



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

7 Eagle Square Concord, N.H. 03301-2412
Telephone 603-271-2323 · Fax 603-271-6605



Application for Initial Nursing Assistant License

Welcome. You are applying for a New Hampshire Nursing Assistant License. The checklist below will help guide you in the application process.

- The Board of Nursing does not provide paper licenses and you will be emailed when licensed. Licensure and Temporary Licensure can be verified and/or printed from the website at <https://nhlicenses.nh.gov/Verification/>.
- Application/licensing process not completed within 120 days will be purged. New Hampshire has a mandatory licensing law; no one shall practice as a licensed nursing-assistant (LNA) without a valid New Hampshire issued license.

Complete the checklist section that applies to you (Section 1 or Section 2) and submit this checklist with the Application for a Nursing Assistant License.

Checklist Section 1 – Initial License by Competency Evaluation

- This means that you have completed a NH Nursing Assistant Education Program and written and clinical testing.
- Yes, I have followed Board directives found at: <https://www.oplc.nh.gov/nursing/criminal-background-check.htm> to comply with the new FBI fingerprint and NH background check requirements.
- Yes, section II of the Criminal Background request form contains “New Hampshire Board of Nursing” as the name of person/entity to receive the record, and “121 South Fruit Street, Concord NH 03301” as the address. Your criminal record will be processed and sent directly to the Board of Nursing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. **The Board can only accept completed criminal reports that are sent to us by the NH State Police.**

Note: If you use a NH Livescan site other than Concord: You have a 30 day time period to submit your notarized authorization form with fee and track number to the Concord processing center for completion from the day of finger printing. Digital prints are only kept on file for 30 days, after which they are deleted. Therefore, paperwork submitted after 30 days from the day of finger printing will be considered expired and you will need to repeat the process.

- Yes, I have attached a copy of my LNA Education Program Certificate.
- Yes, I have attached a final Report of my Written and Clinical Competency Testing Results.



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- Yes, I have completed and attached the Board of Nursing Application for Initial NH Nursing Assistant License.
- Yes, I have attached a check or money order for **\$35.00 payable to Treasurer, State of New Hampshire**. *Please note, all fees are non-refundable.*

Checklist Section 2 – Initial License by Comparable Evaluation

- This means that you have completed the Nursing Fundamentals portion of an RN or LPN program or a LNA Challenge Exam and written and clinical testing.
- Yes, I have followed Board directives www.oplc.nh.gov/nursing to comply with the new FBI fingerprint and NH background check requirements.
- Yes, section II of the Criminal Background request form contains “New Hampshire Board of Nursing” as the name of person/entity to receive the record, and “121 South Fruit Street, Concord NH 03301” as the address. Your criminal record will be processed and sent directly to the Board of Nursing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. **The Board can only accept completed criminal reports that are sent to us by the NH State Police.**
- I have attached one of the following:
 - Nursing Program Official Transcript documenting completion of Nursing Fundamentals.
 - OR**
 - Letter from my Nursing Program verifying completing of Nursing Fundamentals.
 - OR**
 - Challenge Exam Certificate and final report of Written and Clinical Competency Testing Results.
- Yes, I have completed and attached the NH Board of Nursing Application for Initial NH Nursing Assistant License.
- Yes, I have attached a check or money order for **\$35.00 payable to Treasurer, State of New Hampshire**. *Please note, all fees are non-refundable.*



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TEMPORARY LICENSURE

- Upon receipt of this completed application, a **120 day temporary license** to practice as a Licensed Nursing Assistant in New Hampshire shall be issued.
- Upon Board receipt and approval of the criminal history background check and FBI fingerprint report, a permanent license shall be issued.
- **_____ I understand that a temporary license to practice as an LNA in New Hampshire allows me to work only when supervised by a currently licensed RN or LPN.**

Application for Initial License: Nursing Assistant

Please note all questions must be answered or your application will be returned to you.

1. Name: _____
Last First Middle Maiden / Other names used
2. Mailing Address: _____
Street City or Town State Zip Code
3. Phone: (____) ____ - ____ Social Security # (required) ____--____--_____ Email _____
4. Date of birth: ____ / ____ / ____
5. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?
_____ Yes* _____ No
6. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice?
_____ Yes* _____ No
7. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? *Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations".*
_____ Yes* _____ No
8. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?
_____ Yes* _____ No
****If you answered "Yes" to any question(s) 5 – 8, you must attach a letter of explanation.***
9. Do you want your name and address on a list of nurses that may be made available for purchase?
_____ Yes _____ No
10. Do you want your name and address on a list that may be made available for individuals conducting healthcare research? _____ Yes _____ No



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11. Name of Nursing or Nursing Assistant Program: _____
12. Date of Program Certificate or completion of Fundamentals of Nursing course: _____
13. Written and Clinical Competency evaluation date: _____
14. Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition? Yes* *If yes, attach a letter of explanation.* No
15. Have you received reimbursement for your LNA education?
 Yes No
16. Name of current Employer: _____ Job Title _____
17. Phone number of Employer: (____) ____ -- ____ Date of Hire: _____
18. Address of Employer: _____
19. Do you now hold or have you ever held a Nursing or Nursing Assistant Certification, License or Registration in any other state? Yes* No
**If you answered "Yes", list each state in which you have held a certification, license or registration. You can use the back of this page if needed.*
State: _____ Lic. Type: _____ Exp. Date: _____
State: _____ Lic. Type: _____ Exp. Date: _____

Application / licensing process not completed within 120 days will be purged. New Hampshire has a mandatory licensing law; no one shall practice as a licensed nursing-assistant (LNA) without a valid New Hampshire issued license.

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).

Full Signature of Applicant

_____/_____/_____
Date