

STATE OF NEW MEXICO

(505) 841-8340  
(505) 841-9087 Fax



Board of Nursing

6301 Indian School NE, Suite 710  
Albuquerque, NM 87110

RN / LPN  
RENEWAL / RE-ACTIVATION APPLICATION

**IMPORTANT: RENEWAL FORMS CANNOT BE ACCEPTED AND PROCESSED MORE THAN 60 DAYS PRIOR TO THE EXPIRATION DATE OF THE NURSING LICENSE. ON AVERAGE, THERE IS A TWO WEEK PROCESSING TIME ONCE THE RENEWAL FORM HAS BEEN RECEIVED.**

**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!**  
(Please type or print clearly with black ballpoint)

NM LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ (MM/DD/YYYY)

LEGAL NAME: \_\_\_\_\_  
Last First Middle Maiden

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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

Active military living in another state, declaring NM  Yes  No

Change of Address  Yes  No

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.

DECLARATION OF PRIMARY STATE OF RESIDENCE:

**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 that the **state** of (or **country**) \_\_\_\_\_ is my primary state (or country if not a US citizen) 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.)

**ALL FEES ARE NONREFUNDABLE**

**ACCEPTABLE FORMS OF PAYMENT: CASHIER'S CHECK, MONEY ORDER, CREDIT CARD. (Master Card or Visa). EXACT AMOUNT ONLY IF PAYING WITH CASH IN THE OFFICE.**

**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](http://www.bon.state.nm.us) TO VERIFY YOUR RENEWAL.**

PLEASE SELECT ONE FEE: \_\_\_\_\_ Renewal Fee \$ 93.00  
 \_\_\_\_\_ Reactivation Fee \$ 110.00 – lapsed status returning to New Mexico  
 \_\_\_\_\_ Reactivation Fee \$ 200.00 – renewing late; license current within last 2 years

**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: \_\_\_\_\_

**RENEWAL / RELICENSURE APPLICATION  
RN / LPN (cont'd)**

**ALL INFORMATION BELOW IS MANDATORY FOR LICENSURE**

<b>A. Date of Birth</b> _____ (MM/DD/YYYY)	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>B. Ethnicity (check one)</b> <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	<b>F. Indicate your primary nursing position:</b> 1. Administrator/Assistant   5. Head Nurse/Assistant 2. Consultant   6. Staff 3. Supervisor/Assistant   7. Other (Specify: _____ ) 4. Nursing School Instructor
<b>C. Entry Level Nursing Education:</b> 1. Vocational/Practical   2. Diploma   3. Associate 4. Baccalaureate   5. Masters   6. Doctoral (PhD, PNP)  <b>Highest Level of Education-Nursing &amp; Non-Nursing:</b> 1. Vocational/Practical   2. Diploma   3. Associate (nursing) 4. Associate (other)   5. Baccalaureate (nursing) 6. Baccalaureate (other)   7. Masters (nursing)   8. Masters (other) 9. Doctoral (nursing)   10. Doctoral (other)  <b>NAME OF SCHOOL FOR HIGHEST EDUCATION</b> _____	<b>G. Principal location of work in nursing:</b>  State _____ County _____ Zip _____ City _____
<b>D. Present Employment Status:</b> Nursing:   (1) Full time   (2) Part time Other than Nursing:   (3) Full time   (4) Part time Hours worked per week _____  (5) Not employed If not employed in nursing, give last date of employment in nursing: _____ (MM/DD/YYYY) Reason for being unemployed _____	<b>H. Major clinical practice area in nursing/employment setting:</b>  0. Special Care Unit: (ICU, CCU, ER, OR, ETC) 1. Community/Public Health   6. Pediatric/Child Maternal 3. Geriatric   7. Psychiatric/Mental Health 4. Obstetrics/Gynecology   8. Other 5. Medical /Surgical
<b>E. Indicate your primary place of employment:</b> 1. Hospital   7. School of Nursing 2. Nursing Home   8. School Nurse 3. Home Health   9. Self-employed 4. Industrial Nurse   10. Clinic 5. Office Nurse   11. Other (Specify: _____ ) 6. Community/Public Health	<b>I. List all states in which you have been licensed as a nurse:</b> _____  <b>J. If your NM license has not been active for the last four years do you have a current U.S. Advanced Practice or RN nursing license in any other state?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**K) CONTINUING EDUCATION**  
 Have you completed 30 hours of approved continuing education within the 2 year period immediately preceding license expiration? (You may be randomly selected for an audit for your continuing education)    YES    NO

**L) FELONY CONVICTIONS**  
 Since your last renewal have you been convicted of a felony or are you now charged with any felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with the potential punishment of at least one year in prison or jail. If in doubt, disclose the charge or conviction with a copy of all relevant documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.    YES    NO  
 if YES, List State (s) \_\_\_\_\_ Date \_\_\_\_\_

**M) DISCIPLINARY ACTION**  
 Have you had disciplinary action or have any action pending against you by: any licensing jurisdiction including New Mexico, the USDA, Drug Enforcement Agency, any state drug enforcement authority, or a branch of the US Military since your last renewal in N.M.?    YES    NO  
 If YES, List State(s) \_\_\_\_\_ Date \_\_\_\_\_

**If yes to L or M, attach CERTIFIED copies of legal document(s) to prevent any delay in licensure  
I certify that the above statements are true and correct**

---

**LEGAL SIGNATURE** \_\_\_\_\_      **DATE (MM/DD/YYYY)** \_\_\_\_\_      **SSN (last 4 digits)** \_\_\_\_\_

**Attention Internationally Educated Nurses:**  
**If you have obtained your Social Security number since your original licensure and have not provided it to the NM Board of Nursing, you MUST provide the complete Social Security number with renewal.**

**My 9-digit Social Security Number is** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Initials** \_\_\_\_\_