Government of the District of Columbia
Department of Health
BOARD OF NURSING

Full name: _____
(Last) (First) (Middle) (Maiden/Previous)

Address: _____
(No.) (Street)

_____ _____
(City) (State/Country) (Zip/Postal Code)

Email: _____ Date of Birth: _____

In accordance with D.C. Official Code § 3-1205.05(b) a Social Security number is required to be placed on the application for licensure or certification. In accordance with § 466(a)(13) of the Social Security Act if you do not have a Social Security number at the time of application, you must submit a sworn affidavit, under penalty of perjury, stating that you do not have a Social Security number. If you were not born in the United States and depending on your immigration status you may not be eligible for a Social Security number. *Please be advised that a Tax ID number (beginning with the number "9" and having a "7" as the fourth digit) will not suffice as a permanent substitute for a Social Security number.*

ATTESTATION: By signing this Affidavit, I acknowledge my understanding agreement with the following*:*

1. As soon as I become eligible, I will apply for a Social Security Number. Immediately upon my receipt of a Social Security Number, I will provide to the Board, in writing at the address listed below, my valid Social Security Number and a copy of my Social Security card, or any other document issued by the Social Security Administration, as evidence of my Social Security Number.

2. I understand that if I fail to supply my valid Social Security Number to the Board before my District of Columbia license/certification expires, the Board shall not renew my license/certification until I provide my valid Social Security Number and, under such circumstances, I hereby WAIVE my right to renew my license until such time as I have provided my valid Social Security Number to the Board.

3. In accordance with D.C. Official Code § 3-1205.13(b) I will inform the Board within thirty (30) days of any change in my address.

_____
Signature of Applicant (Date) Name of Applicant (Print)

899 North Capitol Street, NE; Washington, DC 20002 * (877) 672-2174 * dc.bon@dc.gov * www.hrla.doh.dc.gov