



BOARD OF REGISTERED NURSING
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CHANGE OF ADDRESS

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LAST NAME:		FIRST NAME:	MIDDLE NAME:
RN LICENSE OR ENTITY NUMBER:	DATE OF BIRTH: <i>(Month/Day/Year)</i>	PHONE NUMBER:	E-MAIL ADDRESS:
PREVIOUS ADDRESS: <i>Number and Street</i>			
<i>City</i>	<i>State</i>	<i>Country (if other than U.S.)</i>	<i>Postal/ZIP Code</i>
NEW ADDRESS: <i>Number and Street</i>			
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I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.			
SIGNATURE: _____		DATE: _____	

Mail or fax to:
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
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Fax: (916) 574-7699