

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



**Application Process for A.P.R.N. License**

To be licensed you must have the following applicable documents on file at the Board office or have met the following applicable requirements. **Check all lines that apply:**

- A current New Hampshire Registered Nurse license or a current, unencumbered license in a compact state.
- A Criminal Record Report. You have followed Board directives ([www.state.nh.us/nursing](http://www.state.nh.us/nursing)) to comply with the latest FBI fingerprint and NH background check requirements and provided the required fee of \$47.00, payable to: "State of NH – Criminal Records". **Your criminal record will be processed and sent directly to the Board of Nursing.** Be aware that the NH Board of Nursing cannot complete the application process until the Board receives and reviews your record. **The Board can only accept criminal record reports that are sent directly to the Board by the NH State Police.**
- A completed Application for license as an Advanced Practice Registered Nurse in New Hampshire, and attached a check or money order for the fee of \$100.00 (U.S. funds) **payable to:** "Treasurer, State of New Hampshire".
- IF you hold a compact RN license**, register with NURSUS and provide verification of your original nursing license. You can register on line at [www.nursys.com](http://www.nursys.com). If your original licensing state does not participate in NURSUS, you will need to request a paper verification to be sent to us from your original licensing state. (See below)
- A final, official transcript of either: a graduate or post-masters graduate degree in an accredited nurse practitioner education program, **OR** a certificate before July 1, 2004 from an APRN education program accredited by a national accrediting body. (*If a formal pharmacology course is not reflected on the transcript, documentation from the director of the program verifying the integration of pharmacological interventions is required.*)
- Completed an approved advanced nursing educational program. This includes over 225 hours of theoretical nursing content, 480 hours of clinical nursing practice, including a precepted experience and pharmacological interventions.
- You are competent to provide activities that are specific to your category.

**Newly graduated A.P.R.N applying for licensure:**

- A copy of current national certification according to RSA 326-B and NH Administrative Rules.
- Submitted 3 contact hours in either opioid prescribing, pain management, or substance abuse disorder.

**A.P.R.N Licensed for two or more years prior to date of application:**

- A copy of your current national certification.
- Documentation of 30 educational hours (including 5 pharmacology contact hours) within two years immediately prior to this application.
- Have practiced in the advanced role for a minimum of 400 hours in your specialty within the past four years.
- You have an active DEA # for N.H. and shall register with the NH Prescription Drug Management Program within 90 days of licensure. DEA # \_\_\_\_\_
- In regards to the above requirement, you will submit 3 of the 5 contact hours required in either opioid prescribing, pain management or substance abuse disorder.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Until you receive notification of licensure, your practice of nursing in the state must be limited to the Registered Nurse (R.N.) scope of practice. This practice requires a current New Hampshire R.N. license or a current R.N. license in a compact state.
- When you are licensed, you will receive information pertinent to prescriptive authority (DEA number).

**Reminder:** A.P.R.N. renewal occurs simultaneously with your birth date and registered nurse renewal regardless of the date the A.P.R.N. licensure was granted. Application/licensing process not completed within 120 days will be purged. New Hampshire has a mandatory licensing law, no one shall practice nursing in New Hampshire without a current New Hampshire license or a current license in a compact state.

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**Application for License: Advanced Practice Registered Nurse**

*All questions must be answered or your application will be returned.*

1. Name: \_\_\_\_\_  
Last name                      First name                      Middle initial                      Maiden/Other names used
2. Mailing address: \_\_\_\_\_  
Street                      City                      State                      Zip Code
3. Primary address: \_\_\_\_\_  
Street                      City                      State                      Zip Code  
Sources used to determine a nurse's primary residence for the Nurse Compact include, but are not limited to driver's license, federal income tax return, voter registration documents, or military payroll documents.
4. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # : \_\_\_\_\_ Social Security # \_\_\_\_\_  
Required
5. Education: \_\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Masters Degree or Educational Program                      Entrance Date                      Graduation Date
6. Your educational program prepared you to seek licensure as a practitioner in the following category:  
\_\_\_\_ Nurse Practitioner (NP)                      \_\_\_\_ Certified R.N. Anesthetist (CRNA)  
\_\_\_\_ Nurse Midwife (CNM)                      \_\_\_\_ Clinical Nurse Specialist in Psych Mental Health  
a. Certification specialty title: \_\_\_\_\_ Certification #: \_\_\_\_\_  
b. Date issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_
7. Current RN License # (Note if pending) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
If applicable, indicate Compact State: \_\_\_\_\_
8. Current Employer (Indicate if none) \_\_\_\_\_
9. Current employer address: : \_\_\_\_\_  
Street                      City                      State                      Zip Code
10. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?  
\_\_\_\_ Yes                      \_\_\_\_ No



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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 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](http://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).



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

**Criminal Records Unit**

33 Hazen Drive, Concord, NH 03305

## NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

### BOARD OF NURSING NH RSA 326-b:15

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

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

Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

New Hampshire Board of Nursing

Address 121 South Fruit Street, Suite 102 City Concord State NH Zip 03301

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

Notary's Signature \_\_\_\_\_ (AFFIX SEAL)

Signature of person/entity to receive record New Hampshire Board of Nursing Date \_\_\_\_\_

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

#### FEES

LIVESCAN - \$37.00 (\$47.00 if printed at a state police Livescan site)

INKED - \$47.00

NOTE: Make check or money order payable to: *State of NH – Criminal Records*

Applicant fingerprint card must be submitted at the same time as payment and this form.