

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301-4980 Phone: 603-271-2152

REINSTATEMENT APPLICATION

Reinstatement Fee: \$300.00

Make check payable to: Treasurer, State of New Hampshire

FULL NAME:

(last) (first) (middle) (maiden)

HOME ADDRESS:

HOME TELEPHONE #:

CURRENT PLACE OF EMPLOYMENT:

EMPLOYMENT ADDRESS:

BUSINESS TELEPHONE #:

SOCIAL SECURITY #:

Please submit two (2) original professional letters of reference. The letters must be written within the past 12 months and should state in what context or

- be written within the past 12 months and should state in what context or capacity they have known you.
- *** With the acknowledgement letter, you will receive paperwork to complete a criminal background check. Pursuant to RSA 151-A:6-a, you are required to submit a notarized criminal history record release form, along with a fee, which authorizes the release of your criminal history record, if any, to the Board. This form will be provided to you with your acknowledgment letter once your application has been received by the Board.
- You must provide proof of 40 CEU clock hours earned in programs approved pursuant to Nuh 402.03.
- Also, please submit the reason why you failed to renew your license.



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Please answer the following questions. If you answer "yes" to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 1/2" x 11" sheet(s) if necessary.

		YES	NO
1. Are you licensed to practice as a any other state(s)? If yes, please pr number(s). If yes, you are required State License Clearance Form an Board for completion.	ovide the state(s) and license d to complete the enclosed		
2. Have you ever, for any reason, b yes, please provide a copy of all su			
ALL APPLICANTS M	IUST SIGN THE FOLLOWING	STATEMENT:	
I certify that there are no willful no statements and answers to quest employers and of all references employment, and if such an invest falsifications, my application will statements, my license may be re-	stions. I understand that inquiry given about my character, qual estigation should disclose misre be rejected, and should I be lic	may be made of ifications, and rec presentations and	my ord of I
DATE	SIGNATURE OF	APPLICANT	
CURRENT PHOTOGRAPH			
For Office Use Only:			
Check Number:f	or \$300.00 received on		2
by			<i>L</i>



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STATE LICENSE CLEARANCE

INSTRUCTIONS: The applicant who holds a current license in another state must complete the personal information on this form and send the form to that Licensing Board for completion.

TO THE LICENSING BOARD: The nursing home administrator named below has applied for licensure in the State of New Hampshire. Please inform the NH Board of Examiners of Nursing Home Administrators of any pertinent information on this candidate which might affect the licensing process. All information is confidential.

Please return this form directly to the NH Board of Examiners of Nursing Home Administrators, 7 Eagle Square, Concord, NH 03301. Thank you.

NAME.
NAME:ADDRESS:
TELEPHONE: Home () Work ()

STATE COMPLETING THIS FORM:
LICENSE NUMBER:ISSUED:EXPIRES:
State of Original License:If not this state, was license through reciprocity/endorsement? YesNoFrom what state?
Exam Score: Type: NABPESOther Raw Score: Scale Score: Date of Exam:State:
Was an AIT/Practicum successfully completed?
Has the applicant ever been disciplined by the Board?
If yes, please explain:
Name of individual completing formDate
Signature of individual completing form:

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STATE SEAL