



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 photocopy 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
Check all changes that apply: [] Name [] Address [] Phone Number [] E-mail Address
LAST NAME FIRST NAME MIDDLE NAME [] No middle name
MAIDEN NAME OTHER LAST NAME(S) PHONE NUMBER [] Home [] Business ()
STREET ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY
E-MAIL ADDRESS BIRTH DATE (mm/dd/yyyy)
MINNESOTA LICENSE NUMBER(S)
[] APRN [] RN [] LPN
LEGAL SIGNATURE DATE (mm/dd/yyyy)