

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

JOE SHOEMAKER

Division Director

Board of Nursing 603-271-2323

Nursing Assistant 603-271-6282

Fax 603-271-6605

www.state.nh.us/nursing



Declaration of Primary State of Residence

Pursuant to the Nurse Practice Act (RSA 326 - B:46 – Nurse Licensure Compact), a nurse applying for a 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 driver’s license, etc.* In order for New Hampshire to issue or reactivate your permanent license, you cannot hold an active license in another compact state. More information about the nurse licensure compact is found at www.ncsbn.org.

Changes of address that are not sent to the NH Board of Nursing within 30 days of occurrence require a \$10.00 fee paid before renewal of license can be completed.

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).