

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301-2412 Phone: 603-271-2152

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS

INITIAL CERTIFICATION APPLICATION AS A RECOVERY SUPPORT WORKER

Check the type of license you are seeking:

Full Legal Name:			
	First	Middle	Last
Any other names used:			
Date of Birth:	SS #:	The December of the Land	
		The Board is required to o	btain your social security number pport enforcement compliance
Home Physical Address:			
		Address/City/State/Zip	
Home Mailing Address:			
		Address/City/State/Zip	
Home or Cell Phone #:		Personal E-Mail Addres	ss:
Current Employer:			
Current Employer's Mailing Add	lress:		
		Address/City/State/Zip	
Business Phone #:		Business E-Mail Addre	ss:

Select "Yes" or "No" to the following questions:	YES	NO
Do you have any pending criminal charges? If yes, provide a detailed explanation of the pending criminal charges on a separate sheet dated and signed of such charges.		
Have you made a plea agreement relative to any criminal charges? If yes, provide a detailed explanation, signed and dated of such plea agreement.		
Have you been convicted of a felony or misdemeanor in this or any jurisdiction?		
Has any license or certification under revocation, suspension or probation in another State or territory of the United States?		
Are you currently on probation or parole in New Hampshire or in any other state or Territory of the United States?		
Have you engaged in work with individuals with substance use or integrated co-occurring disorders in a manner harmful or dangerous to them or the public?		
Have you practiced fraud or deceit in procuring or attempting to obtain this certification?		
Have you engaged in sexual relations with, solicited sexual relations with, or committed an act of sexual abuse against or sexual misconduct with a current or past participant or minor?		
Have you failed to remain free from the use of any controlled substance or any alcoholic beverage to the extent that the use impairs the applicant's ability to engage in work with individuals with substance use and integrated co-occurring disorders with safety to the public?		
Have you engaged in false or misleading advertising?		
Do you have any disciplinary action(s) pending in another state or territory of the United States?		
Do you have a mental disability which impairs professional ability or judgment?		
Are you currently or have you previously been authorized in another jurisdiction to provided recovery support work?		

If you answered "Yes" to any of the questions above provide a detailed written explanation of the circumstances surrounding the "Yes" answer and include any restitution(s) or remedial action(s).

Provide a list of all the private and public settings in which the applicant completed the paid Or volunteer work experience required by Alc 303.02:		
List the sources of education required by Alc 303.03:		
"The information provided on this application form and in application is true, accurate, and complete to the best of mursuant to RSA 641:3, the knowingly making a false stat a misdemeanor". I have read and understand the laws, rule Workers and if I am certified I will abide by those laws, respectively.	ny knowledge and belief. I acknowledge that, ement on this application form is punishable as es and ethical standards for Recovery Support	
Applicant Signature	Date	