



STATE OF NEW MEXICO
 BOARD OF NURSING
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DECLARATION OF PRIMARY STATE OF RESIDENCE

The rules for New Mexico’s multi state licensure compact prohibit nurses who are participants in the Diversion Program from multi state licensure privilege. If you are a participant in the program do not submit this form. Your license will be recognized in “New Mexico Only.”

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

RN/LPN LICENSE # _____ **SSN** _____ **DATE OF BIRTH** _____

In accordance with the Nurse Practice Act 61-3-24.1 (Nurse Licensure Compact), I declare that 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.)

I intend to practice in the state (s) of _____
 e.g. New Mexico, Texas, Arizona, Utah, etc

Signature: _____ Date _____