



State of Idaho
Division Of Occupational and Professional Licenses
Board of Nursing

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-3233
dopl.idaho.gov

AFFIDAVIT FOR CHANGE OF NAME

Please complete, have notarized, and return to this office. We can not change records without legal notarized documentation. Please submit a request for name change in the Idaho Nurse Portal (www.IBN.idaho.gov).

State of _____ }

County of _____ }

I, _____ being duly sworn, testify that on _____ day
of _____, my name was changed. For the reason checked below.

Marriage to or Divorce from: _____

Other Reason (Please explain): _____

Prior to this change my name was legally: _____

My License Number is (Please indicate LPN, RN, and/or APRN): _____

Or I have made an application for licensure as: _____

Signature

Street Address

City, State, Zip Code

Affidavit

On the following date, _____, before me, _____, a notary public
Month/Day/Year Notary Public
personally appeared _____ known or identified to me, to be the person
Name of Nurse or Applicant
whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

S
E
A
L

Notary Public

Expiration Date of Notary Commission

Please submit completed form to the following: hp-licensing@dopl.idaho.gov