Address / Name Change Form

Please assure all information is printed and legible.

Licensee’s Name: ________________________________________________________________

Licensee’s N.H. License Number: ____________________________

**New** Legal Address: __________________________________________

____________________________________________________________________"
                                                                 (New Mailing Address:
____________________________________________________________________"

**Previous** Legal Address: __________________________________________

____________________________________________________________________"
                                                                 (Previous Mailing Address:  
____________________________________________________________________"

New Email Address (if applicable): __________________________________________

Name on file at the N.H. Board of Nursing: ____________________________________

Name change (if applicable): _______________________________________________

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

Licensee’s signature: ___________________________ Date: ___________________

***Proof of Name change must be accompanied by a supporting document(s).****

This form may be mailed to the address listed above or faxed to (603) 271-6605.

Revised: 4/2018