



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

**PLEASE COMPLETE THIS FORM IF YOU HAVE A NEW, ADDITIONAL
OR CHANGE IN SUPERVISOR OR ALTERNATE SUPERVISOR**

NEW ADDITIONAL CHANGE

In accordance with RSA 328-D and regulations issued thereunder, I certify that
_____, P.A. assists me professionally and that I
assume responsibility for supervision of his/her professional activities.

RSP Signature

ARSP Signature

(Print or type name)

(Print or type name)

(Business Name)

(Business Name)

(Professional Address)

Professional Address)

(NH License Number)

(NH License Number)

(Effective Date of Supervision)

(Effective Date of Supervision)