

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
(504) 838-5791
FAX (504) 838-5279
www.lsbpne.com

REQUEST FOR DUPLICATE LICENSE

This form must be **COMPLETELY** filled out by licensee and returned to the board office, accompanied by all of the following:

1. **ORIGINAL, CERTIFIED BIRTH CERTIFICATE;**
(Please note that our office must receive and view the original birth certificate. We will photocopy for our file and return the original to lpn with duplicate license.)
2. **A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE;**
3. **MONEY ORDER IN THE AMOUNT OF \$30.00,** payable to "LSBPNE".
(Personal checks **will not** be accepted.)

PLEASE PRINT

NAME _____
FIRST MIDDLE MAIDEN LAST

ADDRESS _____

CITY, STATE AND ZIP _____

TELEPHONE: HOME (_____) _____

WORK (_____) _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

REASON FOR REQUEST OF REPLACEMENT OF LICENSE:

LOST _____ DESTROYED _____

OTHER _____ (Explain Other) _____

LICENSEE SIGNATURE LPN LICENSE NUMBER DATE

For board notes only: