



**REQUEST FOR
REISSUED CERTIFICATE OF LICENSURE**

Check here if this is a change to name and/or address

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

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

Primary State of Residence: _____

License Number *and/or* Social Security Number: _____

\$20 Fee for EACH Reissued Certificate

CERTIFICATE OF LICENSURE

ARNP RN LPN

REASON FOR REISSUED REQUEST

- Lost or Stolen Destroyed
 Name Change Address change
 Did not receive the certificate, however it is over 60 days of the issue date
 Did not receive the certificate and it is within 60 days of the issue date **(No Fee)**

I affirm the above stated certificate 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.

Licensee's Signature: _____ Date: _____