

Laura S. Rhodes, M.S.N., R.N.
Executive Director



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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Non-refundable Fee: Name Change and New License = \$10.00

Must return current permanent license
or a lost license form notarized with this application

Name			
Address			
License #		Soc. Sec. #	

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, formerly the undersigned _____, being duly sworn according to law, do depose that on the day of _____, 20____, I was married/divorced to/from (spouse) _____, in County _____, State _____ and that my name has been changed from (former name) _____, to (current legal name) _____.

Signature of Affiant (nurse) _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires on the _____ day of _____, 20____.

(SEAL)

Notary Public in and for

County _____

State _____

Notary Signature

IN ADDITION IF YOU WANT A REPLACEMENT LICENSE TO REFLECT THESE CHANGES **YOU MUST RETURN YOUR CURRENT LICENSE TO THE BOARD OR LOST LICENSE FORM**

TO CHANGE RECORDS THERE IS A FEE OF:

\$10.00.....FOR NAME CHANGE and REPLACEMENT LICENSE