

DECLARATION OF PRIMARY STATE

Name: _____ RN _____ LPN _____

Social Security Number: _____

Current Address: _____

Permanent Address: _____

I declare that my **current** primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my “declared fixed, permanent, and principal home for legal purposes.”

If licensed in another Compact state, please check one option below:

- I plan to change my primary state of residence to NC effective _____. Please keep my application active for one year.

I will contact the Endorsement Section (via email at endorsec@ncbon.com, phone, fax or mail) with my new permanent NC address within a few days of my move in order to update my file.

- I do not plan to change my primary state of residence to NC. Please return my fee. (Fee cannot be refunded if you have been issued a NC temporary license.)

SIGNATURE: _____ **DATE:** _____

This form and requested information may be faxed to (919) 781-9461. Attention: Endorsement Department.