



NAME AND ADDRESS CHANGE FORM

If requesting a name change, complete this form and return to the Board office with a photocopy of a document that reflects your new legal name (i.e. driver's license, social security card, marriage license or court document.) Name changes are usually processed within two (2) to three (3) business days from date of receipt. You can confirm that the change has been made by verifying your license on our website www.ncbon.com and clicking on VERIFY LICENSE or by calling our automated verification line at (919) 881-2272.

RN Certificate Number

LPN Certificate Number

NA II LISTING NUMBER

Provide the name and address change to be reflected on the Board's records. Please print clearly. NO NICKNAMES.

Name (First, Middle and Last) _____

Street Address _____

City _____ **State** _____ **Zip/Postal Code** _____

Date of Birth _____ **Social Security Number** _____

Signature _____ **Daytime Phone Number** _____

E-Mail Address: _____

For RN and LPN only:

For each change of address submitted you are required to update the following information: **Primary State of Residence:** _____

Are you on active duty as an Armed Forces Nurse or employed in a Federal Facility ?: ___ Yes ___ No

Please note that a duplicate license reflecting the changes will no longer be issued due to the Board going cardless January 01, 2007.

Mail form and document to: **NORTH CAROLINA BOARD OF NURSING**
Attn: Sherry Macopson
P.O. Box 2129
Raleigh, NC 27602

Or fax to: (919) 781-9461