



State of New Hampshire Office of
Professional Licensure & Certification
Advisory Board of Reflexology, Structural
Integration, and Asian Bodywork Therapy
121 South Fruit Street, Suite 303
Concord NH 03301
603-271-3608

Bodyworker Renewal Application

FOR DEPARTMENT USE ONLY

RENEWAL:

Fee/Check #: _____
\$110.00 MADE PAYABLE TO:
Treasurer, State of New Hampshire

Renewal License # _____

Effective Dates: _____

License #: _____ Expiration: _____

License Type: _____

- Please attach a copy of your current national certification.
- Please attach the renewal license fee of \$110.00. Checks and money orders to be made payable to Treasurer, State of New Hampshire.

PLEASE PRINT (and correct information as needed)

<input type="checkbox"/> Last Name	First Name	Middle Initial
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<input type="checkbox"/> Home Address	City	State	Zip
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<input type="checkbox"/> Phone:	E-Mail Address:	Fax:
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Check here if you do NOT want your home address disclosed to individuals, trade organizations, or schools for the sole purpose of advertising continuing education opportunities.

<input type="checkbox"/> Business Address	City	State	Zip
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<input type="checkbox"/> Business Phone:	Business Fax:
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Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? No Yes (Explain)

The OPLC is required by law to ask for your Social Security Number. The number will be held confidential By the OPLC and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)
Social Security Number _____-_____-_____

“By my signature I attest full compliance with RSA 328-H and all corresponding New Hampshire regulations and that the information and documentation provided is accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license.”

DATE

SIGNATURE

Return completed application and license fee to Janet McCully at address at top of application.