



HEALTHTRUST<sup>SM</sup>

Workforce Solutions

**Compact Licensure – Declaration of Residency – Compact License Information**

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 and HealthTrust Workforce Solutions immediately. 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 \_\_\_\_\_ Date \_\_\_\_\_

**\*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;

HealthTrust Workforce Solutions Credentialing Manager or HealthTrust Workforce Solutions Corporate Ethics and Compliance Officer.

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.

<https://www.ncsbn.org/nlc.htm>