



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**BOARD OF LICENSED ALCOHOL AND OTHER DRUG USE PROFESSIONALS**  
**EMPLOYMENT VERIFICATION FORM**

APPLICANT NAME \_\_\_\_\_

Statement verifying the above named applicant has/had been employed at

\_\_\_\_\_

Print Agency/Institution Name

Held the position of \_\_\_\_\_

Print Applicant's Title

from \_\_\_\_\_ to \_\_\_\_\_

(Circle one) Full Time / Part time

How many days per week \_\_\_\_\_

How many hours per day \_\_\_\_\_

For a total of \_\_\_\_\_ hours.

**I have attached a copy of the applicant's written job description.** (Failure to provide a written job description will delay the processing of the application.) Send directly to the address at the top of this form Attn: LADC Board.

\_\_\_\_\_  
Signature of Verifying Authority                      Title                      Date