

## LICENSED NURSE NAME CHANGE (ALL LICENSES EXCEPT SRNA)

Once you are logged into your Nurse Portal Dashboard, scroll down to Other Applications and click Apply.

Other Applications		
Application	Status	Submission Date
No applications found		
Non Licensure related Applications Provided by the Board of Nursing		

Choose ALL LICENSE TYPES (EXCEPT SRNA) – Request Name Change

### Other Applications

Non Licensure related Applications Provided by the Board of Nursing

Other Applications with Kentucky
Address Change - Dialysis Tech / LCPM / SRNA
<u>ALL LICENSE TYPES (EXCEPT SRNA) - Request Name Change</u>
ALL LICENSE TYPES (EXCEPT SRNA) - Retire a License

Read through the Name Change Instructions and have your legal document ready to upload.

Note\* Address change is a separate process that you would complete through your Manage Profile link on the upper left corner of your Nurse Portal Dashboard.

Click Next

Click Save and Continue

Click Request Name Change under Demographic Information

Demographic Information			
Full Legal Name Required	First Name (required)	Middle Name	Last Name (required)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<u>Request Name Change</u>		
	Maiden Name <input type="text"/>		
Identifying information			

Scroll down and enter your new First Name, Middle Name and Last Name then click Upload to upload your legal name change document. This upload is required. Please verify that your legal document matches the new name you are requesting.

[Remove Name Change Request](#)

New First Name (required)

New Middle Name

New Last Name (required)

Name Change Document: (required)



[Upload](#)

Acceptable proof. A photocopy of one of the required legal name change documents:

- Social security card
- Marriage certificate
- Petition for Name Change Court Order
- Divorce decree WITH the legal name change statement
- Passport
- Real ID

Maiden Name

Click + Add File, and title your document. You can upload multiple documents. Click Save when your file has been uploaded and named.

Note\* Word files are not accepted. You are allowed to upload only .pdf,.png,.jpg,.jpeg files.

Enter your Maiden Name, if applicable.

Scroll to the bottom and click Save and Continue.

Note\* Address change is a separate process that you would complete through your Manage Profile link on the upper left corner of your Nurse Portal Dashboard.

**Save and Continue**

Verify your entered information and check the attestation statement.



I certify that all statements contained herein and on the attachments are true and correct in every respect, and that I have read and understand this application and all requirements stated therein I understand that all information on this application is subject to an audit for verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to the full range of disciplinary action described therein.

Scroll to the bottom and click Make Payment to proceed to the payment screen (\$25 name change fee is required).

Application Fee		
Application:	ALL LICENSE TYPES (EXCEPT SRNA) - Request Name Change	
Application Fee Amount:	NAME CHANGE	\$25.00
Total:		\$25.00

[Make Payment](#)

[Save and Return to Home](#)

A Payment Alert Screen will pop up. ALL FEES ARE NON-REFUNDABLE

Click OK – Proceed to Payment Gateway

**Payment Alert** ✕

You are leaving the Nurse Portal. **While on the payment site, DO NOT click the Back button, close or refresh the browser window.** Any such action could result in issues processing your license application.

**\*\*ALL FEES ARE NON-REFUNDABLE\*\***

Cancel - Do not leave this site
OK - Proceed to Payment Gateway

This will take you to our payment page. Select your payment type.

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Select Payment Type

ACH / ELECTRONIC CHECK

CASH PAYMENT

CREDIT CARD

Card Details

Card Number (required)

Expiration Date (required)

Security Code (required)

Summary ▲

<b>NAME CHANGE</b>	\$25.00
Item Price: \$25.00	
Quantity: 1	
<hr/>	
Sub Total	\$25.00
Service Fee	\$0.69
<b>Total</b>	<b>\$25.69</b>

There is a service fee for card payments.

Complete your Card Details and verify your billing name and address.

Click Next

Click Pay Now on next screen.

You should see the Thank you for your payment! Screen.

You can Print or Email your receipt here.



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## Thank you for your payment!

Summary

  PRINT  EMAIL

**PLEASE PRESS FINISH ON THE BOTTOM LEFT!**

**FINISH**

You have completed your name change request application. Please allow 7-14 business days for processing. If we need additional information, we will message you through your Nurse Portal Message Center.