



Holsman Healthcare, LLC
 Healthcare Staffing and Consulting Services
 Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

Declaration of Primary State of Residence

If you plan to work under Compact Licensure on an assignment with Holsman Healthcare, please complete the following information and sign the form at the bottom to ensure compliance with the Nurse Licensure Compact. When returning this form, please include a copy of your Compact License and the documentation you selected as the method of declaration of primary residence.

Name: _____

Date of Birth: _____ Social Security Number: _____

Address of Permanent Residence

Address: _____

City: _____ State: _____ Zip: _____

Licensure with Compact Status

State: _____ Type: RN LPN License Number: _____

Original Issue Date: _____ Expiration Date: _____

Type of Licensure: Examination – Initial Licensure Endorsement from _____ (State)
 If Endorsement, have you notified the Board of Nursing that you now reside within the State under which you are claiming Compact Licensure? Yes No

Acknowledgement & Documentation

In accordance with the Nurse Practice Act/Nurse Licensure Compact, I declare that the State of _____ as my primary state of residence and that such constitutes my permanent and principal home for all legal purposes. I intend to practice in the state of _____ under my Compact Licensure beginning on _____.

As a method of primary residence declaration, I have included the following documentation in accompaniment of my nursing license to validate the status of my Compact Licensure:

- State-Issued Driver's License
(State: _____ Number: _____ Expiration: _____)
- State-Issued Identification Card
(State: _____ Number: _____ Expiration: _____)
- Permanent Tax Notification Form
- Federal W-4 Form

 Signature Date

-----FOR QA USE ONLY-----

Verification by _____ on ____/____/____

Via: Phone Fax Internet Email US Mail

NOTES:

