

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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REQUEST FOR NAME CHANGE FORM

The Louisiana Administrative Code relating to Practical Nursing (Title 46:XLVII, Professional and Occupational Standards: Nurses: Subpart 1: Practical Nurses) states the following:

§1709. Name Change

- A. A licensee requesting a name change on the license form shall forward a request to the board accompanied by a certified and true copy of a legal document. Licensees shall sign all practice related documents legibly using the name printed on the license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984), LR 36:2560 (November 2010).

This form must be COMPLETED and signed by you. You must mail this form to the board office accompanied by each of the following:

- CERTIFIED DOCUMENT (not a photocopy) FROM THE COURT WHICH GRANTED THE NAME CHANGE (i.e. marriage license, divorce decree, name change order). Note: this document is for our records and will not be returned to you.**
- A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE.**

Once our office has received and reviewed the items requested above, the name change will be processed. After the name has been changed, it may be verified on Nursys (www.nursys.com) and your online services account under the "My Account" page. *You will not receive further written confirmation from our office regarding the updated name change.*

PLEASE PRINT (new name with the name change as requested)

NAME _____
FIRST MIDDLE MAIDEN LAST

ADDRESS _____
(_____ please indicate here if this is a new address)

CITY, STATE AND ZIP _____

TELEPHONE: HOME (_____) _____

TELEPHONE: CELL (_____) _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

LICENSEE SIGNATURE LPN LICENSE NUMBER DATE