

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
 7 Eagle Square
 Concord, N.H. 03301--4980
 Telephone 603-271-2152

UNIVERSAL APPLICATION FOR LICENSE BY ENDORSEMENT

Profession for which application is being filed: _____

Applicant Information:

Full Legal Name: _____
Suffix such as "Jr." or "III", if any

Other name(s) under which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Gender assigned at birth*: Female Male
* To be used solely for purpose of workforce data analysis by New Hampshire Employment Security

Social Security Number*: _____
*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: () - _____

Designated email address*: _____
* Email address to which notices, license will be sent

Jurisdiction in which Applicant is licensed that has requirements that are substantially similar to NH's requirements:

For applicants in any health care profession, do you intend to practice in New Hampshire more than 50% of the time, whether in-person or by telehealth? Yes No

For applicants in any health care profession (information required by RSA 125:25-c):

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)? No Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

Applicant is (check if applicable): Applying for facilitated licensure based on:
 Currently being on active military duty*
 Being legally married to an individual who is currently on active military duty*
* "On active military duty" means on active duty in the U.S. armed forces.

Disclosure of Personal Contact Information:

Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

Documentation:

All applicants must provide primary source verification of licensure in a the jurisdiction(s) in which applicant is currently licensed that:

- (1) Identifies the applicant by name; and
- (2) Clearly shows that the applicant is authorized to practice the occupation or profession in that jurisdiction and is in good standing.

Each applicant on active military duty must provide proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

Each applicant for facilitated licensure as a military spouse must provide:

- (1) Proof of the spouse's service status as stated above, and
- (2) Proof of marriage in the form of either:
 - a. A copy of the front and back of the applicant's current military spouse identification card; or
 - b. A copy of the applicant's official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

Fee:

Application Processing Fee for initial licensure specified in Plc 1002, unless exempt based on status as active military or a military spouse.

If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the Application Processing Fee will not be refunded.

Signature and Attestation

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant's credentials have not been suspended or revoked by any professional licensing board;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: _____

Date Signed: _____