



Iowa Board of Nursing
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685

License # _____
Reason _____
Office use only

APPLICATION FOR DUPLICATE WALLET CARD OR CERTIFICATE

Check here if this is a change to name, address or multi-state license privilege

NAME: _____
(TYPE or Print) (Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

Primary State of Residence: _____

License Number: Social Security Number: _____

Duplicate request for wallet card

Duplicate request for certificate of licensure

- ARNP
- RN
- LPN

\$20 Fee for Each Request

- ARNP
- RN
- LPN

Reason for duplicate request

- Lost or Stolen (\$20 fee each card)
- Destroyed (\$20 fee each card)
- * Name Change (\$20 fee each card)
- * Address change (\$20 fee each card)
- * Did not receive the wallet card/certificate, however it is over 60 days of the issue date (\$20 fee)
- * Did not receive the wallet card/certificate, and it is within 60 days of the issue date (No Fee)

* Must submit the incorrect wallet card or certificate when requesting a re-issued document, Notarization is ONLY required if you do not have the incorrect wallet card or certificate to be returned.

- I am returning the incorrect wallet card or certificate.
- I do not have the incorrect wallet card or certificate to return and understand this form must be notarized.

I affirm the above stated document has not been given to or sold to any person and I am the person to whom it was issued. I am aware that if at any time it is disclosed that my application contains any willful misrepresentation or falsification it shall result in Board disciplinary action.

NOTARY PUBLIC

Licensee's signature: _____
(To be signed in presence of a notary)

Notary public's signature: _____

Commission expires: _____

Subscribed and sworn to me this day ____ of ____, 20__.

SEAL

State of: _____ County of: _____