NAME CHANGE: MUST ATTACH COPY OF LEGAL DOCUMENTS. You can verify name change on the board website.

ALL FEES ARE NONREFUNDABLE

ACCEPTABLE FORMS OF PAYMENT: CASHIER'S CHECK, MONEY ORDER, CREDIT CARD
DEMAND DRAFTS AND MONEY ORDERS MUST BE DRAWN ON A U.S. BANK
NON-ACCEPTABLE FORMS OF PAYMENT: PERSONAL CHECKS, DEBIT CARDS.

CHECK THE NM BOARD OF NURSING WEBSITE www.bon.state.nm.us TO VERIFY YOUR RENEWAL.

PLEASE SELECT ONE FEE:

- ___ RN & Specialty Renewal Fee \$ 193.00
___ RN & Specialty Reactivation Fee \$ 220.00 - lapsed status returning to New Mexico
___ Specialty Only Renewal Fee \$ 100.00
___ Specialty Only Reactivation Fee \$ 110.00 - lapsed status returning to New Mexico
___ Specialty Only Reactivation Fee \$ 200.00 - renewing late; license current within last 2 years
___ RN & Specialty Reactivation Fee \$ 400.00 - renewing late; license current within last 2 years

If you have Compact State licensure, attach a copy of your current Compact State License and your National
Certification. Your license will expire on the same month and year of your current Compact License.

IF YOU ARE PAYING WITH A MONEY ORDER OR CASHIER'S CHECK
PLEASE MAKE CHECK PAYABLE TO: THE NEW MEXICO BOARD OF NURSING

SELECT A CREDIT CARD: ___ MasterCard ___ Visa

CREDIT CARD #: _____ - _____ - _____ - _____ EXPIRATION DATE: ___ / ___
M M Y Y Y Y

LEGAL SIGNATURE: _____

(Please type or print clearly with black ballpoint)

YOU MUST FILL OUT THE INFORMATION BELOW OR YOUR RENEWAL WILL BE DELAYED. DECLARATION OF PRIMARY STATE
OF RESIDENCE IS MANDATORY EACH TIME YOU RENEW YOUR NURSING LICENSE.

*In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare the state of _____ as my primary state of
residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the
state of a person's declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico I intend to
practice in the state (s) of _____

