

WESTVIRGINIA STATE BOARD OF EXAMINERS
FOR LICENSED PRACTICAL NURSES
101 DEE DRIVE, SUITE 100
CHARLESTON WV 25311-1688
TELEPHONE: (304) 558-3572 FAX: (304) 558-4367 TOLL FREE: 1-877-558-5767
EMAIL: LPN.BOARD@WV.GOV WEB SITE: [HTTP://WWW.LPNBOARD.STATE.WV.US](http://WWW.LPNBOARD.STATE.WV.US)

NAME/ADDRESS CHANGE REQUEST

Check the Appropriate Space:

_____ **Name Change Request** (Requires Copy of Legal Name Change Document
such as Marriage License or a Divorce Decree)

Change License to: _____
FIRST MI LAST

_____ **Address Change**

Change Address To:

PO BOX (If applicable)

STREET ADDRESS

CITY

STATE

ZIP

Licensee Signature: _____

WV LPN License Number _____ Soc Sec Number xxx-xx- _____

NOTE: There is NO FEE required for this service.

(NAMADD 1/2015)