



Georgia Board of Nursing

237 Coliseum Drive
Macon, Georgia 31217
(404) 424-9966 www.sos.ga.gov/plb/nursing

Declaration of Primary State of Residency

Demographic Information Please Print Legibly or Type all Information		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	
Physical Address Information – Applicants must provide a physical address of record. A post office box is not acceptable for this field.		
Physical Address:		
City:	State:	Zip:
Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.		
Mailing Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	
Declaration of Primary State of Residency		
I declare _____ as my primary state of residency.		
I am currently in the process of relocating to Georgia: <input type="checkbox"/> No <input type="checkbox"/> Yes		
I currently hold an active RN enhanced Nurse Licensure Compact multistate license: <input type="checkbox"/> No <input type="checkbox"/> Yes		
State of RN eNLC multistate licensure: _____		License Number: _____
_____ Printed Name of Applicant		_____ Date
_____ Applicant Signature		