

State of New Hampshire  
Office of Licensure and Certification  
**Board of Psychologists**

**REACTIVATION OF INACTIVE LICENSE**

If your license has expired, you must submit this form to activate your license according to Rule 401.01(b) and (c): “(b) An expired license shall not be renewed, but upon application, may be reinstated in accordance with Psyc 401.05.; (c) If a license has expired pursuant to Psyc 401.01 (a), the licensee shall not engage in the practice of psychology until such time as a new or reinstated license has been granted by the board.”

**PLEASE PRINT OR TYPE**

Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business or Private Practice Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Home Address \_\_\_\_\_  
Street City State Zip Code

Business Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

*Note: Your mailing address is available to the public. Please designate at which address you prefer your mail. (Circle one): **Business** or **Home** Email: \_\_\_\_\_*

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (c/s/z): \_\_\_\_\_

A list of all states where you hold or ever held a license to practice psychology:

*Answer the following questions:*

1) Why did you originally seek inactive status?

\_\_\_\_\_  
\_\_\_\_\_

2) Why are you seeking active status again?

\_\_\_\_\_  
\_\_\_\_\_

3) Have you had any malpractice claims made against you regardless of whether a lawsuit was filed in relation to the claim? Yes \_\_\_\_ No \_\_\_\_

4) Have you been denied a Psychologists license, certificate or registration anywhere for any reason? Yes \_\_\_\_ No \_\_\_\_

5) Have you had any formal disciplinary charges pending by any mental health professional licensing board, health care facility or professional association? Yes \_\_\_\_ No \_\_\_\_

6) Have you voluntarily surrendered a license to practice Psychology in lieu of disciplinary action? Yes \_\_\_\_ No \_\_\_\_

7) While you were on inactive status in New Hampshire were you actively practicing psychology or another mental health discipline regulated by a state board? Yes \_\_\_\_ No \_\_\_\_

8) If you answered "Yes" to Question 7), were you licensed or certified in that state? Yes \_\_\_\_ No \_\_\_\_

9) If you answered "Yes" to Question 8), provide the Board with a letter of good standing from the state you were licensed or certified in.

10) If you answered "Yes" to Questions 3), 4), 5) or 6), attach a letter of explanation.

- *Attach copies of Continuing Education (CEU) certificates documenting 40 hours of CEUs taken within two (2) years prior to the date reactivation takes place. These credits need to meet the requirements of Psysc. 402.01*
- *Enclose a check for \$300.00 made payable to: Treasurer, State of N.H.*
- *If you have any questions, please call the Board Administrator at 603-271-2176.*
- *Mail this Reactivation of Inactive License form along with your check and any documentation to:*

New Hampshire Board of Psychologists  
Office of Licensure and Certification  
121 South Fruit Street  
Concord NH 03301

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date