

ADDRESS / EMAIL CHANGE FORM

Office Use Only

Please type or print using CAPITAL LETTERS and black ink.

Section 1: Biographical Data

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

____ - ____ - _____ / ____ / _____

Social Security # (print clearly)

Date of Birth (print clearly)

KY License # (print clearly)

Section 2: New Address/Email Change

Street (print clearly)

_____ - _____

City (print clearly)

State

Zip Code (print clearly)

County of Residence (print clearly)

Country, if not U.S.A. (print clearly)

International Postal Code (print clearly)

Email Address (print clearly)

_____ - _____

Home Phone (print clearly)

_____ - _____

Daytime Phone (print clearly)

I declare my state of primary residence to be: Kentucky Other (Specify State) _____

Do you practice nursing ONLY in a military/federal facility? Yes No

Signature

____ / ____ / _____

Date

Return Completed Form To:

Credentials Department, Attn: Licensure Specialist
Kentucky Board of Nursing
312 Whittington Pky, Suite 300, Louisville, KY 40222-5172