

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
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## ***REQUEST FOR NAME CHANGE***

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 **COMPLETELY** filled out by licensee and returned to the board office by mail, accompanied by the following:

- CERTIFIED DOCUMENT FROM THE COURT WHICH GRANTED THE NAME CHANGE*** (i.e. marriage license, divorce decree, name change order). (Note: **Our office requires the document which has the raised, certified seal.** This document is required for our records and will not be returned to you. You may obtain a certified copy from the court house in which the paperwork was filed.)
- YOUR MOST RECENT/CURRENT LPN LICENSE** (original must be returned with this request, photocopy not acceptable);
- A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE;**
- MONEY ORDER IN THE AMOUNT OF \$30.00**, payable to "LSBPNE". (Personal checks *will not* be accepted.)

**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