



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](mailto: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](http://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