



INFORMATION CHANGE REQUEST FORM FOR MASSACHUSETTS NURSING

IMPORTANT- PLEASE NOTE: Individuals who already hold MA nurse licensure and who are not applying for APRN authorization must complete the Change of Address form available on the Board's website at www.mass.gov/dph/boards/rn; click on Licensing/Applications and Forms and submit the completed form directly to the Board office at the address on the form.

<p>Type of license applied for (circle one):</p> <p style="text-align: center;">RN LPN APRN</p> <p>Clearly print the following information as it <u>NOW APPEARS</u> on your nursing application:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip code: _____</p> <p>US SSN (Mandatory) _____</p> <p>Date of birth: _____</p>	<p>Clearly print your new address and/or name change:</p> <p>NAME CHANGE:</p> <p>Name: _____</p> <p>* Name changes <u>require</u> legal documentation. Please provide documentation with this form to PCS.*</p> <p>ADDRESS CHANGE:</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip code: _____</p>
---	---

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

Signature

Telephone Number

Date

Fax or mail the completed form to:

PCS/Nursing
PO Box 198788
Nashville, TN 37219
Fax #: 615-846-0153