



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Nursing

121 South Fruit Street, Suite 102 Concord, N.H. 03301-2412
Telephone 603-271-2323 · Fax 603-271-6605



Nursing Address / Name Change Form

Please assure all information is printed and legible.

If you are a LPN or RN and a resident of NH you must complete pages 1 and 2 and submit with a legible copy of your active NH driver's license.

Licensee's Name (currently on file): _____

Licensee's N.H. Nursing License Number or Type (APRN, RN, LPN, LNA): _____

New Legal Address:

New Mailing Address:

New Email Address (if applicable): _____

Previous Legal Address:

Previous Mailing Address:

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: _____

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



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Declaration of Primary State of Residence

Pursuant to the Nurse Practice Act (RSA 326 - B:46 – Nurse Licensure Compact), a nurse applying for a compact license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where your vote, pay taxes, hold a valid driver's license, etc.* More information about the nurse licensure compact is found at www.ncsbn.org.

Applicant Information:

Name (please print): _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) Social Security #: _____ - _____ - _____
(XXX - XX - XXXX)

Current primary home address:

Street: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (_____) _____ - _____

Please check the appropriate categories below:

____ RN ____ LPN ____ APRN **NOTIFICATION**

NH Nursing License # _____

Check one of the following. Provide a clean legible copy of state issued driver license or a government issued ID as a proof of residency.

____ My primary state of residence is New Hampshire.

____ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

____ I am declaring another compact state as my primary state of residence. Please put my New Hampshire license on *inactive status*.

____ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

Signature _____

Date: ____ / ____ / ____

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).