



**NEW HAMPSHIRE BOARD OF MEDICINE**  
7 Eagle Square, Concord, NH 03301

**Letter of Good Standing**

\$20.00 per request

(Check made payable to Treasurer, State of NH)

Physician    Physician Assistant

Name \_\_\_\_\_

As it appears on your license

Last

First

Middle

License Number \_\_\_\_\_ Telephone: \_\_\_\_\_

Residential Address : \_\_\_\_\_

Agency/State Board Requesting Letter: \_\_\_\_\_

Address of where to forward your request: \_\_\_\_\_