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. In addition, submit the item listed below if it applies to you:

Submit your public health nurse certificate, if you are a public health nurse. If you are unable to return the public health nurse certificate, provide a written explanation; for example, that it is lost or stolen.

NOTE: There is a $20.00 fee for a replacement public health nurse certificate. All fees are nonrefundable.

- 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 [ ] Name [ ] Address [ ] Phone Number [ ] E-mail Address

LAST NAME
FIRST NAME
MIDDLE NAME

MAIDEN NAME
OTHER LAST NAME(S)

PHONE NUMBER [ ] Home [ ] Business

STREET ADDRESS

CITY
STATE/PROVINCE
ZIP/POSTAL CODE
COUNTRY

E-MAIL ADDRESS

MINNESOTA LICENSE NUMBER
[ ] RN [ ] LPN

BIRTH DATE (mm/dd/yyyy)

UNITED STATES SOCIAL SECURITY
NUMBER

Required by Minn. Stat. Sec. 270C.72

[ ] 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)

Return the completed form, attachments, and nonrefundable fee (if required) to Minnesota Board of Nursing

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