



**STATE OF NEW HAMPSHIRE  
BOARD OF PSYCHOLOGISTS**

7 Eagle Square  
Concord, NH 03301  
(603) 271-6762  
FAX (603) 271-6702  
TDD Access: Relay NH 1-800-735-2964

Anna Elbroch, Esq.  
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Susan G. Vonderheide, Ph.D.  
Polly Hall, Esq.

## **REINSTATEMENT APPLICATION**

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All applicants for reinstatement of license must complete and submit this application.

### **Board Application Process**

You must submit information directly to the Board. The Board will use this information to assess your qualifications for licensure. Please allow a minimum of 8 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

The Board meets the first or second Friday of each month. Only applications, which are complete, including all outside verifications, will be forwarded to the Board for review. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. **You are responsible for notifying the Board office, in writing, if your address changes in the interim.**

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete this application. If you have questions about this application process, or would like to check on the status of your Board application, please call the Board at (603) 271-9369.

# INSTRUCTIONS FOR COMPLETING THE APPLICATION

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## General Instructions

1. Type your information or print in blue or black ballpoint pen. Board staff will not make assumptions about illegible information.
2. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
3. All documents you submit must be originals, signed on letterhead unless notarized copies are specifically authorized.

## Completing your Application

1. Complete the Board Application (pages 4-7). You must respond to all components of the application. If you answer "Yes" to any of the questions on pages 5-6, you must attach a written explanation on the reverse side of the sheet or attach a separate 8½" x 11" sheet, if necessary.
2. Complete page 7, "Affidavit of Applicant." The affidavit must be signed in the presence of a notary and must have a 2"x2" recent "passport" photograph of you securely affixed to the form.
3. Complete page 8, "Report of Medical Malpractice Claims or Suits Filed," if applicable. You must use this form to report all claims or suits for medical malpractice made against you. The report should be completed in its entirety. Make additional copies of this page as necessary for multiple claims.
4. Obtain a total of four (4) letters of reference attesting to your moral character and professional abilities. These letters must be obtained from the following: the chief of staff (ref. 1) and hospital administrator (ref. 2) in a hospital where you presently hold staff privileges (if no staff privileges are presently held, letters of recommendation shall be submitted by 2 other practicing medical doctors who hold hospital staff privileges); and two (2) additional letters of reference from practicing psychologists. **Reference letters must be originals submitted on letterhead. References may be submitted by the applicant or by the psychologist providing the reference.**
5. Submit your curriculum vitae.
6. Obtain verification from all states where you hold, or have ever held, a license to practice psychology. To obtain this verification, you must mail page 10, "Release of Information from Other Licensing Authorities," to each licensing authority in which you are/were licensed. Be certain to sign and complete the identifying information on each form. **These verifications must be received directly from the licensing authority.** Most states charge a fee for verification of licensure. To save time, you should check with the state board before submitting your request

**New Hampshire Board of Psychologists**  
**REINSTATEMENT APPLICATION**

**Staple your application fee of \$150.00 to the upper left-hand corner of this page.**

**Name:**

\_\_\_\_\_  
Last Name (include Maiden Name, if applicable) Gen. Suffix

\_\_\_\_\_  
First Name Middle Name

**Office Name:**

\_\_\_\_\_

**Office Address:**

\_\_\_\_\_  
Number and Street Apartment Number

\_\_\_\_\_  
City State Zip (or postal) Code

**Home Address**

\_\_\_\_\_  
Number and Street Apartment Number

\_\_\_\_\_  
City State Zip (or postal) Code

**Telephone Numbers**

Business: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Identifying Information**

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month      Day      Year City      State

The Board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

***For Board Use Only:***

Application Received: \_\_\_\_\_, 20\_\_\_\_ Fee Paid: \_\_\_\_\_ Check#: \_\_\_\_\_

License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

**Application for Reinstatement of Licensure** (continued)

List all states where you hold or have ever held a license to practice psychology. **Please continue list on back of this page if needed.**

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

Please answer the following questions. **If you answer “yes” to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 1/2” x 11” sheet(s) if necessary.**

	YES	NO
1. Has any malpractice suit been brought against you or has any claim been settled on your behalf in the last ten years? (If so, indicate how many).	_____	_____
2. Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name?	_____	_____
3. Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school?	_____	_____
4. Have you ever failed any national licensure examination, or any part of that examination or state board examination? <b>You must report all exam failures, even if you later passed the examination.</b>	_____	_____
5. Have you ever been denied a psychology license, whether full, limited or temporary, for any reason?	_____	_____
6. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limited, suspended or revoked, or have you ever resigned from a medical staff in lieu of disciplinary action?	_____	_____
7. Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (national, state or local)?	_____	_____
8. Have you ever voluntarily surrendered a license to practice psychology or allowed such a license to lapse in lieu of facing disciplinary investigation or action?	_____	_____
9. Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, which has not been annulled by a court, but not including traffic offenses not classified as misdemeanors or felonies?	_____	_____

10. Have you ever had any physical, emotional or mental illness, which has impaired or would be likely to impair your ability to practice psychology?

\_\_\_\_\_

11. Are you now, or have you, during the past 5 years, been dependent upon alcohol or habituating drugs or undergone treatment for such

\_\_\_\_\_

**Anticipated Practice Location(s)** (if known):

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

\_\_\_\_\_  
(type/print your complete name)

hereby apply for a license to practice psychology in the State of New Hampshire and submit the following proofs, as required by the rules and regulations, formulated in accordance with the laws of the State of New Hampshire, and enclosed a check or postal or express money order for the application fee of \$150.00, check made payable to the "Treasurer, State of New Hampshire". In doing so, I hereby release, discharge, and hold harmless the State of New Hampshire, the Board of Psychologists, its agents or representatives and any person furnishing information, records, or documents of any and all liability.

\_\_\_\_\_  
Typed/Printed Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Signature

## **AFFIDAVIT OF THE APPLICANT**

STATE OF \_\_\_\_\_  
(where applicant resides)

COUNTY OF \_\_\_\_\_  
(where applicant resides)

I \_\_\_\_\_ of \_\_\_\_\_  
(Applicant's Name) (City and State where Applicant Resides)

being duly sworn say that I am the person referred to in the above application for a license to practice psychology in the State of New Hampshire; that I have studied the treatment of human

ailments not less than four school years, received a degree of Doctor of Psychology and that all the statements herein respecting age and licenses, good professional standing, and all other statements made on said application are true in every respect, and that no investigation or disciplinary action is pending or has been brought against me by any state, county or local; hospital or health care facility or professional medical association, except as disclosed on this application.

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Applicant's Signature

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Last Name

First Name

Middle Name

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Applicant's Photograph  
Paste a recent passport photograph  
of yourself here.

Date of Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Notary Public signature

Date Commission Expires:

**[Affix Seal Here]**

## **REPORT OF MALPRACTICE CLAIMS OR SUITS FILED**

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Please use this form to report all claims or suits for medical malpractice made against you. The report should be completed in its entirety. Make additional copies of this report as necessary for multiple claims.

NAME OF CLAIMANT \_\_\_\_\_

NAME OF DEFENDANT \_\_\_\_\_

NEW CLAIM OR SUIT \_\_\_\_\_ DATE FILED OR OPENED \_\_\_\_\_

COURT NAME \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

DOCKET #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

CURRENT LEGAL STATUS \_\_\_\_\_

GENERAL NATURE OF CLAIM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Licensure Verification Form

New Hampshire Board of Psychologists

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## RELEASE OF INFORMATION FROM OTHER LICENSING AUTHORITIES

I am applying for a license to practice psychology in the State of New Hampshire. The NH Board of Psychologists requires that the following form be completed by each jurisdiction in which I am now or was previously licensed. This constitutes your authority to release any and all information in your files, favorable or otherwise, directly to the NH Board of Psychologists. Kindly mail your response to:

BOARD OF PSYCHOLOGISTS  
121 SOUTH FRUIT STREET  
CONCORD, NEW HAMPSHIRE 03301  
Tel: (603) 271-9369

Biographic Information:

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Last Name	First Name	Middle Name	Gen. Suffix
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Mailing Address	City	State	Zip Code
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Date of Birth: \_\_\_\_\_

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License Number (if known)	Signature
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**The following should be completed by the licensing authority and returned directly to the NH Board at the address above.**

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1. Name of Licensing Authority: \_\_\_\_\_
2. Full Name of Licensee: \_\_\_\_\_
3. License Number: \_\_\_\_\_
4. Is License Current?      Yes      No      Expiration Date: \_\_\_\_\_
5. Is License Restricted?      Yes      No
6. Previous Disciplinary Action?      Yes      No
7. Pending Investigations?      Yes      No

**If the answer is yes to questions 5, 6 or 7, please attach supporting information.**

Please affix official  
Board  
seal here

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Signature/Title

