

State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 121 South Fruit Street
 Concord, N.H. 03301-2412
 Telephone 603-271-2152 · Fax 603-271-6702

LINDSEY B. COURTNEY
 Interim Executive Director



Application for Emergency License Pursuant to Executive Order #15

1. Name: _____
Last First Middle Maiden / Other names used
2. Home Address: _____
Street City or Town State Zip Code
3. Phone: (____)____-____ Social Security # (required)____--____--____ Email _____
- Date of Birth (DOB)_____
4. Have you ever received disciplinary action against any professional license or certification in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?
 _____ Yes* _____ No

**If you answered Yes to question 4, you must attach a letter of explanation*

5. What state(s) do you hold an active professional certification, license or registration? List state(s) below. To be issued a license, verification of another state license that is active and in good standing must be submitted. Verification may be in the form of an official verification from your original state of licensure or printout from an online verification system.
- _____
- _____
- _____

Under penalty of law, I state that 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 and may be grounds for conviction of a misdemeanor.

_____ / _____ / _____
Full Signature of Applicant **Date**

Submit application and license verification via fax, mail, or email to the following:

Office of Professional Licensure and Certification
Attn: Emergency Licensing
121 South Fruit Street
Concord, N.H. 03301-2412
Telephone 603-271-2152
Fax 603-271-6702
Email: OPLCLicensing@opl.nh.gov