Pursuant to Mirt 302.04(d) each application for licensure in the State of New Hampshire is required to provide an official letter of verification sent directly to the board from every jurisdiction which has issued a license or other authorization to practice stating the following:

(1) The license or other authorization is or was, during its period of validity, in good standing; and

(2) Whether any disciplinary action was taken against the license or other authorization to practice.

For the convenience of the applicant and the State Licensing Board we are providing this form. This form is not required but may be used in substitution for a letter written by another jurisdiction.

Please complete all questions listed below either in ink or legibly printed and send the form directly to the address at the top of this form.

Licensee/Certificate Holders Full Name: ____________________________________________  
First    Middle    Last
License Status: ___________________  Name of Modality: ________________________________
State: __________  License Number: ______________________________
Original Issue Date: __________________
Expiration Date: ____________________

Has the individual listed on this form had any disciplinary actions against their license/certificate/registration? Yes: ___  No: ___

If there has been disciplinary action taken against this individual include a copy of the document with this form

Date: _______________  Signature: ________________________________________________

Title: ______________________________________

Affix State Seal Here