



DATE: _____

PRINT YOUR CURRENT NAME on YOUR LICENSE

Please check the reason you are notifying us of a change:

- 1. _____ **NAME CHANGE:** LICENSE MUST REFLECT NAME USED FOR NEW MEXICO NURSING PRACTICE. *Must provide a copy of filed/recorded legal document - court order or divorce decree. (Divorce decree documents must show name change clause, filing requirements notated, and judge's signature.)*
- 2. _____ **LICENSE STOLEN OR LOST.** The Board of Nursing will record that your license was stolen or lost.
- 3. _____ **ADDRESS CHANGE:** Complete the information below. Your change will be entered into the Board of Nursing records.
- 4. _____ **DECLARATION OF PRIMARY STATE OF RESIDENCE CHANGE:** Complete the information below.

LICENSEE: IF YOU ARE REQUESTING CHANGES OR UPDATES, YOU MUST COMPLETE THE INFORMATION BELOW FOR IDENTIFICATION PURPOSES.

License No.: _____, Date of Birth: _____, SS#: _____ / _____ / _____

Licensee's maiden name: _____, Other names used for licensure _____

Changing name to: _____

Current Phone Number(s): _____, _____

Current Mailing Address: _____

City, State, Zip Code: _____ (Country if applicable) _____

Current email address: _____

DECLARATION OF PRIMARY STATE OF RESIDENCE – MANDATORY REQUIREMENT FOR LICENSURE

In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of _____ is my primary state of residence and that such constitutes my permanent and principle 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.)

SIGNATURE IS REQUIRED:

I HEREBY AFFIRM THAT ALL THE STATEMENTS I MADE ABOVE ARE TRUE AND CORRECT.

LICENSEE SIGNATURE _____ DATE: _____

THE BOARD OF NURSING NO LONGER ISSUES PLASTIC LICENSE CARDS.

TO CONFIRM NAME CHANGES/UPDATES YOU MUST GO TO THE BOARD OF NURSING WEBSITE
WWW.BON.STATE.NM.US FOR LICENSURE/CERTIFICATE VERIFICATION.

ON-LINE VERIFICATION IS CONSIDERED PRIMARY SOURCE VERIFICATION AND IS UPDATED DAILY.