

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
**DIVISION OF HEALTH PROFESSIONS**  
121 South Fruit Street, Suite 102  
Concord, N.H. 03301



PETER DANLES  
Executive Director

[www.oplc.nh.gov/nursing](http://www.oplc.nh.gov/nursing)  
Fax 603.271.6605

SHERI WALSH  
Division Director

Nursing 603.271.2323

Nursing Assistant 603.271.6282

**NH BOARD OF NURSING EXAMINATION APPLICATION PROCESS**  
**Quebec and non-Canadian Foreign Educated Nurses**  
**Instructions**

- 1) Complete and submit the following forms to the New Hampshire Board of Nursing:
  - a) "License By Examination (NCLEX) Application".
  - b) "Declaration of Primary State of Residence".
  - c) A notarized Criminal Record Release Authorization and completed fingerprint card along with any required fee, with the New Hampshire Board of Nursing identified as the recipient of the record or records. See information at: <https://www.oplc.nh.gov/nursing/criminal-background-check.htm>
  - d) "Request for RN/LPN Verification of Original License".
- 2) All foreign educated nurses must provide evidence of educational credentials from an organization recognized by National Council State Board of Nursing, which includes a certificate of a passing grade from an examination pursuant to Nur 302.(c), the credentialing shall also include an English proficiency exam that includes the components of reading, speaking, writing and listening pursuant to enhanced Nurse License Compact Statute Article IIIc3. For example the CGFNS (<http://www.cgfns.org/>):
  - Certification Program (CP) verification letter WITH the forwarding of transcripts = eDAS through CGFNS
- 3) Provide evidence of a minimum of 400 hours of active practice in the 4 years immediately prior to this application.
- 4) Payment of the application fee.
- 5) Apply to Pearson Vue for Authorization to Test (ATT) at: <https://portal.ncsbn.org/>

**ABOUT TEMPORARY LICENSES:** *A temporary or permanent license must be issued in your name before you begin any job, including employee orientation.* If you're applying for a Temporary nursing license, fully complete the Application for Temporary License form, and forward it to the NH Board of Nursing along with the fee. You must include the Application for License by Examination or have a current application already pending with the NH board office. **Temporary licenses can only be issued once an application is complete.** Temporary licenses are valid up to 120 days or until your exam results are processed, regardless of pass or fail test results.

**ABOUT YOUR ATT:** Once your Application for License by Examination is fully completed and you are eligible for testing, Pearson Testing Service will issue you an Authorization to Test. You will not receive an ATT if you have not pre-registered. When you receive your ATT (usually via email), please read and follow the instructions carefully to schedule your examination. The ATT does not come from the Board of Nursing. Be sure to note the date, time and place of your exam on the ATT. You will not receive a confirmation or reminder of your scheduled test date. The ID you present must match the name in the Pearson VUE system. If it does not match, you will not be allowed to test and will be required to re-register.

**CHECKING THE STATUS OF YOUR APPLICATION:** Your application status and any licenses issued, including temporary licenses, can be viewed on our website at [www.nh.gov/nursing](http://www.nh.gov/nursing) by going to the "On-line Verification and Nursing Assistant Registry" under Quick Links. NCLEX results are *usually* processed within 96 hours after testing. PLEASE DO NOT CALL THE BOARD OFFICE ASKING ABOUT THE STATUS OF YOUR APPLICATION. If you have questions about your application, please email us at: [board.questions@nursing.state.nh.us](mailto:board.questions@nursing.state.nh.us) with the Subject: NCLEX.

**APPLICATION AND REGISTRATION FEES ARE NON-REFUNDABLE.**

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 –12/2018

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## APPLICATION PROCESS FOR LICENSING BY EXAMINATION (NCLEX)

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

- YES** I have Completed the Criminal Background check and finger printing process in the Board directives found at: <https://www.oplc.nh.gov/nursing/criminal-background-check.htm>  
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. The Board will only accept completed criminal record reports that are sent to us directly from the NH State Police. A FBI fingerprint and NH background check *is required for each initial licensure*.
- YES** I have completed and attached the Application for Licensing by Examination and submitted the required application fee. \*Fees are nonrefundable.
- YES** I have included the Declaration of Primary state/country of residency with a copy of my driver's license or country ID (passports not accepted because they do not contain a street address).
- Yes** I have requested my employer provide proof of a minimum of 400 hours of nursing experience in the past four years prior to this application.
- Yes** As a FOREIGN RN / LPN GRADUATES I am submitting 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, proof of licensing: Certification Program (CP) verification letter WITH the forwarding of transcripts = eDAS through Commission on Graduates of Foreign Nursing Schools (CGFNS)
- YES** I have pre-registered with Pearson VUE and paid the \$200 fee. (See below.)
- When the Board of Nursing has received your application (4 pages), fee, transcript and criminal background report, the Board will notify Pearson VUE that you are eligible to test.
  - Pearson VUE will e-mail you an Authorization to Test (ATT). You then contact Pearson VUE to set up your test date.

**If you are requesting accommodations** when taking this examination, please obtain the "Request for Accommodation" form and follow the instructions and submit those required documents along with your examination application. If accommodations are not requested at the time of application, on-site testing accommodations will not be available.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

DATE	INITIALS
A	
B	
E	
X	
C	

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**NH Board of Nursing**  
**LICENSE BY EXAMINATION (NCLEX) APPLICATION**

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:		SOCIAL SECURITY # (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 [ ] NO					
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					
Please list every state or country in which you have ever held a license as a RN or LPN: (Please use the back of this page if needed)			STATE:	LICENSE TYPE /NUMBER:	
			COUNTRY:	LICENSE TYPE / NUMBER:	
Name, City and State of Nursing School (Required):					
GRADUATION DATE:		OR ANTICIPATED GRADUATION DATE:		OR WITHDRAWAL DATE:	
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING					
HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN? Y or N		EXAM DATE(S):		STATE(S):	EXAM TYPE:
Applicants are granted a collective life time total of 5 attempts to pass the NCLEX exam in the state of New Hampshire. Any previous NCLEX exam(s) attempts taken outside of New Hampshire will also be included as part of one's cumulative total.					
<b>MAKE CHECK OR MONEY ORDER PAYABLE</b>			<b>TREASURER, STATE OF NEW HAMPSHIRE</b>		<b>FEE: \$120.00</b>
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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## DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

*YOU MUST ATTACH A LEGIBLE COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.*

### APPLICANT INFORMATION:

FULL NAME (PLEASE PRINT) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  
SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* \_\_\_\_ \* \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
LICENSE APPLICATION TYPE: [ ] EXAM 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 NH 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 employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and request a NH single-state license regardless of my primary state of residence.

### **Current home address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Current mailing address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **IMPORTANT: 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 your eligibility to test for licensure in NH, you cannot legally reside in another compact state. Feel free to visit our website or [ncsbn.org](http://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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## NH BOARD OF NURSING TEMPORARY LICENSE APPLICATION

New Hampshire Board of Nursing may issue a temporary license to candidates seeking to take the NCLEX examination once the all requirements are complete. A temporary license can only be requested in conjunction with a permanent initial license application. Temporary licenses are valid for 120 days, or for as long as the Examination application is valid. Once an application expires, purges, or test results are processed, the temporary license becomes invalid.

*If you are reapplying to retake the exam after a fail, you are not eligible to apply for a Temporary license.*

<b>TYPE:</b> <input type="checkbox"/> LPN <input type="checkbox"/> LPN COMP ED <input type="checkbox"/> RN <input type="checkbox"/> RN DIRECT ENTRY MASTERS <input type="checkbox"/> RN CANADIAN <input type="checkbox"/> RN FOREIGN					
<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE:</b>	<b>OTHER NAMES USED:</b>
<b>MAILING ADDRESS:</b>					
<b>CITY / TOWN:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	<b>COUNTRY:</b>	
<b>PHYSICAL ADDRESS:</b>					
<b>CITY / TOWN:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	<b>COUNTRY:</b>	
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.			<b>EMAIL:</b>		
<b>DATE OF BIRTH:</b>		<b>PHONE #</b>	<b>SOCIAL SECURITY # (REQUIRED)</b>		
<i>IS YOUR APPLICATION FOR EXAM / RE-ENTRY / ENDORSEMENT FILED WITH THE BOARD? <input type="checkbox"/> YES    <input type="checkbox"/> NO    DATE FILED:</i>					
<i>HAVE YOU EVER HAD A TEMPORARY LICENSE IN NH? <input type="checkbox"/> YES    <input type="checkbox"/> NO    TYPE:    <input type="checkbox"/> RN    <input type="checkbox"/> LPN</i>					
<b>NAME OF NURSING SCHOOL (Required):</b>					
<b>NURSING SCHOOL ADDRESS (Required):</b>					
<b>GRADUATION DATE:</b>		<b>OR ANTICIPATED GRADUATION DATE:</b>		<b>OR WITHDRAWAL DATE:</b>	
<b>PROGRAM TYPE:</b> <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING					
<b>HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN?</b>		<b>EXAM DATE(S):</b>	<b>STATE:</b>	<b>EXAM TYPE:</b>	
<b>FOREIGN EDUCATED NURSES</b> A qualifying examination certificate, verification of educational credentials and proof of licensing is: Available <input type="checkbox"/> Pending <input type="checkbox"/>					
<b>ANTICIPATED EMPLOYER:</b> (IF NONE ANTICIPATED, PLEASE WRITE "NONE")					
<b>CURRENT EMPLOYER:</b> (IF NONE, PLEASE WRITE "NONE")					
<b>MAKE CHECK OR MONEY ORDER PAYABLE TO:</b>			<b>TREASURE, STATE OF NEW HAMPSHIRE</b>		<b>TEMP LICENSE FEE:    \$ 20.00</b>

**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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