

**Declaration of Primary State of Residence**  
**FOR APRN APPLICANTS ONLY**

**NOTE:** This form must be filled out in its entirety and be accompanied by supporting documentation (See below). Forms can be mailed, faxed, or emailed as an attachment. Please allow up to 15 business days for the requested changes to be made.

You may add a mailing address that is different than your residential address through your Texas Nurse Portal. This form pertains to your residential address in your primary state of residence only.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

In accordance with the Nursing Practice Act, section 304.001, art. 4 and 22 TAC §220.2, check **ONLY ONE** of the following:

- I am legally able to declare Texas as my primary state of residence and I am providing a residential Texas address. My permanent and principle home residence for legal purposes is **TEXAS**.  
(In choosing this option, I understand I must hold a current TX RN license before I am eligible for a TX APRN license)
  
- I am declaring a state/territory/country/province that DOES NOT PARTICIPATE in the Nurse Licensure Compact (NLC) as my primary state of residence. I understand that when selecting this option, I must provide a residential address within the state/territory/country/province I am declaring as my primary state of residence. My permanent and principle home residence for legal purposes is:  
(In choosing this option, I understand I must hold a current TX RN license before I am eligible for a TX APRN license)
  
- I am declaring a state/territory that DOES PARTICIPATE in the Nurse Licensure Compact (NLC) as my primary state of residence. I understand that when selecting this option, I must provide a residential address within the state/territory I am declaring as my primary state/territory of residence. My permanent and principle home residence for legal purposes is:  
(In choosing this option, I understand I must hold either a current compact RN in my primary state of residence or a single state TX RN before I am eligible for TX APRN licensure)

In addition to selecting one option above, I have attached one of the following pieces of supporting documentation:

- Driver's license issued by the declared state of residence
- Voter registration card issued by the declared state of residence
- Federal Income tax return declaring the primary state of residence
- W2 from U.S. government or any bureau, division, or agency thereof, indicating the declared state of residence

I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand it is a violation of 22 TAC §217.12(6)(I) and the Penal Code, sec. 37.10, to submit a false statement to a government agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_