



NAME, ADDRESS, PHONE NUMBER CHANGE REQUEST

The information and evidence you are asked to provide on this application is authorized by Minnesota Statutes and will be used to update your record; issue replacement documents when appropriate; enable us to contact you when necessary; identify you and comply with certain federal and state reporting requirements. Minnesota Statute Sec. 270C.72 requires licensees to provide their Social Security number and Minnesota business identification number on all license applications. All data submitted on the application, except social security number, is public. Some or all of the data may be given to the Commissioner of Revenue, the Legislative Auditor, in response to a court order, or others in accordance with statutes, rules and professional standards.

You are legally required to submit true and complete information. Furnishing the requested information means the information may be provided to parties listed above. Refusal to supply information may result in denial of the request. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

INSTRUCTIONS	
Nurses are obligated to comply with the statutes (laws) and rules that govern the practice of nursing in Minnesota. The Board mails information to you at the address in your record. Therefore, it is important that you notify the Board of a name, address or phone number change as soon as possible after the change. All communications directed to you from the Board will be sent to the address you provide. If you provide your business address your renewal and correspondence will be sent to the business address. However, failure to receive information from the Board about the laws and rules that apply to you does not relieve you of the responsibility to comply with these laws and rules.	
Address Change:	Submit this completed form.
Name Change:	Submit this completed form and a <i>photocopy</i> of legal proof that your name has changed. Legal proof includes a marriage certificate or court order.

- Type or print clearly
- Provide all information
- Incomplete forms will be returned
- Do not use initials or abbreviations

APPLICANT INFORMATION			
This is a change of <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address			
LAST NAME		FIRST NAME	
MAIDEN NAME		MIDDLE NAME	
OTHER LAST NAME(S)		<input type="checkbox"/> No middle name	
PHONE NUMBER		<input type="checkbox"/> Home <input type="checkbox"/> Business	
STREET ADDRESS			
CITY		STATE/PROVINCE	
E-MAIL ADDRESS		BIRTH DATE (mm/dd/yyyy)	
MINNESOTA LICENSE NUMBER(S)			
<input type="checkbox"/> APRN _____ <input type="checkbox"/> RN _____ <input type="checkbox"/> LPN _____			
UNITED STATES SOCIAL SECURITY NUMBER Required by Minn. Stat. Sec. 270C.72		<input type="checkbox"/> I do not have a US Social Security number at this time but will notify the Board if/when I obtain a US Social Security number	
MINNESOTA BUSINESS IDENTIFICATION NUMBER Required by Minn. Stat. Sec. 270C.72			
LEGAL SIGNATURE			DATE (mm/dd/yyyy)