

REACTIVATION APPLICATION

REQUEST FOR ACTIVE STATUS FROM INACTIVE STATUS

PLEASE PRINT OR TYPE

Name _____

Business or Private Practice Name _____

Business Address

Home Address

Business Phone # _____ Home Phone # _____

Your mailing address is available to the public. Please designate at which address you prefer your mail. Circle one: Business or Home

E-mail address _____

Please answer the following questions:

1) Why did you originally seek inactive status?

2) Why are you seeking active status again?

3) Have you had any malpractice claims made against you, regardless of whether a lawsuit was filed in relation to the claim? Yes _____ No _____

- 4) Have you been denied a pastoral psychotherapist, social work, mental health counselor or marriage and family therapist license, certificate or registration anywhere for any reason? Yes ____No____
- 5) Have you had any formal disciplinary charges pending by any mental health professional licensing board, health care facility or professional association? Yes____No____
- 6) Have you voluntarily surrendered a license to practice mental health in lieu of disciplinary action? Yes____No____
- 7) While you were on inactive status in New Hampshire were you actively practicing psychology or another mental health discipline regulated by a state board? Yes____No____
- 8) If you answered yes to question 7, were you licensed or certified in that state? Yes____No____
- 9) If you answered yes to question 8, please provide the Board with a letter of good standing from the state you were licensed or certified in.

(If you answered yes to questions 3, 4, 5 or 6 please submit a letter of explanation).

Please enclose a check for \$270.00 made payable to: State of N.H.

Please mail this Reactivation Application along with your check to:

NH BOARD OF MENTAL HEALTH PRACTICE
7 EAGLE SQUARE
CONCORD NH 03301

Phone #: (603) 271-2702

PLEASE ATTACH COPIES OF CEU CERTIFICATES DOCUMENTING 40 HOURS OF CEU'S (6 IN ETHICS) TAKEN WITHIN 2 YEARS PRIOR TO THE DATE REACTIVATION TAKES PLACE. THESE CREDITS NEED TO MEET THE REQUIREMENTS OF Mhp 402.

Date: _____ Signature _____

6/10/2014