

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

Board of Psychologists

7 Eagle Square, Suite 300

Concord, N.H. 03301

Telephone 603-271-2152



REQUEST FOR INACTIVE STATUS

Name _____

Address _____

Business Phone _____ Home Phone _____

License # _____ Email Address _____

Please respond to the following:

1. Are you currently practicing as a psychologist in New Hampshire? YES _____ NO _____

2. Have you been found civilly liable for professional misconduct, guilty of any criminal offense, or found to have committed an ethical violation by a state or national professional association or any other state's regulatory board, or entered into a settlement agreement with any state outside of New Hampshire? YES _____ NO _____

3. Do you have any complaints pending in another jurisdiction? (If yes, please explain) YES _____ NO _____

4. Date you wish your inactive status to begin (day/mo/yr) _____/_____/_____

5. I have informed my current employer that my license will be inactive as of the date listed in #4. YES _____
Not employed at this time _____

