OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
Division of Health Professions
Board of Medical Imaging and Radiation Therapy

121 South Fruit Street, Suite 303
Concord, New Hampshire 03301
Telephone 603-271-8389 Fax 603-271-6702

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: ___

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

Date: _____ Signature: _____

Title: _____

Affix State Seal Here