

**STATE OF NEW HAMPSHIRE
BOARD OF MENTAL HEALTH PRACTICE**

**7 Eagle Square
Concord, NH 03301
603-271-2702**

<https://www.oplc.nh.gov/mental-health>

RENEWAL APPLICATION

If you choose not to renew your license please check here _____ and return page one to the Board office via US mail, fax or email.

PLEASE PRINT OR TYPE

NAME _____

Home Address: _____

Street

City

State

Zip

Business name and/or employer's name _____

Business and/or employer's address: _____

Street

City

State

Zip

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

COMPLETE ALL PARTS OF THIS APPLICATION. USE N/A IF NEEDED

All licensees must list both home and business address and phone numbers

The public has a right to your business phone number

BUSINESS PHONE NUMBER _____ (available to public)

HOME PHONE NUMBER _____

LICENSE # _____ CIRCLE ONE: LPP LICSW LCMHC LMFT

E-mail address: _____

Please answer the following questions:

(Circle yes or no)

- 1) Are you actively practicing a mental health discipline regulated by this board? Yes No
- 2) Do you have any complaints pending against a license or certificate in any state or jurisdiction (excluding NH), and if so, please explain. Yes No

- | | |
|--|-----------|
| 3) Have you been found civilly liable for professional misconduct, committed an ethical violation or entered into a Settlement Agreement with any state outside of New Hampshire since your last renewal? (If yes, please explain) | Yes No |
| 4) Have you ever been convicted of a felony or misdemeanor since your last renewal? (If yes, please explain). | Yes No |
| 5) Have you ever had a malpractice claim against you since your last renewal, regardless of whether a lawsuit was filed in relation to the claim? (If yes, please explain). | Yes No |
| 6) Have you ever voluntarily surrendered a license to practice mental health in lieu of disciplinary action? (If yes, please explain). | Yes No |
| 7) Is there any reason why you might be unable to perform mental health service in a competent and ethical manner? (If yes, please explain). | Yes No |
| 8) I have a plan in place on how my clinical records will be managed in the event of my death or incapacitation. | Yes No |

****Pursuant to RSA 125:25-c, I, please attach a list of the names(s) of entity(ies) in which you hold ownership interest or receive compensation or remuneration from.** (You can get more information regarding ownership interested by going to www.nh.gov/mhpb, quick links and click on ownership interests information)

Please enclose a check for \$270.00 made payable to: Treasurer, State of N.H. Be sure to put your license number on the check.

Mail this Application along with your check to:

**NH Board of Mental Health Practice
7 Eagle Square
Concord, NH 03301**

THIS INFORMATION MUST BE IN THE BOARD OFFICE BEFORE YOUR LICENSE EXPIRES - The renewal process could take up to two weeks. If you need your new license before a certain date, be sure to mail your renewal documents in early.

BOARD OF MENTAL HEALTH PRACTICE

ATTESTATION TO CONTINUING EDUCATION AND COLLABORATION

According to Board records you should have completed the continuing education and collaboration requirements set forth in Mhp 402.01 (40 hours of continuing education) and Mhp 403.01 (40 hours of collaboration). You may count the continuing education and collaboration hours you have accumulated from the prior two years to your license expiration date.

Please read the attestation below, sign where required before a Justice of the Peace or Notary Public and return this letter and your renewal application to the board office before your license expires.

Please note, some licensees are being audited and have received a Form 200 with this letter. If you have not received a Form 200 you only need to fill out this attestation form and the renewal application.

I ATTEST TO THE FACT THAT I HAVE COMPLETED ALL CEU REQUIREMENTS SET FORTH IN Mhp 402.01 AND COLLABORATION REQUIREMENTS SET FORTH IN Mhp 403.01. (40 CE hours and 40 collaboration hours you have accumulated from the prior two years to your license expiration date)

Date: _____

Signature: _____

Lic. # _____

Print Name: _____

_____ personally appeared before me and made oath that the foregoing is true to the best of his/her knowledge and belief.

Notary Public/Justice of the Peace

Licenses will not be renewed unless CEU and collaboration requirements are met.

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above

06/26/2017