

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



**LNA Address / Name Change Form**

*Please assure all information is printed and legible.*

Licensee's Name: \_\_\_\_\_

Licensee's N.H. License Number: \_\_\_\_\_

**New** Legal Address:

**New** Mailing Address:

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

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

New Email Address (if applicable): \_\_\_\_\_

**Previous** Legal Address:

**Previous** Mailing Address:

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

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

Name on file at the N.H. Board of Nursing: \_\_\_\_\_

Name change (if applicable): \_\_\_\_\_

This form **MUST** be signed and dated in order for these changes to be completed.

Licensee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be mailed to the address listed above or faxed to (603) 271-6605.