STATE OF NEW HAMPSHIRE

BOARD OF MENTAL HEALTH PRACTICE

7 Eagle Square
Concord, NH 03301
Phone - (603) 271-2702 Fax - (603) 271-6702

CHANGE OF ADDRESS FORM

(Please assure that this form is printed and legible)

Last name:_____First name:_____

Profession:_____License #_____

Your mailing address is available to the public.

New Mailing Address: Please circle one: Home Business

Business name and/or employer's name_____
(if applicable)

Address:_____Ste.#_____

City:_____State:_____Zip:_____

Current Business phone number _____

Current Home phone number _____

If the mailing address listed above is a business address please provide the Board with a current home address for its confidential records.

Home Address:_____

City:_____State:_____Zip:_____

Email address:_____ (for Board use only)

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) 271-6702

6/10/2014