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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

NAME CHANGE FORM

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

Must return current permanent license or a Lost License Form notarized with this application

(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, _____, 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_____.

Notary Public in and for

(SEAL)

COUNTY _____

STATE _____

NOTARY SIGNATURE