

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS

7 Eagle Square
Concord, N.H. 03301



www.oplc.nh.gov/nursing

Fax 603.271.2856

Nursing 603.271.2323

Nursing Assistant 603.271.6282

NH BOARD OF NURSING EXAMINATION APPLICATION PROCESS (Step-by-Step Instructions)

STEP 1: A FBI fingerprint and NH background check is required for each initial licensure. NH Board of Nursing cannot complete the application process or issue a temporary license until we have received and reviewed your criminal records. The Board can only accept processed criminal record reports that are sent to us directly from the NH State Police. More information is available on the website: <https://www.oplc.nh.gov/nursing/criminal-background-check.htm>

STEP 2: Complete the Application for License by Examination, pages 1 and 2. (Required per each exam)

STEP 3: Complete the Declaration of Primary State of Residency form and attach copy of your Driver's license. (Required per each exam)

STEP 4: Submit the 2 page application, the Declaration of Primary State of Residency form with a copy of your driver's license (= 4 pages *all together*) along the fee to the NH Board of Nursing office.

STEP 5: Request an official copy of your transcript from your nursing school to be sent to the Board office. Transcripts should be either mailed directly from the school to the NH Board of Nursing or sent electronically. Graduates must have a transcript which states type of degree attained and graduation or conferral date. If you are applying by Comparable Education (for licensure during a program), both a current transcript and the appropriate LPN or RN Comparable Education verification form are required for approval.

* Comparable education refers to those students that meet Nur 303.05-students from NH schools of nursing or military programs that are comparable and approved.

STEP 6: Pre-register with PearsonVue Testing Service. You can register on line at www.pearsonvue.com/nclex.

ABOUT TEMPORARY LICENSES: *A temporary or permanent license must be issued in your name before you begin any job, including employee orientation.* If you're applying for a Temporary nursing license, fully complete the Application for Temporary License form, and forward it to the NH Board of Nursing along with the fee. You must include the Application for License by Examination or have a current application already pending with the NH board office. Temporary licenses can only be issued once an application is complete. Temporary licenses are valid up to 120 days or until your exam results are processed, regardless of pass or fail test results.

ABOUT YOUR ATT: Once your Application for License by Examination is fully completed and you are eligible for testing, Pearson Testing Service will issue you an Authorization to Test. You will not receive an ATT if you have not pre-registered. When you receive your ATT (usually via email), please read and follow the instructions carefully to schedule your examination. The ATT does not come from the Board of Nursing. Be sure to note the date, time and place of your exam on the ATT. You will not receive a confirmation or reminder of your scheduled test date. The ID you present must match the name in the Pearson VUE system. If it does not match, you will not be allowed to test and will be required to re-register.

CHECKING THE STATUS OF YOUR APPLICATION: Your application status and any licenses issued, including temporary licenses, can be viewed on our website at www.nh.gov/nursing by going to the "On-line Verification and Nursing Assistant Registry" under Quick Links. NCLEX results are *usually* processed within 96 hours after testing. PLEASE DO NOT CALL THE BOARD OFFICE ASKING ABOUT THE STATUS OF YOUR APPLICATION. If you have questions about your application, please email us at: board.questions@nursing.state.nh.us with the Subject: NCLEX.

APPLICATION AND REGISTRATION FEES ARE NON-REFUNDABLE.

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 – 1/2017

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APPLICATION PROCESS FOR LICENSING BY EXAMINATION (NCLEX)

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/criminal-background-check.htm> to complete the Criminal Background check and finger printing process. This process can take up to 8 weeks for completion. Please be aware that the NH Board of Nursing cannot continue with the application process until we have received, reviewed and approved your completed criminal record report. The Board will only accept completed criminal record reports that are sent to us directly from the NH State Police. A FBI fingerprint and NH background check *is required for each initial licensure.*
- YES** I have completed and attached the Application for Licensing by Examination and fee.

EXAM BY COMPARABLE EDUCATION:

(Complete this section only if you have not yet earned a degree. If you have graduated from a program - skip this section)

YES FOR LPN: (offered for NH Nursing Programs only) I have requested a transcript from the nursing educational program registrar and a completed "Nursing Courses Successfully Completed" verification form signed by the Director of Nursing to be directly sent to the NH Board of Nursing attesting to the successful completion of: Fundamentals of Nursing, Medical/Surgical Nursing, Mental Health, and Maternal/Child Health. These four courses plus any additional "nursing" courses taken must equal a minimum 600 hours -concurrent classroom and clinical education.

YES FOR RN: I have requested a transcript from the nursing educational program registrar and a completed "Nursing Courses Successfully Completed" verification form signed by the Director of Nursing to be directly sent to the NH Board of Nursing attesting to the successful completion of courses that meet the generalist requirements for a registered nursing degree pursuant to NUR 602.13 These courses plus any additional "nursing" courses taken must equal a minimum 1,080 hours -concurrent classroom and clinical education.

- YES** I have requested that my nursing program send a copy of my **final, official transcript** with graduation date and degree earned stated on it to the NH Board of Nursing office. (A transcript is not required for foreign educated nurses.)

FOREIGN RN / LPN GRADUATES must submit a nationally accepted qualifying certificate issued within the past two years that is endorsed by the National Council of State Boards of Nursing, as well as provide verification of educational credentials, proof of licensing and previous employment.

CANADIAN EDUCATED NURSES except Quebec: are not considered foreign for this application.

- YES** I have pre-registered with Pearson VUE and paid the \$200 fee. (See below.)
- When the Board of Nursing has received your application (4 pages), fee, transcript and criminal background report, the Board will notify Pearson VUE that you are eligible to test.
 - Pearson VUE will e-mail you an Authorization to Test (ATT). You then contact Pearson VUE to set up your test date.

If you are requesting accommodations when taking this examination, please obtain the "Request for Accommodation" form and follow the instructions and submit those required documents along with your examination application. If accommodations are not requested at the time of application, on-site testing accommodations will not be available.

Name: _____ Signature: _____ Date: _____

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OFFICE USE ONLY

FEE:	
REC'D:	
CK/MO:	
TEMP L#	
LIC#	
DATE ISSUED:	

DATE INITIALS

A	
B	
E	
X	
C	



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NH Board of Nursing
LICENSE BY EXAMINATION (NCLEX) 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:		SOCIAL SECURITY # (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 [] NO					
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					
Please list every state or country in which you have ever held a license as a RN or LPN: (Please use the back of this page if needed)				STATE:	LICENSE TYPE /NUMBER:
				COUNTRY:	LICENSE TYPE / NUMBER:
Name, City and State of Nursing School (Required):					
GRADUATION DATE:		OR ANTICIPATED GRADUATION DATE:		OR WITHDRAWAL DATE:	
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING					
HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN? Y or N		EXAM DATE(S):		STATE(S):	EXAM TYPE:
Applicants are granted a collective life time total of 5 attempts to pass the NCLEX exam in the state of New Hampshire. Any previous NCLEX exam(s) attempts taken outside of New Hampshire will also be included as part of one's cumulative total.					
MAKE CHECK OR MONEY ORDER PAYABLE		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:				DATE:	

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DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

YOU MUST ATTACH A LEGIBLE COPY OF YOUR STATE ISSUED DRIVER'S LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.

APPLICANT INFORMATION:

FULL NAME (PLEASE PRINT) _____

DATE OF BIRTH ____ / ____ / ____ PHONE NUMBER (____) ____ - ____

SOCIAL SECURITY # ____ - ____ * ____ * ____ - ____

LICENSE APPLICATION TYPE: [] RN [] LPN [] APRN NURSING LICENSE # _____

CHECK ONE OF THE FOLLOWING:

- My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my NH driver's license).
- I do not declare New Hampshire as my primary state of residence. My permanent residence is a state not participating in the nurse licensure compact. My license will be valid in NH only.
- I am declaring another compact state as my primary state of residence. NOTE: When permanently relocating to New Hampshire and applying for licensure by endorsement; you can practice on your former compact license for a period of up to 90 days. The 90 day period starts when you become a New Hampshire resident.
- I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and request a NH single-state license regardless of my primary state of residence.

Current home or address:

Address: _____ City: _____ State: _____ Zip Code: _____

Current mailing address:

Address: _____ City: _____ State: _____ Zip Code: _____

IMPORTANT: Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact):

A nurse applying for a license shall provide evidence of the nurse's primary state of residence. The primary state of residency is where you vote, pay taxes, hold a driver's license, etc. *In order for NH to issue your eligibility to test for licensure in NH, you cannot legally reside in another compact state. Feel free to visit our website or ncsbn.org for more information on nurse compact licensure.*

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 _____ DATE _____

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LPN COMPARABLE EDUCATION VERIFICATION FORM

(If you have been awarded a LPN degree, disregard this page.)

STUDENT NAME: _____

NURSING PROGRAM: _____

If you are a RN student applying for the LPN exam using Comparable Education, this form must be submitted.

DIRECTIONS: The Director of Nursing must provide the following information and submit this form directly to the NH Board of Nursing. Please print clearly and identify the course content of the nursing courses. Fundamentals of Nursing, Medical / Surgical Nursing, Mental Health Nursing, Maternal/Child Health, and Pediatric Nursing are all requirements. **LPNs are required to have a minimum total of 600 hours of concurrent classroom and clinical education.**

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE CODE	COURSE TITLE	COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS =					

 DIRECTOR OF NURSING SIGNATURE

 DATE

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RN COMPARABLE EDUCATION VERIFICATION FORM

(If you have been awarded a RN degree, disregard this page.)

STUDENT NAME: _____

NURSING PROGRAM: _____

If you are a RN student (Direct Entry Master program) applying for the RN exam using Comparable Education, this form must be submitted.

DIRECTIONS: The Director of Nursing must provide the following information and submit this form directly to the NH Board of Nursing. Please print clearly and identify the course content of the nursing courses that meet the generalist requirements for a registered nursing degree pursuant to NUR 602.13 These courses plus any additional "nursing" courses taken. **RNs are required to have a minimum total of 1,080 hours of concurrent classroom and clinical education.**

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE CODE	COURSE TITLE	COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS =					

 DIRECTOR OF NURSING SIGNATURE

 DATE

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NH BOARD OF NURSING TEMPORARY LICENSE APPLICATION

New Hampshire Board of Nursing may issue a temporary license to candidates seeking to take the NCLEX examination once the all requirements are complete. A temporary license can only be requested in conjunction with a permanent initial license application. Temporary licenses are valid for 120 days, or for as long as the Examination application is valid. Once an application expires, purges, or test results are processed, the temporary license becomes invalid.

If you are reapplying to retake the exam after a fail, you are not eligible to apply for a Temporary license.

TYPE: <input type="checkbox"/> LPN <input type="checkbox"/> LPN COMP ED <input type="checkbox"/> RN <input type="checkbox"/> RN DIRECT ENTRY MASTERS <input type="checkbox"/> RN CANADIAN <input type="checkbox"/> RN FOREIGN			
LAST NAME:		FIRST NAME:	
MIDDLE:		OTHER NAMES USED:	
MAILING ADDRESS:			
CITY / TOWN:		STATE:	
ZIP CODE:		COUNTRY:	
PHYSICAL ADDRESS:			
CITY / TOWN:		STATE:	
ZIP CODE:		COUNTRY:	
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.		EMAIL:	
DATE OF BIRTH:		PHONE #	
		SOCIAL SECURITY # (REQUIRED)	
IS YOUR APPLICATION FOR EXAM / RE-ENTRY / ENDORSEMENT FILED WITH THE BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE FILED:			
HAVE YOU EVER HAD A TEMPORARY LICENSE IN NH? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> RN <input type="checkbox"/> LPN			
NAME OF NURSING SCHOOL (Required):			
NURSING SCHOOL ADDRESS (Required):			
GRADUATION DATE:		OR ANTICIPATED GRADUATION DATE:	
		OR WITHDRAWAL DATE:	
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING			
HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN?		EXAM DATE(S):	
		STATE:	
		EXAM TYPE:	
FOREIGN EDUCATED NURSES A qualifying examination certificate, verification of educational credentials and proof of licensing is: Available <input type="checkbox"/> Pending <input type="checkbox"/>			
ANTICIPATED EMPLOYER: (IF NONE ANTICIPATED, PLEASE WRITE "NONE")			
CURRENT EMPLOYER: (IF NONE, PLEASE WRITE "NONE")			
MAKE CHECK OR MONEY ORDER PAYABLE TO:		TEMP LICENSE FEE: \$ 20.00	
TREASURE, STATE OF NEW HAMPSHIRE			

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 _____

DATE _____

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