

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
121 South Fruit Street, Suite 102
Concord, N.H. 03301



PETER DANLES
Executive Director
Nursing 603.271.2323

www.nh.gov/nursing
Fax 603.271.6605

JOE SHOEMAKER
Division Director

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NH BOARD OF NURSING EXAMINATION APPLICATION PROCESS (Step-by-Step Instruction sheet)

STEP 1: A FBI fingerprint and NH background check is required for each initial licensure. NH Board of Nursing cannot complete the application process or issue a temporary license until we have received and reviewed your criminal records. The Board can only accept processed criminal record reports that are sent to us directly from the NH State Police. More information is available on the website: <http://www.nh.gov/nursing/enforcement/obtain-criminal-background-check.htm>.

STEP 2: Complete the Application for License by Examination, pages 1 and 2. (Required per each exam application)

STEP 3: Complete the Declaration of Primary State of Residency form and attach copy of your Driver's license. (Required per each exam)

STEP 4: Submit the 2 page application, the Declaration of Primary State of Residency form with a copy of your driver's license along the fee to the NH Board of Nursing office.

STEP 5: Request an official copy of your transcript from your nursing school to be sent to the Board office. Transcripts should be either mailed directly from the school to the NH Board of Nursing or sent electronically. Graduates must have a transcript which states type of degree attained and graduation or conferral date. If you are applying by Comparable Education (for licensure during a program), both a current transcript and the appropriate LPN or RN Comparable Education verification form are required for approval.

STEP 6: Pre-register with PearsonVue Testing Service and pay the \$200 fee. You can register on line at www.pearsonvue.com/nclex.

TEMPORARY LICENSES: *A temporary or permanent license must be issued in your name before you begin any job, including employee orientation.* If you're applying for a Temporary nursing license, fully complete the Application for Temporary License form, and forward it to the NH Board of Nursing along with the fee. You must include the Application for License by Examination or have a current application already pending with the NH board office. Temporary licenses can only be issued once an application is complete. Temporary licenses are valid up to 120 days or until your exam results are processed, regardless of pass or fail test results.

ABOUT YOUR ATT: Once your Application for License by Examination is fully completed and you are eligible for testing, Pearson Testing Service will issue you an Authorization to Test. You will not receive an ATT if you have not pre-registered. When you receive your ATT (usually via email), please read and follow the instructions carefully to schedule your examination. The ATT does not come from the Board of Nursing. Be sure to note the date, time and place of your exam on the ATT. You will not receive a confirmation or reminder of your scheduled test date. The ID you present must match the name in the Pearson VUE system. If it does not match, you will not be allowed to test and will be required to re-register.

CHECKING THE STATUS OF YOUR APPLICATION: Your application status and any licenses issued, including temporary licenses, can be viewed on our website at www.nh.gov/nursing by going to the "On-line Verification and Nursing Assistant Registry" under Quick Links. NCLEX results are *usually* processed within 96 hours after testing. PLEASE DO NOT CALL THE BOARD OFFICE ASKING ABOUT THE STATUS OF YOUR APPLICATION. If you have questions about your application, please email us at: boardquestions@nursing.state.nh.us with the Subject: NCLEX.

APPLICATION AND REGISTRATION FEES ARE NON-REFUNDABLE.

Application/licensing processes not completed within 180 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. RN/LPN examination

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APPLICATION PROCESS FOR LICENSING BY EXAMINATION (NCLEX)

Check off steps when completed, SIGN and DATE when complete and submit this page with the application.

- YES** I have followed Board directives (www.nh.gov/nursing/) to complete the Criminal Background check and finger printing process. This process can take up to 8 weeks for completion. Please be aware that the NH Board of Nursing cannot continue with the application process until we have received, reviewed and approved your completed criminal record report. **The Board will only accept completed criminal record reports that are sent to us directly from the NH State Police. A FBI fingerprint and NH background check is required for each initial licensure.**
- YES** I have completed and attached the Application for Licensing by Examination and fee.

EXAM BY COMPARABLE EDUCATION (if you have not yet earned a degree - only):

YES FOR LPN: (offered for NH Nursing Programs only) I have requested a transcript from the nursing educational program registrar and a completed "Nursing Courses Successfully Completed" verification form signed by the Director of Nursing to be directly sent to the NH Board of Nursing attesting to the successful completion of: Fundamentals of Nursing, Medical/Surgical Nursing, Mental Health, and Maternal/Child Health. These four courses plus any additional "nursing" courses taken must equal a minimum 600 hours -concurrent classroom and clinical education. – You can apply for and take this exam twice.

YES FOR RN: I have requested a transcript from the nursing educational program registrar and a completed "Nursing Courses Successfully Completed" verification form signed by the Director of Nursing to be directly sent to the NH Board of Nursing attesting to the successful completion of courses that meet the generalist requirements for a registered nursing degree pursuant to NUR 602.13 These courses plus any additional "nursing" courses taken must equal a minimum 1,080 hours -concurrent classroom and clinical education.

- YES** I have requested that my nursing educational program send a copy of my **final, official transcript** with graduation date and type of degree earned stated to the NH Board of Nursing office. (A transcript is not required for foreign educated nurses).

FOREIGN RN / LPN GRADUATES must submit a nationally accepted qualifying certificate issued within the past two years that is endorsed by the National Council of State Boards of Nursing, as well as provide verification of educational credentials, proof of licensing and previous employment.

CANADIAN EDUCATED NURSES except Quebec; are not considered foreign for this application.

- YES** I have pre-registered with Pearson VUE and paid the \$200 fee. See below.
- When the Board of Nursing has received your application (4 pages), fee, transcript and criminal background report from the NH State Police, the Board will notify Pearson VUE that you are eligible to test.
 - Pearson VUE will e-mail you an Authorization to Test (ATT). You then contact them to set up your test date.

If you are requesting accommodations when taking this examination, please obtain the "Request for Accommodation" form and follow the instructions and submit those required documents along with your examination application. If accommodations are not requested at the time of application, on-site testing accommodations will not be available.

Name: _____ Signature: _____ Date: _____

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OFFICE USE ONLY	DATE	INITIALS
FEE:	A	
REC'D:	B	
CK/MO:	E	
TEMP L#	X	
LIC#	C	
DATE ISSUED:		

JOE SHOEMAKER
Division Director

Nursing Assistant 603.271.6282

NH Board of Nursing LICENSE BY EXAMINATION (NCLEX) APPLICATION

Select One - RN LPN

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	OTHER NAMES USED:
MAILING ADDRESS:				EMAIL:	
CITY OR TOWN:		STATE:	ZIP CODE:	COUNTY:	
PHYSICAL RESIDENCE IF DIFFERENT FROM MAILING: (REQUIRED)					
Sources used to determine residence for Compact licensure include but are not limited to driver's license, federal tax return, voter registration or military payroll documents.					
DATE OF BIRTH:		PHONE NUMBER:		SOCIAL SECURITY # (REQUIRED)	
1) Have you ever received disciplinary action against any nursing, nursing assistant license, or certification in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? [] YES [] NO					
2) Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled? [] YES [] NO					
3) Have you ever been convicted of a felony or any criminal act, not including traffic offenses? [] YES [] NO					
4) Do you have any mental and/or physical conditions that make you incompetent to provide nursing-related activities? [] YES [] NO					
5) IF YOU ANSWERED YES TO ANY QUESTIONS 1 - 4, HAVE YOU ATTACHED YOUR REQUIRED LETTER OF EXPLANATION? [] YES [] NO					
6) Do you want your name and address on a list of nurses that may be made available for purchase? [] YES [] NO					
7) Do you want your name and address on a list that may be made available for individuals conducting health care research? [] YES [] NO					
Please list every state or country in which you have ever held a license as a RN or LPN: (Please use the back of this page if needed)				STATE:	LICENSE TYPE /NUMBER:
				COUNTRY:	LICENSE TYPE / NUMBER:
NAME & ADDRESS OF NURSING PROGRAM:					
GRADUATION DATE:		OR ANTICIPATED GRADUATION DATE:		OR WITHDRAWAL DATE:	
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING					
HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN? Y or N		EXAM DATE(S):		STATE(S):	EXAM TYPE:
Applicants are granted a collective life time total of 5 attempts to pass the NCLEX exam in the state of New Hampshire. Any previous NCLEX exam(s) attempts taken outside of New Hampshire will also be included as part of one's cumulative total.					
MAKE CHECK OR MONEY ORDER PAYABLE		TREASURER, STATE OF NEW HAMPSHIRE		FEE: \$120.00	
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).					
SIGNATURE:				DATE:	

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DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

YOU MUST ATTACH A COPY OF YOUR STATE ISSUED DRIVER LICENSE OR A GOVERNMENT ISSUED ID AS PROOF OF RESIDENCY.

APPLICANT INFORMATION:

FULL NAME (PLEASE PRINT) _____
DATE OF BIRTH ____ / ____ / ____ PHONE # (____) ____ - ____
SOCIAL SECURITY # ____ - ____ - ____ * ____ * ____ - ____ - ____
LICENSE APPLICATION TYPE: [] EXAM LICENSE TYPE: [] RN [] LPN

CHECK ONE OF THE FOLLOWING:

- [] My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my NH drivers' license)
- [] 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 NH only.
- [] I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and request a NH single-state license regardless of my primary state of residence.

Current primary / home address:

Address: _____ City: _____ State: _____ Zip Code: _____

Current mailing address:

Address: _____ City: _____ State: _____ Zip Code: _____

IMPORTANT: Pursuant to the Nurse Practice Act (RSA 326-B: 46- Nurse Licensure Compact):

A nurse applying for a license shall provide evidence of the nurse's primary state of residence. The primary state of residency is where you vote, pay taxes, hold a driver's license, etc. In order for NH to issue your eligibility to test for licensure in NH, you cannot legally reside in another compact state. Feel free to visit our website or ncsbn.org for more information on nurse compact licensure.

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)

SIGNATURE _____ DATE _____

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LPN COMPARABLE EDUCATION VERIFICATION FORM

(If you have been awarded a LPN degree, disregard this page.)

STUDENT NAME: _____

NURSING PROGRAM: _____

If you are a RN student applying for the LPN exam using Comparable Education, this form must be submitted.

DIRECTIONS: The Director of Nursing must provide the following information and submit this form directly to the NH Board of Nursing. Please print clearly and identify the course content of the nursing courses. Fundamentals of Nursing, Medical / Surgical Nursing, Mental Health Nursing, Maternal/Child Health, and Pediatric Nursing are all requirements. **LPNs are required to have a minimum total of 600 hours of concurrent classroom and clinical education.**

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE CODE	COURSE TITLE	COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS =					

 DIRECTOR OF NURSING SIGNATURE

 DATE

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RN COMPARABLE EDUCATION VERIFICATION FORM

(If you have been awarded a RN degree, disregard this page.)

STUDENT NAME: _____

NURSING PROGRAM: _____

If you are a RN student (Direct Entry Master program) applying for the RN exam using Comparable Education, this form must be submitted.

DIRECTIONS: The Director of Nursing must provide the following information and submit this form directly to the NH Board of Nursing. Please print clearly and identify the course content of the nursing courses that meet the generalist requirements for a registered nursing degree pursuant to NUR 602.13 These courses plus any additional "nursing" courses taken. **RNs are required to have a minimum total of 1,080 hours of concurrent classroom and clinical education.**

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE CODE	COURSE TITLE	COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS =					

 DIRECTOR OF NURSING SIGNATURE

 DATE

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OFFICE USE ONLY	
FEE:	
REC'D:	
CK/MO:	
TEMP L#	
LIC#	
DATE ISSUED:	

DATE	INITIALS
A	
B	
E	
X	
C	

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NH BOARD OF NURSING TEMPORARY LICENSE APPLICATION

New Hampshire Board of Nursing may issue a temporary license to candidates seeking to take the NCLEX examination once the all requirements are complete. A temporary license can only be requested in conjunction with a permanent initial license application. Temporary licenses are valid for 120 days, or for as long as the Examination application is valid. Once an application expires, purges, or test results are processed, the temporary license becomes invalid.

If you are reapplying to retake the exam after a fail, you are not eligible to apply for a Temporary license.

TYPE: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> RN D.E.M <input type="checkbox"/> LPN COMP ED <input type="checkbox"/> RN CANADIAN <input type="checkbox"/> RN FOREIGN			
LAST NAME:		FIRST NAME:	
MIDDLE INITIAL:		OTHER NAMES USED:	
MAILING ADDRESS:			
CITY / TOWN:		STATE:	ZIP CODE:
COUNTRY:			
PHYSICAL ADDRESS:			
CITY / TOWN:		STATE:	ZIP CODE:
COUNTRY:			
Sources used to determine residence for Compact licensure include but are not limited to driver's license, federal tax return, voter registration or military payroll documents.		EMAIL:	
DATE OF BIRTH:	PHONE NUMBER:	SOCIAL SECURITY # (REQUIRED)	
IS YOUR APPLICATION FOR EXAM / RE-ENTRY / ENDORSEMENT FILED WITH THE BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE FILED:			
HAVE YOU EVER HAD A TEMPORARY LICENSE IN NH? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> RN <input type="checkbox"/> LPN			
NAME OF NURSING SCHOOL:			
NURSING SCHOOL ADDRESS:			
CITY / TOWN:		STATE:	ZIP CODE:
COUNTRY:			
GRADUATION DATE:	OR ANTICIPATED GRADUATION DATE:		OR WITHDRAWAL DATE:
PROGRAM TYPE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACCALAUREATE <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTOR OF NURSING			
HAVE YOU EVER FAILED AN EXAMINATION FOR RN OR LPN?	EXAM DATE(S):	STATE:	EXAM TYPE:
FOREIGN EDUCATED NURSES A qualifying examination certificate, verification of educational credentials and proof of licensing is: Available <input type="checkbox"/> Pending <input type="checkbox"/>			
ANTICIPATED EMPLOYER: (IF NONE ANTICIPATED, PLEASE WRITE "NONE")			
CURRENT EMPLOYER: (IF NONE, PLEASE WRITE "NONE")			
MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURE, STATE OF NEW HAMPSHIRE		TEMP LICENSE FEE: \$ 20.00	

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)

SIGNATURE _____

DATE _____

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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.