



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430
www.NJConsumerAffairs.gov/medical/nursing.htm

Duplicate License Form

Please complete this affidavit, have it notarized and return it to this office, together with the appropriate fee (\$35.00 for RNs/LPNs/APNs and \$10.00 for CHHAs). (Please submit a certified check or money order, payable to the Board of Nursing, in the amount of \$35.00 for RNs/LPNs/APNs or \$10.00 for CHHAs. No personal checks will be accepted.)

This is to verify that my license/certification to practice as a nurse/CHHA for the current renewal cycle has never been voluntarily surrendered, revoked or suspended by the New Jersey Board of Nursing, but has been:

Please check one: Lost Destroyed Misplaced Stolen Never Received.

Please check license type: Registered Nurse Licensed Practical Nurse
 Advanced Practical Nurse Certified Homemaker-Home Health Aide

I hereby request that a license/certification be issued for the current renewal cycle.

Name: _____

License number: _____

Address of record: _____

Mailing address: _____

Social Security Number: _____

Date of birth: _____

Telephone number (include area code): _____

E-mail address: _____

I hereby certify that the foregoing statements made by me are true and correct. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Sworn to before me this _____

day of _____ 201_____

Signature

Notary Public

*The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered your "address of record." If you do not indicate which address should be used as your **public** address of record, your mailing address will be considered your address of record. *A Post Office Box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.*