

STATE OF NEW MEXICO

(505) 841-8340
(505) 841-8347 fax



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

RN / LPN
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!**

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

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: 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: _____
(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 _____

