



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



Name

Address

Address

Certification #

Application for Reinstatement: Medication Nursing Assistant Certification

- If you are submitting by mail - please print legibly, sign and submit this checklist along with your paper reinstatement application.
- All documents must be received in the Board office before reinstatement.
- The reinstatement process cannot be completed until your application (completely and accurately filled out) 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 reinstated. Please feel free to check your license status at <https://nhlicenses.nh.gov/Verification/> at any time.
- 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) or medication nursing assistant (MNA) in New Hampshire without a current New Hampshire license/certification.
- **Please Note: If you have practiced as a medication nursing assistant in the State of New Hampshire since your certification expired, you must contact the Board office before submitting your completed reinstatement form and fee.**

1. _____ Yes, I have completed and attached the NH Board of Nursing / Nursing Assistant Application for Medication Nursing Assistant Certification Reinstatement.

You must answer ALL questions, and sign and date page 3 of this form. Failure to do so will result in the application being returned to you and a delay in certification reinstatement.

2. _____ Yes, I have attached a check or money order for the correct reinstatement fee of **\$25.00 payable to "Treasurer, State of New Hampshire"** (fees are non-refundable).

- a. **Fines: \$50.00 for each month** (or part thereof) for practicing without a current NH MNA certification.

3. _____ Yes, I have attached a copy of my test results if currently tested. **(Test results must be sent with application or the application will be returned.)**



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1. Current Employer: _____

2. Address of current employer: _____

3. Phone number: _____ Last date worked as a MNA: _____

4. Select the appropriate box below:

_____ I have provided a minimum of 50 hours of medication nursing assistant related activities under the supervision of a licensed nurse within the 2 years immediately prior to this application.

OR

_____ I have successfully completed medication nursing assistant education program or an MNA competency testing within the 2 years immediately prior to this application.

5. Select the appropriate box below:

_____ I have completed 24 contact hours of continuing education necessary to renew my LNA license and 8 of the 24 hours are in a topic related to medication administration within 2 years immediately prior to this application.

OR

_____ I have successfully completed a medication nursing assistant education program or an MNA competency testing within the 2 years immediately prior to this application.

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

a. Name: _____

b. Phone number: _____

7. First and Last Name of the Licensed Nurse who provided supervision: _____

8. 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



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9. Have you ever been impaired by or diverted any chemical substances that impaired your ability to practice nursing?

_____ Yes* _____ No

10. 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

11. 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 through 12, you must attach a letter of explanation.

12. Have you worked in New Hampshire as a MNA since your LNA license expired?

_____ Yes - list dates worked: _____ _____ No

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

_____-_____-_____
Social Security # (required)

Date of application

Date of birth

Phone #

E-mail address

Change of mailing address or name (if applicable)