

ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204

501.686.2700 • 501.686.2714 fax • www.arsbn.org

DUPLICATE LICENSE APPLICATION

Check type: RN LPN LPTN RNP APN

Full Name _____
(MISS, MS., MRS., OR MR) FIRST MIDDLE MAIDEN LAST

Address _____
STREET CITY STATE ZIP

Mailing address _____
STREET/P.O.BOX CITY STATE ZIP

Date of Birth _____
MONTH DAY YEAR

Place of Birth _____
CITY STATE

Social Security Number _____

Telephone number () _____

License number _____

E-mail address _____

Reason for Duplicate License:

Submit the \$25.00 duplicate license fee, along with this form, for each license. Should the original ever be returned to you, it should be sent to the Arkansas State Board of Nursing immediately, along with an explanation. It will be considered void and should not be used again. If you are changing your name, submit a Name Change Request form.

Declaration of primary state of residence:

In accordance with A.C.A. §17-87-601 (Nurse Licensure Compact), I declare the State of _____ as my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

Signature _____

Date _____

Duplicate License Fee **\$25.00**
per license

FEES ARE NONREFUNDABLE

METHOD OF PAYMENT

- In-state personal check
- Money order/cashiers check
- Credit card

CREDIT CARD INFORMATION

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.

Type of card Visa MasterCard Discover

Cardholder's Name _____

Cardholder's billing address _____

City State Zip

Credit Card # _____

Expiration date mm / yyyy Amount Paid _____

Signature _____

*Processing fee - Duplicate license - \$2.50