Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
Web Address: kbn.ky.gov

ADDRESS / EMAIL CHANGE FORM
For Licensed Certified Professional Midwives

Please type or print using CAPITAL LETTERS and black ink.

Office Use Only

Section 1: Biographical Data

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

X X X - X X - _____ **Last 4 Digits of Social Security #** (print clearly)

_____ / _____ / _____ **Date of Birth- MM/DD/YYYY** (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)

Signature **Date**

Fax or Mail Completed Form To:

Credentials Branch, Attn: LCPM Specialist
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
Fax #: 502-429-3336