

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

121 South Fruit Street, Suite 102

Concord, N.H. 03301-2412

PETER DANLES

Executive Director

Board of Nursing 603-271-2323

Nursing Assistant 603-271-6282



JOE SHOEMAKER

Division Director

Fax 603-271-6605

www.state.nh.us/nursing

## Nursing Address / Name Change Form

*Please assure all information is printed and legible.*

*If you are a LPN or RN and a resident of NH you must complete pages 1 and 2 and submit with a legible copy of your active NH driver's license.*

Licensee's Name: \_\_\_\_\_

Licensee's N.H. Nursing 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: \_\_\_\_\_

*These forms may be mailed to the address listed above or faxed to (603) 271-6605.*

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**Declaration of Primary State of Residence**

Pursuant to the Nurse Practice Act (RSA 326 - B:46 – Nurse Licensure Compact), a nurse applying for a compact license shall produce evidence of the nurse's primary state of residence. *The primary state of residency is where your vote, pay taxes, hold a valid driver's license, etc.* More information about the nurse licensure compact is found at [www.ncsbn.org](http://www.ncsbn.org).

**Applicant Information:**

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yr) Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (xxx-xx-xxxx)

*Current primary home address:*

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

*Please check the appropriate categories below:*

\_\_\_\_ RN    \_\_\_\_ LPN    \_\_\_\_ APRN

\_\_\_\_ Exam    \_\_\_\_ Endorsement    \_\_\_\_ Reinstatement (NH Nursing License # \_\_\_\_\_)

**Check one of the following. Provide a clean legible copy of state issued driver license or a government issued ID as a proof of residency.**

\_\_\_\_ My primary state of residence is New Hampshire.

\_\_\_\_ I do not declare New Hampshire as my primary state of residency. My permanent residence is a state *not participating in the nurse licensure compact*. My license will be valid in New Hampshire only.

\_\_\_\_ I am declaring another compact state as my primary state of residence. Please put my New Hampshire license on *inactive status*.

\_\_\_\_ I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a New Hampshire single-state license regardless of my primary state of residence.

Signature \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).