

# Kansas State Board of Nursing

Landon State Office Building  
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[www.ksbn.org](http://www.ksbn.org)



Executive Administrator  
 785-296-5752  
 Education Specialist  
 785-296-3782  
 Practice Specialist  
 785-296-8401  
 Assistant Attorney General  
 Disciplinary Counsel  
 785-296-4325

Dear Nurse:

Below you will find a change of name certificate to complete and return to our office before your name can be legally changed on our records.

Please follow the instructions below.

1. Enter your license number. If you are an ARNP or RNA, please write number in upper right hand corner.
2. Enter your name as you wish it to appear on your license.
3. Enter your previous name. (Either married name or maiden name.)
4. Enter your complete address.
5. If being married, enter the name of your husband and date of your marriage. If being married after having been divorced at one time, complete section "By Divorce: Name of former Husband".
6. If being divorced, enter name of ex-husband and date of divorce.
7. If name is changed by any other cause, show reason for change and date.
8. Enter your signature in the presence of a Notary Public.

All other blanks are to be filled in by the Notary Public. If the name change is not notarized, then legal documents must be sent with the name change card, such as a marriage certificate, divorce decree and/or any other documents that will change your name.

\*\*\*A licensee who wishes a license card replaced because of a change in name must return the current license card to the Kansas State Board of Nursing, complete the information below, and pay a \$25.00 [replacement fee](#).

Kansas State Board of Nursing Change of Name Certificate			
License No. _____	ARNP/RNA No. _____		
Present Name: _____	Married	First	Maiden
Name Registered Under _____	Maiden	First	Middle
Address: _____	City	State	Zip
Phone Number: ( ) _____	County: _____		
Name of Husband _____	Date of Marriage _____		
By Divorce: Name of former Husband: _____	By other cause: _____		
State of _____	}	The undersigned, of lawful age, being first duly sworn upon her oath, deposed and says: that she has read the above Change of Name Certificate knows the contents thereof and the same is true and correct.	
County of _____			
Subscribed and sworn before me this _____ day of _____ 20____		Signature _____	
My commission expires (SEAL)		Notary Public _____	
		<input type="checkbox"/> Check here for license card replacement \$25.00 enclosed.	