

Readopt with amendment Plc 802.01 to read as follows:

Plc 802.01 Method of Applying for an Emergency License.

(a) Applicants for an emergency license shall provide the executive director of the Office of Professional Licensure and Certification with the following:

- (1) First, middle, and last name, as well as a maiden name or any other names used;
- (2) Home address;
- (3) Phone number;
- (4) Social security number;
- (5) Email address;
- (6) Date of birth;
- (7) An answer to the question “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?”
- (8) If the answer to (7) is in the affirmative, a detailed letter of explanation explaining the circumstances for the disciplinary action;
- (9) A list of the states where the provider holds an active license where they are in good standing;
- (10) Verification of licensure from one of the states listed in (9). Verification may be in the form of an official verification from the applicant’s original state of licensure or a printout from an online license verification system; and

(11) A signature under the following certification:

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.

(b) Applications shall be sent to the Office of Professional Licensure and Certification by either:

- (1) Mail, addressed to “Office of Professional Licensure and Certification, ATTN: Emergency Licensing, 121 South Fruit Street, Concord, NH 03301-2412;”
- (2) Fax, to 603-271-6702;
- (3) Email, to OPLCLicensing@oplcnh.gov.

(c) Notwithstanding (a) and (b), in lieu of an application for emergency licensure from an out-of-state medical professional, and in compliance with emergency order #15 pursuant to Executive Order 2020-04, Section 1, (a)-(d), evidence obtained from the New Hampshire Department of Health and Human Services (“DHHS”) that the out-of-state medical professional is a New Hampshire Medicaid Provider (“Provider”) shall be sufficient to determine the out-of-state Provider is currently licensed and in good standing in the jurisdiction(s) the Provider is providing services. Such evidence initially submitted by the Provider to DHHS shall be deemed to have been presented by the Provider to the Office of Professional Licensure & Certification pursuant to Emergency Order #15.