



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

Board of Nursing

121 South Fruit Street, Suite 102 Concord, N.H. 03301-2412
Telephone 603-271-2323 · Fax 603-271-6605



LNA Address / Name Change Form

Please assure all information is printed and legible.

Licensee's Name: _____

Licensee's N.H. License Number: _____

New Legal Address:

New Mailing Address:

New Email Address (if applicable): _____

Previous Legal Address:

Previous Mailing Address:

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

Name change (if applicable): _____

This form **MUST** be signed and dated in order for these changes to be completed.

Licensee's signature: _____ Date: _____

This form may be mailed to the address listed above or faxed to (603) 271-6605.