

Texas Board of Nursing

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Declaration of Primary State of Residence

NOTE: This form must be filled out in its entirety and be accompanied by supporting documentation such as a copy of your driver's license, or a copy of other documents listed in §220.2(b) in order for the Texas Board of Nursing to fulfill your request to update the information on your file. Forms can be mailed, faxed, or emailed as an attachment. Please allow up to 15 business days for the requested changes to be made.

LAST NAME (Print): _____ FIRST NAME (Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RN/LVN LICENSE #: _____ SSN: _____ DATE OF BIRTH: _____

(E-Mail Address) ()
Business Fax Number

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

- I declare Texas as my primary state of residence and I have provided a Texas address.** I am eligible for a Compact Texas License (if applicable, once you receive the Texas license, your other compact state license(s) will be inactivated).
- I declare Texas as my primary state of residence but I have not provided a Texas address.** I am eligible for a Single State Texas License only.
- I am declaring a Non-Compact State as my primary state of residency.** My permanent residence is not Texas, however, it is a state not participating in the Nurse Licensure Compact. I am eligible for a Single State Texas License only. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- I am declaring another Compact State as my primary state of residency.** My permanent residence is not Texas, and is a state participating in the Nurse Licensure Compact. Please put my Texas license on Inactive Status. (You may visit https://www.ncsbn.org/Implementation_dates_list.pdf for a listing of participating states) I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence.** I declare that the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

Upon re-licensure in Texas, in which states do you intend to practice nursing;
electronically _____, telephonically _____,
or physically _____. List all states that apply.

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: _____