

Duplicate License Affidavit

I _____ hereby swear and attest that I am a duly qualified professional nurse, practical nurse, or mental health technician licensed as such by the Kansas State Board of Nursing and that on or about the _____ day of _____, 20_____, said license issued by the Kansas State Board of Nursing was lost or stolen under the following conditions:

License number: _____ Social Security number: _____

Current Address: _____

Street Address

City St Zip

Replacement Fee of \$25.00 for a LPN, RN, ARNP, RNA and \$12.00 for a LMHT will be waived with a copy of a Police Report. Please complete the following information and attach copy of report. If Police Report is not attached the fee must be included.

Law Enforcement Agency: _____ Report/Case Number: _____
Name

Street Address

City St Zip

Licensee Signature

To be completed by a Notary Public

State of _____, County of _____

Signed and sworn to before me on the _____ day of _____, 20_____

Notary Public Signature

My commission expires: _____.

Mail to: KSBN, 900 SW Jackson Ste 1051, Topeka KS 66612