

Dr. Sue Painter, DNP, RN
Executive Director

Email: rnboard@wv.gov

Web address: wvnrnboard.wv.gov



TELEPHONE:

(304) 744-0900

FAX (304) 744-0600

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

90 MACCORKLE AVENUE, SW – SUITE 203
SOUTH CHARLESTON, WV 25303

LOST/DUPLICATE LICENSE FORM

Please enclose \$10.00 fee for duplicate license.

(Money Order or Check made payable to the WV Board of Examiners for RN)

License #		Social Security #:	
Name			
Address			

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, the undersigned, being duly sworn according to law, do depose and say that on or about the day of _____, 20____, I lost my original West Virginia Certificate of Registration (license card), Number _____, entitling me to practice as a registered professional nurse in West Virginia, and that this affidavit is necessary in order that a record of this loss may be filed in the offices of the West Virginia State Board of Examiners for Registered Nurses, and that a replacement may be issued to me. The said certificate was lost or stolen or never received by me in, on, or about the following time and location and under the following circumstances:

Signature of Affiant _____

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

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

Notary Public in and for

(SEAL)

COUNTY _____

STATE _____

NOTARY SIGNATURE