



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



**Application: Medication Nursing Assistant Certification**

To be eligible for Medication Nursing Assistant Certification an individual must document successful completion of a NH Board Approved Medication Nursing Assistant Program and the following:

- Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Other Names Used)
- Mailing Address: \_\_\_\_\_  
(Number / Street) (City) (County) (State) (Zip Code)
- Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Required)
- Medication Administration Education Program: \_\_\_\_\_  
Address: \_\_\_\_\_ Program Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Number / Street) (City) (State) (Zip)
- Were any special arrangements made for you during the educational program testing because of a physical or mental condition? \_\_\_\_\_ Yes (attach a letter of explanation) \_\_\_\_\_ No
- Current Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Current Employer Address: \_\_\_\_\_  
(Number / Street) (City) (County) (State) (Zip)  
Job Title: \_\_\_\_\_ LNA License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Instructions:**

- \_\_\_\_\_ Complete application, sign and date.
- \_\_\_\_\_ Submit a copy of a N.H. Board approved Medication Nursing Assistant Education Program Completion Certificate.
- \_\_\_\_\_ Submit a copy of your valid and unrestricted nursing assistant license issued by the Board.
- \_\_\_\_\_ Include application fee of \$10.00 (check or money order) payable to “Treasurer, State of New Hampshire”. **Fees are not refundable.**

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:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Application/licensing process not completed within 120 days will be purged.**

New Hampshire has a mandatory licensing law; no one shall practice nursing or nursing-related activities in New Hampshire without a current New Hampshire license.