

ADDRESS / EMAIL CHANGE FORM For Licensed Nurses

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)

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

Fax or Mail Completed Form To:

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