

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS

7 Eagle Square

Concord, N.H. 03301-2412

Telephone 603-271-2323 · Fax 603-271-2856



For Office Use Only

Fee: _____

Rec'd: _____

Ck/mo#: _____

Board of Nursing 603-271-2323

Fax 603-271-2856

Nursing Assistant 603-271-6282

www.oplc.nh.gov/nursing

MNA RENEWAL APPLICATION

*The New Hampshire Board of Nursing strongly encourages you to **renew online!** It is faster than paper renewal, easy to do and you can use your MasterCard or Visa.*

To renew online visit our website at: <http://www.state.nh.us/nursing>.

*To renew online **FOR THE FIRST TIME** you must use the following registration code:*

IF YOU ARE RENEWING BY MAIL, PLEASE SEND THIS COMPLETED FORM WITH YOUR LNA LICENSE RENEWAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE RETURNED

Current Employer:	Phone Number of Current Employer: () -
Address of Current Employer:	Check here if you are not currently employed as a Medication Nursing Assistant: <input type="checkbox"/>
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: YES <input type="checkbox"/> NO <input type="checkbox"/> OR I have successfully completed a medication nursing assistant education program within the 2 years immediately prior to this application: YES <input type="checkbox"/> NO <input type="checkbox"/>	I have completed the 24 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: YES <input type="checkbox"/> NO <input type="checkbox"/> OR I have successfully completed a medication nursing assistant education program within the 2 years immediately prior to this application: YES <input type="checkbox"/> NO <input type="checkbox"/>

<u>Name and phone number of Facility where I provided medication nursing-related activities under the supervision of a licensed nurse:</u>	<u>First and Last Name of the Licensed Nurse who provided supervision:</u>
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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).

MAKE CHECK PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE (FEES ARE NON REFUNDABLE)

FEE: Medication Nursing Assistant Certification RENEWAL: \$10.00

LNA License #

Social Security # (required)

DOB:

Full signature:

Date of Application:

Change of address and/or name(if applicable):

Please provide your email address:

Please provide your E-mail address:

**Application/certification 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.**

TDD Access: Relay NH 1-800-735-2964