

**STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PSYCHOLOGISTS
121 South Fruit Street
Concord, NH 03301
603-271-6762**

RENEWAL APPLICATION

If you choose not to renew your license please check here ____ and return page one to the Board office via US mail, fax or email.

PLEASE PRINT OR TYPE

NAME _____

Home Address: _____
Street

City State Zip
Business/employer _____

Business/employer's address: _____
Street

City State Zip

(I wish to have my mail sent to my ____ Home Address or ____ Business Address)

COMPLETE ALL PARTS OF THIS APPLICATION. USE N/A IF NEEDED

All licensees must list both home and business address and phone numbers

The public has a right to your business address and business phone number

BUSINESS PHONE NUMBER _____ (available to public)

HOME PHONE NUMBER _____

LICENSE # _____

E-Mail address _____

Please answer the following questions:

(Circle yes or no)

- 1) Are you actively practicing a mental health discipline regulated by this board? Yes No
- 2) Do you have any complaints pending against a license or certificate in any state or jurisdiction (excluding NH), and if so, please explain. Yes No

- | | |
|--|-----------|
| 3) Have you been found civilly liable for professional misconduct, committee an ethical violation or entered into a Settlement Agreement with any state outside of New Hampshire since your last renewal? (If yes, please explain) | Yes No |
| 4) Have you ever been convicted of a felony or misdemeanor since your last renewal? (If yes, please explain). | Yes No |
| 5) Have you ever had a malpractice claim against you since your last renewal, regardless of whether a lawsuit was filed in relation to the claim? (If yes, please explain). | Yes No |
| 6) Have you ever voluntarily surrendered a license to practice mental health in lieu of disciplinary action? (If yes, please explain). | Yes No |
| 7) Is there any reason why you might be unable to perform mental health service in a competent and ethical manner? (If yes, please explain). | Yes No |
| 8) I have a plan in place on how my clinical records will be managed in the event of my death or incapacitation. | Yes No |

Please enclose a check for \$300.00 made payable to: Treasurer State of N.H.

Mail this Application along with your check to:

**NH Board of Psychologist
121 South Fruit Street
Concord, NH 03301**

**THIS INFORMATION MUST BE IN THE BOARD OFFICE BEFORE YOUR
LICENSE EXPIRES**

BOARD OF PSYCHOLOGISTS

ATTESTATION TO CEU'S AND COLLABORATION

According to Board records you should have completed the continuing education and collaboration requirements set forth in Psy 402.01 (40 hours of continuing education) and Psy 403.01 (40 hours of collaboration).

Please read the attestation below, sign where required before a Justice of the Peace or Notary Public and return this letter and your renewal application to the board office before your license expires.

**I ATTEST TO THE FACT THAT I HAVE COMPLETED ALL CEU
REQUIREMENTS SET FORTH IN Psy 402.01 AND COLLABORATION
REQUIREMENTS SET FORTH IN Psy 403.01**

Date: _____

Signature: _____

Lic. # _____

Print Name: _____

_____ personally appeared before me and made oath that the foregoing is true to the best of his/her knowledge and belief.

Notary Public/Justice of the Peace

Licenses will not be renewed unless CEU and collaboration requirements are met.