

REQUEST FOR INACTIVE STATUS

PLEASE PRINT OR TYPE

Name _____

Address _____

Phone # for public _____

License # _____ Type of license: PP SW MHC MFT

Please answer the following questions:

1. Are you currently practicing mental health in New Hampshire? YES____ NO____

2. Have you been found civilly liable for professional misconduct, guilty of any criminal offense, or found to have committed an ethical violation by a state or national professional association or any other state's regulatory board, or entered into a Settlement Agreement with any state outside of New Hampshire? YES____ NO____

3. Do you have any complaints pending in another jurisdiction? YES____ NO____
(If yes, please explain)

4. Please attach a written explanation of why you want to go inactive.

5. Date you wish your inactive status to begin. _____

6. I have informed my current employer that my license will be inactive as of the date listed in #5. YES____ Not employed at this time_____

By signing this application I acknowledge that the provision of false information in the application is a basis for disciplinary action by the board.

Signature

Date

Please send a check for \$67.50 made payable to the State of New Hampshire and mail to:

NH Board of Mental Health Practice

7 Eagle Square

Concord, NH 03301