

Compact Licensure – Declaration of Residency- Compact License Information

My License is a Compact License

My License is not a Compact License

Name on professional license: _____

Address on professional license: _____

Declared State of Permanent Residency: _____

Date Declared: _____

State of assignment to work with compact license: _____

I understand that if I declare my state of residency to be **different** than my Compact license state, I will notify employer **of the change in status**. I understand I have only 30 days to obtain a new license in the state where practicing and failure to do so will result in practicing with an invalid license and reportable to all involved State Boards of Nursing.

I understand that the following actions may require me to obtain a new compact license:

- obtain a driver's license in a state other than my declared state of permanent residency
- obtain a voters registration in a state other than my declared state of permanent residency
- file federal income taxes in a state other than my declared state of permanent residency

Date: _____

Employee signature: _____

Employer Name: _____

Signature Employer Representative Reviewing form and supporting documentation:

Name _____

***Supporting Documentation:** Driver's License copy, the address must match state of permanent residency declared above. If any other document is submitted to prove permanent residency it must be approved by;

Please note: This completed form and supporting documents must be resubmitted upon license renewal, change of assignment to another compact state, change of permanent residency, a new Travel assignment, or upon request.