

State of New Hampshire
Office of Licensure and Certification
Board of Psychologists

REACTIVATION OF INACTIVE LICENSE

If your license has expired, you must submit this form to activate your license according to Rule 401.01(b) and (c): “(b) An expired license shall not be renewed, but upon application, may be reinstated in accordance with Psyc 401.05.; (c) If a license has expired pursuant to Psyc 401.01 (a), the licensee shall not engage in the practice of psychology until such time as a new or reinstated license has been granted by the board.”

PLEASE PRINT OR TYPE

Name _____ SSN: _____ - _____ - _____

Business or Private Practice Name _____

Business Address _____
Street City State Zip Code

Home Address _____
Street City State Zip Code

Business Phone # _____ Home Phone # _____

*Note: Your mailing address is available to the public. Please designate at which address you prefer your mail. (Circle one): **Business** or **Home** Email: _____*

Date of Birth (mm/dd/yyyy): ____/____/____ Place of Birth (c/s/z): _____

A list of all states where you hold or ever held a license to practice psychology:

Answer the following questions:

1) Why did you originally seek inactive status?

2) Why are you seeking active status again?

3) Have you had any malpractice claims made against you regardless of whether a lawsuit was filed in relation to the claim? Yes ____ No ____

4) Have you been denied a Psychologists license, certificate or registration anywhere for any reason? Yes ____ No ____

5) Have you had any formal disciplinary charges pending by any mental health professional licensing board, health care facility or professional association? Yes ____ No ____

6) Have you voluntarily surrendered a license to practice Psychology in lieu of disciplinary action? Yes ____ No ____

7) While you were on inactive status in New Hampshire were you actively practicing psychology or another mental health discipline regulated by a state board? Yes ____ No ____

8) If you answered "Yes" to Question 7), were you licensed or certified in that state? Yes ____ No ____

9) If you answered "Yes" to Question 8), provide the Board with a letter of good standing from the state you were licensed or certified in.

10) If you answered "Yes" to Questions 3), 4), 5) or 6), attach a letter of explanation.

- *Attach copies of Continuing Education (CEU) certificates documenting 40 hours of CEUs taken within two (2) years prior to the date of this application received in office. These credits need to meet the requirements of Psyc. 402.01*
- *Enclose check/money order \$316.00 made payable to: Treasurer, State of N.H.*
- *Mail this Reactivation of Inactive License form along with your check and any documentation to:*

NH Office of Professional Licensure and Certification
Board of Psychology
7 Eagle Square Suite 300
Concord NH 03301

Signature

Date