



**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



**Clinical Practice Inquiry**

Please submit the completed form to the N.H. Board of Nursing by mail, email or fax.

What is your question? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include background information that would be helpful to understanding the clinical significance of your question. You may mail supplemental information to the Board office.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:  
Name: \_\_\_\_\_ License # \_\_\_\_\_

Telephone and/or email: \_\_\_\_\_

Facility name: \_\_\_\_\_

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

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