

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
121 South Fruit Street, Suite 201  
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



**Physician / Psychologist / LDAC Counselor Report**

**Please send directly to the New Hampshire Board of Nursing**  
Attention: Denise Nies, MSN, RN, Executive Director

1. Report for: \_\_\_\_\_

2. Due Date: \_\_\_\_\_

3. Indicate compliance with treatment, as well as number and frequency of visits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide information related to progress and assessment of treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. It is my opinion that this client has the mental and physical ability to continue the practice of nursing with reasonable skill and safety (choose one):

Agree: \_\_\_\_\_

Disagree: \_\_\_\_\_ \*

\* If disagree, please explain and note possible accommodation or stipulations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Counselor/Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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