



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

Board of Nursing

7 Eagle Square Concord NH 03301
Telephone 603-271-2152 · Fax 603-271-2856



DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

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

APPLICANT INFORMATION:

FULL NAME (PLEASE PRINT) _____

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

SOCIAL SECURITY # _ _ _ _ * _ _ _ * _ _ _ _

LICENSE APPLICATION TYPE: [] RN [] LPN [] APRN NURSING LICENSE # _____

CHECK ONE OF THE FOLLOWING:

- My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my NH driver's 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 NH single-state license regardless of my primary state of residence.

Current home or 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 _____