

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

7 Eagle Square, Concord, N.H. 03301  
Telephone 603-271-9482 · Fax 603-271-6702



NH Office of Professional Licensure & Certification

Division of Health Professions

CHANGE OF ADDRESS FORM

Name: \_\_\_\_\_

Last

First

Middle

Names Previously Used (if applicable) \_\_\_\_\_

Profession: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail form to: NH Office of Professional Licensure & Certification  
Health Division  
7 Eagle Square  
Concord, NH 03301