

STATE OF NEW MEXICO

(505) 841-8340
(505) 841-8347 Fax



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

DATE: _____

_____ PRINT CURRENT NAME ON YOUR CERTIFICATE

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

1. _____ **NAME CHANGE:** CERTIFICATE MUST REFLECT THE NAME USED THAT IS ON FILE WITH THE NEW MEXICO BOARD OF NURSING. *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. _____ **CERTIFICATE STOLEN OR LOST.** The Board of Nursing will record that your certificate was stolen or lost.
3. _____ **ADDRESS CHANGE:** Complete the information below. Your change will be entered into the Board of Nursing records.

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

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

Certificate holder's maiden name: _____

Other names used for certification: _____

Changing name to: _____

Current phone number(s) _____, _____

Current mailing address: _____

City, state, zip code: _____

Current e-mail address: _____

SIGNATURE IS REQUIRED:

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

SIGNATURE _____

DATE: _____

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

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