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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MACCORKLE AVENUE, SW – SUITE 203
SOUTH CHARLESTON, WV 25303

ADDRESS CHANGE FORM

There is **no charge** for an address change, but it must be **submitted in writing** to the Board office within thirty (30) days of the change.

License #		Social Security #	
Name		Email Address	
New Address		Old Address	