

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

STATE OF DELAWARE BOARD OF NURSING

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV EMAIL: customerservice.dpr@delaware.gov

DECLARATION OF PSOR

Full Name:	
Other Names Used:	
Date of Birth:	
Your home state of residence (also called your primary state of	of residence) is your declared fixed,
permanent, and principal home for legal purposes.	
Enter your Home State (or jurisdiction) of Residence:	
Signature	Date
Please attach a copy of your driver's license.	