



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

Board of Nursing

7 Eagle Square Concord, N.H. 03301
Telephone 603-271-2323 · Fax 603-271-2856



Address / Name Change Form LNA, LPN & RN

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: _____

*****Proof of Name change must be accompanied by a supporting document(s).*****

This form may be mailed to the address listed above or faxed to (603) 271-2856.

Revised: 4/2018