

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
**Board of Medicine**  
7 Eagle Square  
Concord, N.H. 03301  
Telephone 603-271-1203 • Fax 603-271-6702

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**PLEASE COMPLETE AND RETURN TO THE BOARD OF MEDICINE  
AS SOON AS POSSIBLE ONLY IF YOU HAVE A CHANGE OF ADDRESS. PLEASE PRINT.**

**\*\*\*NOTE.....Please mark the box next to the address you would prefer to list as your mailing address.**

Physician Name: \_\_\_\_\_

N.H. License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Office telephone: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home telephone: \_\_\_\_\_

Specialty: \_\_\_\_\_ Board certified: \_\_\_\_\_

Hospital affiliations: \_\_\_\_\_

\_\_\_\_\_ In what other states do you hold a current license: \_\_\_\_\_

\_\_\_\_\_