MISSOURI STATE BOARD OF NURSING
NOTIFICATION OF CHANGE(S)

As required by your Settlement Agreement/Order, you must notify the Missouri State Board of Nursing of any changes in your current address, name, telephone number and any change of employment status. Any changes must be reported in writing within 10 days of the change. Failure to provide the Missouri State Board of Nursing with pertinent changes is considered non-compliance with your Settlement Agreement/Order.

CHANGE OF NAME AND/OR ADDRESS

Missouri Nursing License Number	Social Security Number	
First Name	Last Name	
Address (If your address is a PO Box, you must also provide a street address)		
City	State	Zip Code
Daytime Telephone Number		
Evening Telephone Number		
Cell or Mobile Number		

CHANGE OF EMPLOYMENT

Name of Facility	
Position/Title	
Unit	
Work Hours	
Work Telephone Number	
Name of Supervisor	
Hire Date	
Date you provided your supervisor with a copy of your Board Agreement/Order	
Date you provided Human Resources with a copy of your Board Agreement/Order	

Your Signature_____ Date _____

Fax the completed form to (573) 522-2143 or mail to Missouri State Board of Nursing, P.O. Box 656, Jefferson City, Mo. 65102.