



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF NURSING
550 WEST 7TH AVENUE, SUITE 1500
ANCHORAGE, ALASKA 99501
E-mail: license@commerce.state.ak.us
If your last name begins with A – K, call (907) 269-8438
If your last name begins with L – Z, call (907) 269-8402
Website: www.nursing.alaska.gov

NAME CHANGE AFFIDAVIT

Within 60 days of a name (or address) change, you must notify the Board of Nursing. Please fill out this form showing your present and former name. If you fail to have this form notarized, you must submit a certified copy of the legal document showing the change of name, i.e., certified copy of a marriage certificate, certified copy of a divorce decree, or a certified copy of a court ruling (12 AAC 44.930). If you submit this form with your renewal, there is no additional fee for a name change. If you request a name change after renewal, a \$5.00 fee is required (12 AAC 02.105(3)) for each license.

I, _____, am applying for or am currently licensed as
Previous Name

a/an _____, Alaska License No. (if applicable) _____
Occupation

Mailing Address City State Zip Code

I hereby certify that I changed my name to _____
Name

Effective on _____

Signature/New Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 _____.

Signature of Notary Public

City and State

NOTARY SEAL

My Commission Expires