



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

License #
Date of Birth:

Application for License Reinstatement: Registered and Practical Nurse

- 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 and reviewed before your license can be reinstated.
 - 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 nursing in New Hampshire without a current New Hampshire license.
 - If you have practiced as a nurse in the state of New Hampshire since your license expired, you must contact the Board office before submitting your completed reinstatement form and fee.
 - 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, and voter registration.
1. Yes, I have completed and attached the NH Board of Nursing Application for License Reinstatement.
You must answer ALL questions, and sign and date pages 1, 3 and 4 of this form. Failure to do so will result in the application being returned to you and a delay in license reinstatement.
 2. Yes, I have attached a **check or money order for the correct reinstatement fee of \$120.00 made payable to "Treasurer, State of New Hampshire"**. Fees are not refundable.
 - a. **Fines:** For practicing without a current license – **an additional \$50.00** for the first month (or part thereof); and \$50.00 every 30 days thereafter (or part thereof).

Print Name

Signature

Date



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Name

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Application for License Reinstatement: Registered and Practical Nurse

1. Current Employer: _____

2. Address of Current Employer: _____

3. **REQUIRED** for Licensed Practical Nurses working in New Hampshire only:

a. Provide the full name of your Licensed Supervising Registered Nurse, Physician or Dentist:

Name of Supervisor: _____

b. Have you completed a NH Board approved IV Therapy Course program?

_____ Yes, year completed: _____ _____ No _____ N/A

4. Select the appropriate box below:

a. _____ Yes, I have used nursing knowledge, judgment and skills for a minimum of 400 hours within the 4 years immediately prior to the date of application.

OR

b. _____ Yes, I successfully completed the RN/LPN NCLEX exam within the 2 years immediately prior to this application.

5. Select the appropriate box below:

a. _____ Yes, I have completed 30 contact hours of continuing education within 2 years immediately prior to this application.

OR

b. _____ Yes, I successfully completed the RN/LPN NCLEX exam within the 2 years immediately prior to this application.



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Application for License Reinstatement: Registered and Practical Nurse (continued)

Name **License #**

6. 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

7. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled?
 _____ *Yes _____ No

8. 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

9. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?
 _____ *Yes _____ No

****If you answered “Yes” to the questions listed above, you must attach a letter of explanation.***

10. Have you worked in New Hampshire or any compact state as an RN or LPN since your NH license or multi-state compact license expired?
 _____ Yes - list dates worked: _____ _____ No

11. Do you want your name and address on a list of nurses that may be made available for purchase?
 _____ Yes _____ No

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

 If applicable – change of mailing or legal address (if different from mailing address) or name Phone Email address



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You must also provide your legal address if different from mailing address

Declaration of Primary State of Residence

Pursuant to the Nurse Practice Act (RSA 326 - B:46 – Nurse Licensure Compact), a nurse applying for a license shall produce evidence of the nurse’s primary state of residence. *The primary state of residency is where your vote, pay taxes, hold a driver’s license, etc.* In order for New Hampshire to issue or reactivate your permanent license, you cannot hold an active license in another compact state. More information about the nurse licensure compact is found at www.ncsbn.org.

Applicant Information:

Name (please print): _____

Date of Birth: ____ / ____ / ____ (mm/dd/yr) Social Security #: _____ - ____ - _____ (xxx-xx-xxxx)

Current primary home address:

Street: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (____) ____ - _____

Please check the appropriate categories below:

____ RN ____ LPN ____ APRN

____ Exam ____ Endorsement ____ Reinstatement (NH Nursing License # _____)

Check one of the following. Provide a clean legible copy of state issued driver license or a government issued ID as a proof of residency.

____ My primary state of residence is New Hampshire.

____ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

____ I am declaring another compact state as my primary state of residence. Please put my New Hampshire license on *inactive status*.

____ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

Signature _____

Date: ____ / ____ / ____

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).