

**STATE OF NEW HAMPSHIRE  
BOARD OF PSYCHOLOGISTS**

7 Eagle Square Suite 300  
Concord, NH 03301  
(603) 271-2152

**Verification of Licensure/Certification from Another Jurisdiction**

**TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE ISSUING BOARD:**

I am applying for licensure as a Psychologist in the State of New Hampshire. The New Hampshire Board of Psychologists requires verification of licensure/certification/registration from each jurisdiction wherein I hold or have held, or have applied for such a certificate. **THIS IS YOUR AUTHORITY TO RELEASE EXAMINATION INFORMATION YOU HAVE IN YOUR FILES FAVORABLE OR OTHERWISE. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

**TO BE COMPLETED BY APPLICANT:**

(Please print legibly)

Name \_\_\_\_\_

Address \_\_\_\_\_

Jurisdiction of Issue \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ License/Certification Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING BOARD:**

Name \_\_\_\_\_

License/Certificate Number \_\_\_\_\_ Original Date of Issue \_\_\_\_\_

- |   |  |
|---|--|
| 1. Is the applicant currently licensed/certified?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has there been any disciplinary action taken against the applicant?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any complaints pending against the applicant?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the applicant considered to be in good standing in your jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to question 2 or 3, please explain.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name of State Board/Jurisdiction \_\_\_\_\_