



STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSING
Board of Registration for Medical Technicians
 7 Eagle Square, Concord, NH 03301

APPLICATION FOR REINSTATEMENT OF REGISTRATION
 (TYPE OR PRINT CLEARLY)

Please complete the application form and enclose a personal check, bank check, or money order in the amount of \$110 payable to "Treasurer, State of New Hampshire."

NOTICE: If your registration has lapsed for more than 1 year, you will be required to submit a criminal records check and fingerprints. Please visit the Board's web site at www.oplc.nh.gov for all forms.

Legal Name: _____
 First Middle Last

Any other name(s) used, including a maiden name, if different from above: _____

Date of Birth ____/____/____ Social Security Number: ____/____/____

Former Registration #: _____ What is your intended/current occupation/prof/job? _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Personal E-mail address: _____
 (if applicable)

Employment history: From the time the previous registration lapsed. **This includes your present employer.**
 Use additional sheet if necessary.

Phone # of Current Employer: _____

<u>Employer</u>	<u>Mailing Address</u> Complete	<u>Dates of Employment</u> From - To	<u>Reason for Leaving</u> Be Explicit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you answer **YES** to any of the questions below, you shall attach a letter of explanation.

1. Have you since the lapse of your registration or not previously reported received disciplinary action against any license, certification or registration, in any state or jurisdiction, including reprimand, probation, suspension, revocation, education or practice stipulations fines or voluntary surrender? Yes _____ No _____

2. Are you currently, have since your registration lapsed, or not previously reported been impaired by or diverted any chemical substances that impaired your ability to practice? Yes _____ No _____

3. Have you since the lapse of your registration or not previously reported been convicted of a felony under the laws of the United States or any state or any offense involving moral turpitude? Yes _____ No _____

I acknowledge that knowingly making a false statement on this application form is a misdemeanor under RSA 641:2, I. I certify that the information I have provided on all parts of the application form and in the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read the statute and the rules of the Board and promise that, if I am registered, I will abide by them.

Applicant's Printed Name

Applicant's Signature

Date

Sworn to, before me, and subscribed in my presence this ____ day of _____, 20____.

State of _____ County or City of _____

Notary Public / Justice of the Peace Signature

My commission expires

Current (within 90 days)

2 inch by 2 inch

Passport Photo

(seal or stamp)