



State of New Hampshire  
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301  
Phone: 603-271-2152  
customersupport@opl.nh.gov

**UNIVERSAL APPLICATION FOR LICENSE RENEWAL**

Profession for which application is being filed: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date (MM/DD/YYYY): \_\_\_\_\_

**APPLICANT INFORMATION BASED ON TYPE OF PERSON**

**For individuals:**

Full Legal Name: \_\_\_\_\_  
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

\*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a 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.

Designated email address\*: \_\_\_\_\_

\* Email address to which notices, license will be sent

Home Physical Address: \_\_\_\_\_  
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address:  Check if same as physical address

IF DIFFERENT: \_\_\_\_\_  
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: ( ) - \_\_\_\_\_

Office/Place of business name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street name & number Municipality State Zip Code Country if not US

Telephone number: ( ) - \_\_\_\_\_

Other locations where licensee routinely practices name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street name & number Municipality State Zip Code Country if not US

Telephone number: ( ) - \_\_\_\_\_

Applicant is:  employee  subtenant  independent contractor  owner

Applicant is (check if applicable):  Applying for facilitated licensure

Currently on active military duty\*

Legally married to an individual who is currently on active military duty\*

\* "On active military duty" means on active duty in the U.S. armed forces.

**For entities:**

Full Legal Name\*: \_\_\_\_\_  
\*Name shown on document(s) that created the entity

Each other name used when doing business in New Hampshire: \_\_\_\_\_

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Legal form (check one):  Corporation  LLC  Professional Association  Partnership  
 Other: \_\_\_\_\_

Jurisdiction in which formed: \_\_\_\_\_ Date of Formation (MM/DD/YYYY): \_\_\_\_\_

Primary physical address in NH: \_\_\_\_\_  
Street name & number, Suite # if any                      Municipality                      County                      Zip Code

NH mailing address:  Check if same as physical address  
 IF DIFFERENT: \_\_\_\_\_  
Street name & number or PO Box number                      Town/City                      Zip Code

Main telephone number: (     )                      -                      \_\_\_\_\_

Designated email address\*: \_\_\_\_\_  
 \* Email address to which notices, license will be sent

Name of Authorized Individual (AI): \_\_\_\_\_

AI Telephone Number: (     )                      -                      AI email: \_\_\_\_\_

Other individuals authorized to interact with OPLC regarding the application, issued license (if any):

Name	Telephone Number	Email Address

**ALL APPLICANTS:**

**Information on Current Licensure\* in Other Jurisdictions:**

Jurisdiction	License Number	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

\* Includes licenses, certificates, registrations, or other form of approval required to practice

**Background/Character Questions (“you” means the applicant; “not previously reported” does not include anything not required to be reported for initial licensure):**

Questions:	Yes	No
During the last 27 months or not previously reported, have you been found guilty of or entered a plea of no contest to any felony or misdemeanor?		
During the last 27 months or not previously reported, have you been the subject of any disciplinary action by any professional licensing authority?		
During the last 27 months or not previously reported, have you been denied a license or other authorization to practice in any jurisdiction?		
During the last 27 months or not previously reported, have you surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
During the last 27 months or not previously reported, has any malpractice claim been made against you?		
During the past 27 months or not previously reported, have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting?		
During the last 27 months or not previously reported, have you been denied the privilege of taking an examination required for any professional license?		
During the past 27 months or not previously reported, have you committed any act(s) that would violate the laws and/or rules that govern the profession in which you are licensed?		

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**Disclosure of Contact Information\*:**

**For individuals:** Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

**For entities:** Do you consent to the disclosure of your designated email address?  No  Yes

*\* OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

**For applicants in any health care profession (information required by RSA 125:25-c):**

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)?  No  Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

**Required Documentation**

**Each applicant must provide the following with this application:**

- A clear explanation of the relevant circumstances of any “yes” answer provided to a background and character question; and
- If a credential from a regional or national organization is required for renewal licensure, proof that the applicant holds the credential.

**Each applicant on active military duty must provide** proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

**Each applicant for facilitated licensure as a military spouse must provide:**

- (1) Proof of the spouse’s service status as stated above, and
- (2) Proof of marriage in the form of either:
  - a. A copy of the front and back of the applicant’s current military spouse identification card; or
  - b. A copy of the applicant’s official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

**Each applicant that is an entity must provide:**

- (1) A copy of the legal document that authorizes the individual identified above to sign the application on the applicant’s behalf; and
- (2) Confirmation from the New Hampshire secretary of state’s office that the entity applying for licensure is in good standing and authorized to do business in New Hampshire.

**Continuing Education/Continuing Competence**

- For professions that require proof that applicable continuing education or continuing competence requirements have been met, the applicant shall provide the required proof with the application.
- For professions that do **not** require proof that applicable continuing education or continuing competence requirements have been met, **submission of this application constitutes an attestation that the applicant has met the requirements.**

**Fee**

Application Processing Fee - as stated in Plc 1002, except no fee is required for facilitated licensure

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If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the Application Processing Fee will not be refunded.

**Signature and Attestation**

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant's credentials have not been suspended or revoked by any professional licensing board, or a written explanation of each such occurrence is being submitted;
- If required by applicable law, the applicant has completed the survey or opt-out form provided by the Office of Rural Health, Department of Health and Human Services;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

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

Date Signed: \_\_\_\_\_