

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Medicine
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-1203 · Fax 603-271-6702



PLEASE COMPLETE THIS FORM IF YOU HAVE A NEW, ADDITIONAL OR CHANGE IN SUPERVISOR OR ALTERNATE SUPERVISOR

NEW ADDITIONAL CHANGE

In accordance with RSA 328-D and regulations issued thereunder, I certify that
_____, P.A. assists me professionally and that I
assume responsibility for supervision of his/her professional activities.

RSP Signature

(Print or type name)

(Business Name)

(Professional Address)

(NH License Number)

(Effective Date of Supervision)

ARSP Signature

(Print or type name)

(Business Name)

Professional Address)

(NH License Number)

(Effective Date of Supervision)