



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

NH BOARD OF NURSING TEMPORARY LICENSE
APPLICATION Page 1 of 2

Temporary License for Licensure by Examination Applicants

New Hampshire Board of Nursing may issue a temporary license to candidates seeking to take the NCLEX examination once all application requirements are complete. A temporary license can only be requested in conjunction with a permanent initial license application.

Temporary licenses are valid for 120 days, or for as long as the Examination application is valid. Once an application expires, purges, or test results are processed, the temporary license becomes invalid. **If you are reapplying to retake the exam after a fail, you are not eligible to apply for a Temporary license. A temporary license can only be requested in conjunction with a permanent initial license application. Temporary licenses are valid for 120 days. Once a permanent license is issued or an application for permanent license expires, the temporary license becomes invalid.*

APPLICATION AND REGISTRATION FEES ARE NON-REFUNDABLE.

Complete the application for Temporary License form, and attach it to your application for License by Exam or by Endorsement. Make sure to include the \$20 temporary license fee. Application/licensing processes not completed within 180 days will be purged. New Hampshire has a mandatory licensing law; No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state.



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NH Board of Nursing Temporary License Application Page 2 of 2

TYPE: <input type="checkbox"/> LPN <input type="checkbox"/> LPN COMP ED <input type="checkbox"/> RN <input type="checkbox"/> RN DIRECT ENTRY MASTERS <input type="checkbox"/> RN CANADIAN <input type="checkbox"/> RN ENDORSEMENT							
LAST NAME:		FIRST NAME:		MIDDLE:	OTHER NAMES USED:		
MAILING ADDRESS:							
CITY /TOWN:			STATE:		ZIP CODE:		COUNTRY:
PHYSICAL ADDRESS:							
CITY /TOWN:			STATE:		ZIP CODE:		COUNTRY:
Sources used to determine residence for Compact licensure include but are not limited to driver's license, federal tax return, voter registration or military payroll					EMAIL:		
DATE OF BIRTH:			PHONE#		SOCIAL SECURITY # (REQUIRED)		
IS YOUR APPLICATION FOR <input type="checkbox"/> EXAM or <input type="checkbox"/> RE-ENTRY or <input type="checkbox"/> ENDORSEMENT FILED WITH THE BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE FILED:							
HAVE YOU EVER HAD A TEMPORARY LICENSE IN NH? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> RN <input type="checkbox"/> LPN							
NAME OF NURSING SCHOOL (Required):							
GRADUATION DATE:		OR ANTICIPATED GRADUATION DATE:			OR WITHDRAWAL DATE:		
NURSING SCHOOL ADDRESS (Required):							
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING							
HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN?			EXAM DATE(S):		STATE:		EXAM TYPE:
FOREIGN EDUCATED NURSES A qualifying examination certificate, verification of educational credentials and proof of licensing is: Available <input type="checkbox"/> Pending <input type="checkbox"/>							
ANTICIPATED EMPLOYER: (IF NONE ANTICIPATED, PLEASE WRITE "NONE")							
CURRENT EMPLOYER: (IF NONE, PLEASE WRITE "NONE")							
MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE							
TEMP LICENSE FEE: \$20.00							

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B: 37) and may be grounds for conviction of a misdemeanor (RSA 641:3)

SIGNATURE

DATE

OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above