

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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REQUEST FOR NAME CHANGE FORM

This document is acceptable PRIOR to submitting online renewal of License ONLY

Before attempting to renew your license online, the following steps must be completed. Failure to properly follow these directions will result in additional fees being assessed to complete the name change. It is strongly advised that you complete the name change process early in the renewal season to allow ample time for delivery of mail and processing in our office.

The Louisiana Administrative Code relating to Practical Nursing (Title 46:XLVII, Professional and Occupational Standards: Nurses: Subpart 1: Practical Nurses) states the following:

§1709. Name Change

- A. A licensee requesting a name change on the license form shall forward a request to the board accompanied by a certified and true copy of a legal document. Licensees shall sign all practice related documents legibly using the name printed on the license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Practical Nurse Examiners, LR 3:200 (April 1977), amended LR 10:342 (April 1984), LR 36:2560 (November 2010).

This form must be COMPLETED and signed by you. You must mail this form to the board office accompanied by each of the following:

- 1. CERTIFIED DOCUMENT (not a photocopy) FROM THE COURT WHICH GRANTED THE NAME CHANGE (i.e. marriage license, divorce decree, name change order). Note: this document is for our records and will not be returned to you.**
- 2. A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE.**

Once the name change request form and the required documents are received by our office, and the change is completed and updated, it will be reflected on your "My Account" page. *You will not receive written confirmation from our office regarding the updated name change.* Once you see the name change completed on your online account, you may then renew your license online.

PLEASE PRINT (new name with the name change as requested)

NAME _____
FIRST MIDDLE MAIDEN LAST

ADDRESS _____
(_____ please indicate here if this is a new address)

CITY, STATE AND ZIP _____

TELEPHONE: HOME (_____) _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

LICENSEE SIGNATURE LPN LICENSE NUMBER DATE