



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

Board of Nursing

7 Eagle Square Concord NH 03301
Telephone 603-271-2323 · Fax 603-271-2856



Name
Address
Address

License #

Application for Nursing Assistant License Renewal

The New Hampshire Board of Nursing strongly encourages you to renew online!

It is faster than a paper renewal, easy to do, and you can use your MasterCard or Visa.

To renew online visit our website at nh.gov/nursing.

To renew online for the first time, you must use the following registration code: 23223496.

- If you are not renewing online, please complete and submit this application with correct fee.
 - Renewals must be received by midnight of your birthday in order to process successfully. Any missing information may result in the application process being delayed. It could also result in a lapse in your licensure.
 - The renewal process will not be completed until your application and appropriate fees have been received and reviewed.
 - The Verification link on the New Hampshire Board of Nursing website will be updated as soon as your license has been renewed. Please feel free to check your license status at <https://nhlicenses.nh.gov/Verification/> at any time.
 - All information must be provided and legible or your application will be returned.
 - 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) in New Hampshire without a current New Hampshire license.
1. _____ Yes, I have completed all 4 pages of the renewal application.
You must answer ALL questions, and sign and date page 4.
 2. _____ Yes, I have attached the **\$25.00 non-refundable** payment, **payable to “Treasurer, State of New Hampshire”**.



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

Board of Nursing

7 Eagle Square Concord NH 03301
Telephone 603-271-2323 · Fax 603-271-2856



Name
Address
Address

License #

Application for Nursing Assistant License Renewal

The New Hampshire Board of Nursing strongly encourages you to renew online!

It is faster than a paper renewal, easy to do, and you can use your MasterCard or Visa.

To renew online visit our website at: www.nhlicenses.nh.gov

To renew online for the first time, you must use the following registration code: 23223496.

1. Current employer: _____

2. Address of employer: _____

3. Phone Number: _____

4. Check here if you are not currently employed as a Nursing Assistant.

5. Select the appropriate box below:

I have provided a minimum of 200 hours of nursing related activities under the supervision of a licensed nurse within the 2 years immediately prior to this application.

OR

I have successfully completed Written and Clinical Competency Testing within the 2 years immediately prior to this application.

6. Select the appropriate box below:

I have completed 24 contact hours of continuing education within 2 years immediately prior to this application.

OR

I successfully completed the Written and Clinical Competency Testing within the 2 years immediately prior to this application.



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

Board of Nursing

7 Eagle Square Concord NH 03301
Telephone 603-271-2323 · Fax 603-271-2856



Name
Address
Address

License #

7. Name and phone number of Facility where I provided nursing-related activities under the supervision of a licensed nurse:

- a. Name: _____
b. Phone number: _____

8. **First and Last Name of the Licensed Nurse who provided supervision:**

9. 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

10. Have you ever been impaired by or diverted any chemical substances that impaired your ability to practice as a nursing assistant?

_____ Yes* _____ No

11. 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

12. 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 9 – 12, you must attach a letter of explanation, even if one is already on file. Be sure to note the applicable question number on the response(s).**

13. Do you want your name and address on a list of nurses that may be made available for purchase?

_____ Yes _____ No

14. Do you want your name and address on a list that may be made available for individuals conducting health care research?

_____ Yes _____ No



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

Board of Nursing

7 Eagle Square Concord NH 03301
Telephone 603-271-2323 · Fax 603-271-2856



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**

_____ **Phone #**

_____ **Date of Application**

_____ **Date of Birth**

Social Security # (required): ____ / ____ / ____

Change of mailing address or name (if applicable): _____

E-mail address: _____

Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to: driver's license, federal income tax return, voter registration or military payroll documents, etc.