STATE OF NEW HAMPSHIRE
BOARD OF MENTAL HEALTH PRACTICE

121 South Fruit Street, Suite 303
Concord, NH 03301
Phone - (603) 271-2702  Fax - (603) 271-6702

CHANGE OF ADDRESS FORM
(Please assure that this form is printed and legible)

Last name:______________________________First name:______________________

Profession:______________________________License #_______________________

Your mailing address is available to the public.

New Mailing Address:  Please circle one:  Home  Business

Business name and/or employer’s name ______________________________________
(if applicable)

Address:________________________________________________________Ste.#________

City:______________________________State:_______Zip:______________

Current Business phone number ___________________________________________

Current Home phone number _____________________________________________

If the mailing address listed above is a business address please provide the Board with a current
home address for its confidential records.

Home Address:________________________________________________________

City:______________________________State:_______Zip:__________

Email address:__________________________________________ (for Board use only)

This form MUST be signed and dated in order for these changes to be completed.

Licensee’s signature:_________________________Date:___________

This form may be mailed to the address listed above or faxed to (603) 271-6702

6/10/2014