



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**Board of Mental Health Practice**  
**7 Eagle Square, Concord, NH 03301-2412**  
**Phone: 603-271-2152**

**REQUEST TO SIT FOR ASWB BACHELOR LEVEL EXAM**

This form must be completed and filed with the Board before you will be allowed to register for the exam with ASWB. This process generally takes 3-5 days once it is received at the Board office.

Name: \_\_\_\_\_  
(Print clearly) This name must match the one on the photo ID you will present at the test site.

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

You must have an approved Candidate for Licensure: Agreement on file with the Board to sit for the ASWB Bachelor Level Exam.

I have an approved Candidate for Licensure: Agreement on file with the NH Board of Mental Health Practice: (circle one) YES      NO

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

**The Board will notify you by email with details on how to register for the exam once you are approved.**