

# Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810  
Telephone: (225) 755-7500 ♦ Fax: (225) 755-7581  
[www.lsbn.state.la.us](http://www.lsbn.state.la.us)

Louisiana licensed RNs, APRNs, nurse applicants, and nursing students approved for clinicals, must report a change of their contact information to LSBN in writing within 30 days. There is no fee for this service.

Complete this form in full and return to LSBN by mail or fax and board staff will be happy to update your file and/or application. Thank you for your cooperation.

## ADDRESS/CONTACT CHANGE FORM

**Full Name:** \_\_\_\_\_

**Louisiana RN / APRN License #:** \_\_\_\_\_  
(write either 'Student' or 'Applicant' if Louisiana licensure has not yet been issued)

**Previous Address:** \_\_\_\_\_

\_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_  
please provide your direct *personal/private* email address

### Provide the following information for ID confirmation:

Social Security # (provide at least last four): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

School of Nursing: \_\_\_\_\_

City/State School of Nursing is/was located: \_\_\_\_\_

\_\_\_\_\_  
*Signature of nurse/applicant*                      *date signed*

**If you have a NAME CHANGE**, complete the separate [Name Change Request Form](#) available at the LSBN website under [Licensure, Renewals / Applications](#) and submit to the board office along with a photocopy of the certificate of marriage or divorce decree.

**\*\* Per LSBN rules, all changes in address/contact information must be reported to the Board office within 30 days \*\***