



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Nursing
7 Eagle Square Concord NH 03301
Telephone 603-271-2323 · Fax 603-271-2856



New Hampshire Board of Nursing Application Process for A.P.R.N. License

To be licensed you must have the following applicable documents on file at the Board office or have met the following applicable requirements.

Check all lines that apply:

- A current New Hampshire Registered Nurse license or a current, unencumbered license in a compact state.
- A Criminal Record Report. You have followed Board directives found at: <https://www.oplc.nh.gov/nursing/criminal-background-check.htm> to comply with the latest FBI fingerprint and NH background check requirements. *Be aware that the NH Board of Nursing cannot complete the application process until the Board receives and reviews your record results.*
- This completed Application for license as an Advanced Practice Registered Nurse in New Hampshire, and attached payment for the fee of \$100.00 (U.S. funds) payable to: "Treasurer, State of New Hampshire".
- IF you hold a compact RN license**, register with NURSYS and provide verification of your original nursing license. You can register on line at www.nursys.com. *If your original licensing state does not participate in NURSYS, you will need to request a paper verification to be sent to us from your original licensing state.*
- Requested a final, official transcript of either: a graduate or post-masters graduate degree in an accredited nurse practitioner education program to be sent to the Board, **OR** attached a certificate before July 1, 2004 from an APRN education program accredited by a national accrediting body. *(If a formal pharmacology course is not reflected on the transcript, documentation from the director of the program verifying the integration of pharmacological interventions is required.)*
- Completed an approved advanced nursing educational program. This includes over 225 hours of theoretical nursing content, 480 hours of clinical nursing practice, including a precepted experience and pharmacological interventions.
- You are competent to provide activities that are specific to your category.

Newly graduated A.P.R.N.:

- A copy of current national certification according to RSA 326-B and NH Administrative Rules.

Licensed A.P.R.N. for two or more years prior to date of application:

- A copy of your current national certification.
- Documentation of 30 educational hours (including 5 pharmacology contact hours) within two years immediately prior to this application.
- Have practiced in the advanced role for a minimum of 400 hours in your specialty within the past four years.
- You have an active DEA # for N.H. and shall register with the NH Prescription Drug Management Program within 90 days of licensure. DEA # *(specific to NH only)* _____ ***** In regards to this requirement, you will submit 3 of the 5 contact hours required in either opioid prescribing, pain management or substance abuse disorder.**

★ **Note:** Until you are an issued A.P.R.N. license, your advanced practice nursing in the state must be limited to the Registered Nurse scope of practice – and only if you currently hold an active NH R.N. license or a current R.N. license in a compact state to do so.

Print Name: _____ Signature: _____ Date: _____

Application for License: Advanced Practice Registered Nurse

All questions must be answered or your application will be returned.

Name: _____
Last name First name Middle initial Maiden/Other names used

Mailing address: _____
Street City State Zip Code

Primary address: _____
Street City State Zip Code

Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to driver's license, federal income tax return, voter registration documents, or military payroll documents.

Applicant email address: _____

Date of birth: _____ Phone # _____ SSN# (Required) _____

Education: _____ / _____ / _____ / _____ / _____
Name of Master's Degree or Educational Program Entrance Date Graduation Date

Seeking licensure as a practitioner in the following category: (Each category requires a separate application.)

- Acute Care Nurse Practitioner _____
- Acute Care Nurse Practitioner (Adult) _____
- Acute Care Nurse Practitioner (Adult-Gerontology) _____
- Adult Nurse Practitioner _____
- Adult Psychiatric and Mental Health Nurse Practitioner _____
- Certified Nurse Midwife _____
- Certified Registered Nurse Anesthetist _____
- Family Nurse Practitioner _____
- Family Psychiatric and Mental Health Nurse Practitioner _____
- Gerontological Nurse Practitioner _____
- Neonatal Nurse Practitioner _____
- Pediatric Nurse Practitioner _____
- Women's Health Nurse Practitioner _____

Current RN License # (Note if 'pending') _____ Expiration Date: _____

If applicable, indicate which Compact State: _____

Application / licensing process not completed within 120 days will be purged.

New Hampshire has a mandatory licensing law. No one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state.

Application for License: Advanced Practice Registered Nurse (continued)

All questions must be answered or your application will be returned.

Current Employer (Indicate if none) _____

Current employer address: _____
Street City State Zip Code

1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?

Yes _____ No _____

2. Are you currently participating in a substance abuse and/or alcohol or drug treatment program or have been diagnosed with a substance abuse disorder which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

Yes _____ No _____

3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses?

Note: Driving While Intoxicated and Driving Under the Influence are not traffic violations and should be disclosed.

Yes _____ No _____

4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?

Yes _____ No _____

**** If you answered "Yes" to any question(s) you must attach a letter of explanation. ****

a. Do you want your name and address on a list of nurses that may be made available for purchase?

Yes _____ No _____

b. Do you want your name and address on a list that may be made available for individuals conducting health care research?

Yes _____ No _____

Under penalty of law, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B: 37) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full signature: _____ Date of application: _____

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DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

YOU MUST ATTACH A COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.

APPLICANT INFORMATION:

FULL NAME (PLEASE PRINT) _____

DATE OF BIRTH ____ / ____ / ____ PHONE # (____) ____ - ____

SOCIAL SECURITY # ____ - ____ - ____ * ____ * ____ - ____ - ____ (required)

LICENSE APPLICATION TYPE: [] APRN

CHECK ONE OF THE FOLLOWING:

- My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my drivers' license)
- I do not declare New Hampshire as my primary state of residency. My permanent residence is a state not participating in the nurse licensure compact. My license will be valid in NH only.
- I am declaring another compact state as my primary state of residence. NOTE: When permanently relocating to New Hampshire and applying for licensure by endorsement; you can practice on your former compact license for a period of up to 90 days. The 90 day period starts when you become a New Hampshire resident.
- I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and request a single-state license regardless of my primary state of residence.

Current home or legal address:

Address: _____ City: _____ State: _____ Zip Code: _____

Current mailing address:

Address: _____ City: _____ State: _____ Zip Code: _____

IMPORTANT: Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact):

A nurse applying for a license shall provide evidence of the nurse's primary state of residence. The primary state of residency is where you vote, pay taxes, hold a driver's license, etc. In order for NH to issue your eligibility to test for licensure in NH, you cannot legally reside in another compact state. Feel free to visit our website or ncsbn.org for more information on nurse compact licensure.

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B: 37) and may be grounds for conviction of a misdemeanor (RSA 641:3)

SIGNATURE: _____ DATE: _____

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***** Only for RN States that do not participate in the on-line NURSYS verification *****

State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

INSTRUCTIONS

NH RSA 106-B: 14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

New Hampshire Board of Nursing

Address 7 Eagle Square City Concord State NH Zip 03301

Your Signature _____ Date _____

Notary's Signature _____ (AFFIX SEAL)

Signature of person/entity to receive record **New Hampshire Board of Nursing** Date _____

~~RECORD CHALLENGE~~

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$48.25

INKED - \$48.25

NOTE: Make check or money order payable to: *State of NH - Criminal Records*

Applicant fingerprint card must be submitted at the same time as payment and this form.

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