

Licensing by Endorsement:

Application Process & Procedures

Step-by-Step Instructions from the

N. H. Board of Nursing

121 South Fruit St Suite 102
Concord, NH 03301

Linda Clark

RN/LPN/APRN Endorsements, Applications and Verifications

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RN/LPN Educational Program Specialist

6 Elements that make a Complete Endorsement Application in NH

1. Criminal Background Check and fingerprinting
2. Complete Endorsement Application for Licensure
3. The Declaration of Primary State of Residency form
4. Copy of Driver's License
5. NURSYS Verification *If original license state does not participate with NURSYS must provide paper verification of licensure
6. Foreign Educated Nurses initially licensed in another country must provide CGFNS or Credentialing Report that was submitted to state initially licensed.

1. Criminal Background Check

- ▶ You can find instructions posted on the Board of Nursing website:
<https://www.oplc.nh.gov/nursing/criminal-background-check.htm>
- ▶ If using the the Division of State Police – Hazen Drive in Concord location to have the finger prints done, you MUST schedule an appointment. Call 603.223.3867, then press 0 for assistance.
- ▶ If having fingerprints done at other approved Livescan Site or Finger Print Card site (ex: a local police station), check with them to see if you need to make an appointment and what other *additional fees* may be required.
- ▶ The Criminal Background check (CBC) is usually the longest part of the application process. Results can take up to 6 weeks to receive during high volume application times such as graduation season. Therefore, this process should be done in a timely fashion. We suggest at least 4 weeks or so before your application will arrive at the Board.

2. Complete the Application for License by Endorsement

- ▶ Refer to <https://www.oplc.nh.gov/nursing/forms-publications.htm> to apply on-line or print a paper application to submit with the appropriate fee.
 - ▶ Paper applications can be printed from the form linked at the end of this PowerPoint.
 - ▶ Step-by-Step Instructions can be found on the first page of the paper application.
- 

Application includes Verifications

- ▶ Verify you have worked as a nurse for a minimum of 400 hours in the past 4 years
- ▶ Verify you have completed 30 education contact hours within the past two years OR you have successfully passed the National Council Licensing Examination (NCLEX) within the 2 years immediately prior to application
- ▶ Convictions of a misdemeanor, felony or criminal act, not including traffic violations require a letter of explanation sent with the application to the Board of Nursing.

3. Declaration of Primary State of Residency & 4. Proof of Residency

Complete the Declaration of Primary State form

Your legal residence is the place you consider home, the place the IRS sends your tax information, where you have a driver's license, where you pay rent or taxes, and where you vote.

Attach one proof of residency (photocopy):

- Drivers license
- Voter registration card
- Tax record

5. NURSYS Verification:

- ▶ Register with NURSYS and provide verification of your original nursing license
- ▶ Register online at www.nursys.com
- ▶ If your original licensing state does not participate in NURSYS, you will need to request a paper verification to be sent to us from your original licensing state.
 - Includes Alabama, California, Hawaii, Louisiana (PN), Oklahoma, and Pennsylvania.
 - This means you must send a written request to your original licensure state Board of Nursing and they should mail verification of your licensure directly to the NH Board of Nursing at 121 South Fruit Street, Suite 102, Concord, NH 03301.

6. Foreign Educated Nurses Initially licensed in another country:

- Foreign RN/LPN Graduates must provide the credentialing report, or CGFNS report submitted to their initial state of licensure.
- Foreign/International Educated Nurses please review the requirements and information fact sheets at URL:

<https://www.oplc.nh.gov/nursing/international-rn-lpn.htm>

Temporary License Information

- ▶ Applying for a temporary license is optional but you must have a license (temporary or permanent) for any job related orientation for nursing employment.
- ▶ Temporary license available to endorsing nurses from paper verification states after receipt of all information and Board only awaiting paper verification.
- ▶ Applicants from **Massachusetts, Connecticut and Vermont** may apply for an immediate provisional/temporary license and must submit the temporary license application with the license application for permanent licensure.

Checking the Status of Your Application

- ▶ Application status and licenses issued, including temporary licenses may be viewed at: www.nh.gov/nursing
- ▶ You will NOT receive a paper license.
- ▶ You will need to reference the online – verification and nursing assistant registry at www.oplc.nh.gov/nursing Enter profession and first and last name, click on your name, and details of your license should appear.
 - We suggest you print this screen for your employers

Office of Professional Licensure and Certification (OPLC)

NH Board of Nursing

121 South Fruit Street, Suite 102

Concord, NH 03301

We can be reached at:

603.271.2323

Board.Questions@oplcnh.gov

Or

Linda Clark

Linda.Clark@oplcnh.gov

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
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ENDORSEMENT (RECIPROCITY) APPLICATION FOR LPN / RN Instructions

This application is used to endorse a nursing license that you have already obtained within the United States, but have never held a nursing license in the state of New Hampshire.

**If you have ever held a NH nursing license previously, you need to request a reinstatement application - do not continue.*

**If you are a nurse educated or licensed in another country, please contact the Board office for assistance.*

STEP 1: You must follow Board directives (www.nh.gov/nursing) and comply with the FBI fingerprint and NH background check requirements for each initial licensure. Please be aware that the NH Board of Nursing cannot complete the application process or issue a temporary license until we have received and reviewed your criminal records.

STEP 2: Complete the Application for License by Endorsement (Reciprocity), pages 1 and 2.

STEP 3: Complete the Declaration of Primary State of Residency form with attached copy of your Driver's license.

STEP 4: Submit the 2 page application, the Declaration of Primary State of Residency form with a copy of your driver's license (4 documents all together) along the fee to the NH Board of Nursing office. **Fees are nonrefundable.**

STEP 5: Register with NURSYS and provide verification of your original nursing license. You can register on line at www.nursys.com. *If your original licensing state does not participate in NURSYS, you will need to request a paper verification to be sent to us from your original licensing state. (See below)*

Please note: *You must have worked as a nurse for a minimum of 400 hours in the past 4 years and have completed 30 education contact hours within the past 2 years OR you must have successfully passed the National Council Licensing Examination (NCLEX) within the 2 years immediately prior to this application in order to be eligible for licensure in New Hampshire.*

Paper Verification is only required for the following states: Alabama, California, Hawaii, Kansas, Louisiana (PN), Oklahoma, and Pennsylvania. This means you will need to submit a written request from the appropriate Board, using the form attached in this packet. Your original state board should mail the verification directly to the NH Board of Nursing.

For all other states; you will need to complete the on-line NURSYS verification process by going to their website at: www.nursys.com. Once you have successfully completed the process and paid the fee, your original licensing state verification should be electronically available for the NH Board of Nursing. This verification report will be accessible for 90 days. If during the application process, it expires, the process will need to be repeated. If you do not receive a confirmation receipt from NURSYS, you have not completed the process successfully. If you have any questions about NURSYS and the process, please contact their Verification Department at (312)525-3780 or toll-free at (866)819-1700.

TEMPORARY LICENSES: Temporary licenses are available to endorsing nurses from paper verification states. Temporary licenses are usually only needed if there's a delay in receiving license verification from a state that does not participate in the NURSYS on-line process. *A temporary or permanent license must be issued in your name before you begin any job, including employee orientation.*

Temporary licenses are issued from the time an application is considered complete (including results of the criminal background check) and are valid up to 120 days.

Pursuant to RSA 326-b:20-a: **Applicants from Massachusetts, Connecticut and Vermont may apply for an immediate provisional/temporary license.*

If you're applying for a Temporary nursing license, complete the application for Temporary License form, and attach it to your application for License by Endorsement. Make sure to include the \$120 license fee and the additional \$20.00 temporary license fee.

Fees are nonrefundable.

CHECKING THE STATUS OF YOUR APPLICATION: An application status and any license(s) issued, including temporary licenses, can be viewed on our website at www.nh.gov/nursing. **You will not receive a paper license.** You will need to reference the "On-line Verification & Nursing Assistant Registry" link on our website: www.oplc.nh.gov/nursing to access your license information. You only need to enter the profession plus your first & last name. Once your name appears, *click on it*, and the details of your license should appear. We suggest you print that screen for your records. Employers will use the same link to verify your license information.

Application/licensing processes not completed within 180 days will be purged. New Hampshire has a mandatory licensing law; No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state. RN/LPN examination – 1/2017

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APPLICATION PROCESS FOR LPN / RN LICENSE BY ENDORSEMENT (Page 1)

Check off steps when completed, SIGN and DATE when complete and submit this page with the application.

- YES** I have followed Board directives found at: <https://www.oplc.nh.gov/nursing/enforcement.htm> to complete the Criminal Background check and finger printing process. This process can take up to 8 weeks for completion. Please be aware that the NH Board of Nursing cannot continue with the application process until we have received, reviewed and approved your completed criminal record report.
- YES** I have completed and attached the 2 page application for Licensing by Endorsement, the Declaration of Primary State of Residency form with a copy of my driver's license and the \$120.00 fee. **Fees are nonrefundable.**

REQUIRED (TO BE ELIGIBLE FOR ENDORSEMENT):

- I have used my nursing knowledge, judgment and skills for a minimum of 400 hours within the previous 4 years immediately prior to the date of this application **OR** I have successfully passed the LPN/RN NCLEX exam within 2 years prior to this application. IF you do not meet this requirement, please request a reentry packet and do not continue with this application.

AND

- I have completed 30 continuing education hours (CEUs) of workshops, conferences, lectures or educational offerings that enhance nursing knowledge, judgment or skills in direct relation to my nursing license within the last 2 years prior to this application **OR** I have successfully passed the LPN/RN NCLEX exam within 2 years prior to this application.

FOREIGN RN / LPN GRADUATES must submit a nationally accepted qualifying certificate issued within the past two years that is endorsed by the National Council of State Boards of Nursing, as well as provide verification of educational credentials and proof of licensing.

CANADIAN EDUCATED NURSES except Quebec; are not considered foreign for this application.

- YES** I have registered with NURSYS and paid the \$30.00 fee *or* requested a paper document for verification of my ORIGINAL state of licensure.

IF EDUCATED IN CANADA AND TOOK THE US NCLEX:

Have you submitted a copy of your school transcript and course descriptions to the Board? _____

OR

Submitted verification that you have worked in the US as a nurse for 200 hours in the past 2 years? _____

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

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 Concord, N.H. 03301



OFFICE USE ONLY	
FEE:	
REC'D:	
CK/MO:	
TEMP L#	
LIC#	
DATE ISSUED:	

DATE	INITIALS
A	
B	
E	
X	
C	

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LPN / RN LICENSE BY ENDORSEMENT APPLICATION (Page 2)

Select One - RN LPN

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	OTHER NAMES USED:
MAILING ADDRESS:			EMAIL:		
CITY OR TOWN:		STATE:	ZIP CODE:	COUNTY:	
PHYSICAL RESIDENCE IF DIFFERENT FROM MAILING: (REQUIRED)					
Sources used to determine residence for Compact licensure include but are not limited to driver's license, federal tax return, voter registration or military payroll documents.					
DATE OF BIRTH:		PHONE NUMBER:		SSN # (REQUIRED)	
1) Have you ever received disciplinary action against any nursing, nursing assistant license, or certification in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? [] YES [] NO					
2) Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? [] YES [] NO					
3) Have you ever been convicted of a misdemeanor, felony or any criminal act, not including traffic violations? [] YES [] NO					
4) Do you have any mental and/or physical conditions that make you incompetent to provide nursing-related activities? [] YES [] NO					
5) IF YOU ANSWERED YES TO ANY QUESTIONS 1 – 4, HAVE YOU ATTACHED YOUR REQUIRED LETTER OF EXPLANATION? [] YES					
6) Do you want your name and address on a list of nurses that may be made available for purchase? [] YES [] NO					
7) Do you want your name and address on a list that may be made available for individuals conducting health care research? [] YES [] NO					
DATE OF CURRENT / LAST EMPLOYMENT AS RN:			ORIGINAL U.S. LICENSING STATE:		
DATE OF CURRENT / LAST EMPLOYMENT AS LPN:			TYPE OF LICENSE & LICENSE #		
NAME & ADDRESS OF CURRENT / LAST EMPLOYER:			YEAR ISSUED:		
			EXPIRATION DATE:		
List every state in which you have ever held a license as a RN or LPN: (Please use the back of this page if needed)			STATE/COUNTRY:		LICENSE #
			STATE/COUNTRY:		LICENSE #
CURRENT / ACTIVATE LICENSE #		STATE:		EXP DATE:	
NAME OF NURSING SCHOOL:					
NURSING SCHOOL ADDRESS:					
PROGRAM TYPE: _____ DIPLOMA _____ ASSOCIATES DEGREE _____ BACCALAUREATE _____ MASTERS _____ DOCTORATE					
GRADUATION DATE:					
<i>For Direct Entry Masters/Doctorate programs: Please have an official transcript indicating graduation and degree earned sent to the Board office.</i>					
MAKE CHECK OR MONEY ORDER PAYABLE TO :			TREASURER, STATE OF NEW HAMPSHIRE		FEE: \$120.00
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).					

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SIGNATURE OF APPLICANT:	DATE:
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DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

PLEASE PROVIDE A COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY ALONG WITH THIS FORM.

APPLICANT INFORMATION:

FULL NAME (PLEASE PRINT) _____	
DATE OF BIRTH ____ / ____ / ____	PHONE NUMBER () -
SOCIAL SECURITY # - - - - -	
LICENSE APPLICATION TYPE: [] ENDORSEMENT	NOTIFICATION FOR: [] RN [] LPN

CHECK ONE OF THE FOLLOWING:

- My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my drivers' license)
- 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 NH only.
- I am declaring another compact state as my primary state of residence. NOTE: When permanently relocating to New Hampshire and applying for licensure by endorsement; you can practice on your former compact license for a period of up to 90 days. The 90 day period starts when you become a New Hampshire resident.
- I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and request a single-state license regardless of my primary state of residence.

Current primary / home address:

Address: _____ City: _____ State: _____ Zip Code: _____

Current mailing address:

Address: _____ City: _____ State: _____ Zip Code: _____

Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact): A nurse applying for a license shall provide evidence of the nurse's primary state of residence. The primary state of residency is where you vote, pay taxes, hold a driver's license, etc. In order for NH to issue or reactivate your permanent license you cannot hold an active license in another compact state. Feel free to visit our website or ncsbn.org for more information on nurse compact licensure.

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)

SIGNATURE: _____ **DATE:** _____

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REQUEST FOR LPN / RN VERIFICATION OF ORIGINAL LICENSE

SECTION I

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	MAIDEN/OTHER NAMES USED:
ADDRESS:			SSN# (REQUIRED)
NURSING EDUCATION PROGRAM:			
ADDRESS OF PROGRAM:			
ORIGINAL LICENSE #	RN OR LPN	DATE ISSUED:	EXPIRATION DATE:
I HEREBY AUTHORIZE THE _____ BOARD OF NURSING TO PROVIDE THE NEW HAMPSHIRE BOARD OF NURSING THE INFORMATION IN SECTION II.			
PRINT NAME:	SIGNATURE:	DATE:	

SECTION II - LICENSING AGENCY ONLY

THE ABOVE STATED APPLICANT HAS APPLIED FOR A LICENSE TO PRACTICE NURSING IN NEW HAMPSHIRE.
PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN THIS FORM DIRECTLY TO THE NEW HAMPSHIRE BOARD OF NURSING
AT THE ADDRESS GIVEN AT THE TOP OF THIS FORM

FULL NAME	LICENSE #	ISSUED ON
NURSING EDUCATION PROGRAM:		APPROVED?
ADDRESS OF PROGRAM:		DATE OF GRADUATION:
METHOD OF LICENSURE: ___WAIVER ___ENDORSEMENT ___EXAMINATION ___SBTPE ___NCLEX ___CNATSCE (ENGLISH) ___BOARD CONSTRUCTED		DATE OF EXAM:
<i>IF BOARD CONSTRUCTED EXAMINATION, PLEASE LIST RESULTS ON REVERSE SIDE.</i>		
SBTPE / CNATSCE RN STANDARD SCORES: MED: _____ PSYCH: _____ OBSTET: _____ SURG: _____ PEDI: _____		
RN NCLEX []	RN COMP CNATSCE STANDARD SCORE:	SERIES / FORM #
PN NCLEX []	PN COMP EXAM STANDARD SCORE:	SERIES / FORM #
HAS THIS LICENSE EVER BEEN REPRIMANDED, REVOKED, SUSPENDED, PROBATED, LIMITED, DENIED, DISCIPLINED, STIPULATED, ADJUDICATED OR FINED? YES [] NO []		STATUS OF LICENSE:
<i>IF YES, PLEASE PROVIDE CERTIFIED COPIES OF THE BOARD'S ORDER AND ANY OTHER RELEVANT DOCUMENTS</i>		
VERIFICATION TO OTHER BOARDS:		

SIGNATURE:	INDICATES STATES / JURISDICTIONS SEAL
TITLE:	
DATE:	

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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