



MISSOURI
State Board of Nursing

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
NAME/ADDRESS CHANGE FORM

MAILING ADDRESS:
STATE BOARD OF NURSING
PO BOX 656
JEFFERSON CITY, MO 65102-0656
(573) 751-0681
Fax: (573) 751-0075
Email: nursechange@pr.mo.gov

EXPRESS MAIL DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

Website: <http://pr.mo.gov/nursing>

PERSONAL INFORMATION

TYPE OF CHANGE			
<input type="checkbox"/> NAME	<input type="checkbox"/> ADDRESS	<input type="checkbox"/> PHONE	<input type="checkbox"/> EMAIL
TYPE OF LICENSE		MISSOURI LICENSE NUMBER	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER
<input type="checkbox"/> RN	<input type="checkbox"/> LPN		
FULL NAME (LAST, FIRST, MIDDLE) AS CURRENTLY IN OUR SYSTEM			

NEW INFORMATION

NEW NAME (LAST, FIRST, MIDDLE)		
PRIMARY STATE OF RESIDENCE ADDRESS (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE)		
CITY	STATE	ZIP CODE
MAILING ADDRESS (ONLY REQUIRED IF DIFFERENT THAN PRIMARY RESIDENCE ADDRESS)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	

ATTESTATION

I declare _____ as my primary state of residence effective _____.

I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.

In accordance with the Nurse Licensure Compact "**Primary State of Residence**" is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

⇒ If your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

⇒ If your primary state of residence is a compact state other than Missouri and you have a current multi-state license in that state, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

SIGNATURE	DATE
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You may return the completed form to the Board office via mail, fax, or email. The Board's contact information can be found at the top of this form.