

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

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Board of Nursing 603-271-2323
Nursing Assistant 603-271-6282

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www.state.nh.us/nursing



Application: Medication Nursing Assistant Certification

To be eligible for Medication Nursing Assistant Certification an individual must document successful completion of a NH Board Approved Medication Nursing Assistant Program and the following:

1. Name: _____
(Last) (First) (Middle) (Maiden) (Other Names Used)
2. Mailing Address: _____
(Number / Street) (City) (County) (State) (Zip Code)
3. Phone: _____ Social Security # _____ / _____ / _____ Date of Birth ____ / ____ / ____
(Required)
4. Medication Administration Education Program: _____
Address: _____ Program Completion Date: ____ / ____ / ____
(Number / Street) (City) (State) (Zip)
5. Were any special arrangements made for you during the educational program testing because of a physical or mental condition? _____ Yes (attach a letter of explanation) _____ No
6. Current Employer: _____ Telephone: _____
Current Employer Address: _____
(Number / Street) (City) (County) (State) (Zip)
Job Title: _____ LNA License # _____ Expiration Date: _____

Instructions:

1. _____ Complete application, sign and date.
2. _____ Submit a copy of a N.H. Board approved Medication Nursing Assistant Education Program Completion Certificate.
3. _____ Submit a copy of your valid and unrestricted nursing assistant license issued by the Board.
4. _____ Include application fee of \$10.00 (check or money order) payable to "Treasurer, State of New Hampshire". **Fees are not refundable.**

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:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full Signature of Applicant: _____ Date: _____

Application/licensing process not completed within 120 days will be purged.

New Hampshire has a mandatory licensing law; no one shall practice nursing or nursing-related activities in New Hampshire without a current New Hampshire license.