



State of New Hampshire
 OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 DIVISION OF HEALTH PROFESSIONS
Board of Nursing
 7 Eagle Square, Concord, N.H. 03301
 Telephone 603-271-2323 · Fax 603-271-2856



APRN Address / Name Change Form

Please note: To assure that information provided to the board office is accurate and verified, please have this form completed and notarized before sending by mail to the office.

Please assure all information is printed and legible.

Licensee's Name: _____

Licensee's N.H. License Number: _____

New Legal Address:

New Mailing Address:

Email Address (if applicable): _____

Previous Legal Address:

Previous Mailing Address:

Name on file at the N.H. Board of Nursing: _____

Name change (if applicable): _____

Licensee's signature: _____ Date: _____

Notary's Signature _____ date: _____

(affix seal)

This form may be mailed to the address listed above.