



**State of New Hampshire**  
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
DIVISION OF HEALTH PROFESSIONS  
**Board of Nursing**  
7 Eagle Square Concord, N.H. 03301  
Telephone 603-271-2323 · Fax 603-271-2856



**ENDORSEMENT (RECIPROCITY) APPLICATION FOR LPN / RN**  
**Educated in United States and Canada (except Quebec)**  
**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.*

1. You must follow Board directives ([www.nh.gov/nursing](http://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.
2. Complete the Application for License by Endorsement (Reciprocity), pages 1 and 2.
3. Complete the Declaration of Primary State of Residency form with attached copy of your Driver's license.
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.
5. Register with NURSUS and provide verification of your original nursing license. You can register on line at [www.nursys.com](http://www.nursys.com). *If your original licensing state does not participate in NURSUS, 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:** California, Hawaii, 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 NURSUS verification process by going to their website at: [www.nursys.com](http://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 NURSUS, you have not completed the process successfully. If you have any questions about NURSUS 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 NURSUS 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.oplc.nh.gov/nursing](http://www.oplc.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](http://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 – **12/2018**



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**APPLICATION PROCESS FOR LPN / RN LICENSE BY ENDORSEMENT**

**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, and submitted required fees.
- YES** I have completed and attached the application for Licensing by Endorsement with the required fee. \*Fees are nonrefundable.
- YES** I have completed the Declaration of Primary State of Residency form with a copy of my driver's license and the required fees.
- 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.

**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.

**IF EDUCATED IN CANADA and took the Canadian Nurses' Association Testing Service (CNAT):**

You have requested original board of nursing licensure to provide evidence of successful completion of the CNAT **YES** \_\_\_\_\_  
You have requested an original school transcript and course descriptions be sent directly to the board: **Yes** \_\_\_\_\_

**Original Board 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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DIVISION OF HEALTH PROFESSIONS

## Board of Nursing

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### LPN / RN LICENSE BY ENDORSEMENT 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:		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:			STATE/COUNTRY:		LICENSE #
(Please use the back of this page if needed)			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).					
SIGNATURE OF APPLICANT:				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 #	<b>RN OR LPN</b>	DATE ISSUED:	EXPIRATION DATE:
<b>I HEREBY AUTHORIZE THE _____ BOARD OF NURSING TO PROVIDE THE NEW HAMPSHIRE BOARD OF NURSING THE INFORMATION IN SECTION II.</b>			
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:
<b>METHOD OF LICENSURE:</b> ___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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