

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

[www.nh.gov/nursing](http://www.nh.gov/nursing)  
Fax 603.271.6605

JOE SHOEMAKER  
Division Director

Nursing 603.271.2323

Nursing Assistant 603.271.6282

NH Board of Nursing

**CANADIAN REGISTERED NURSE – LICENSE BY ENDORSEMENT**

DIRECTION SHEET

Please complete, sign and submit this checklist along with your Canadian Nurse Endorsement application.

- YES** I have followed Board directives ([www.nh.gov/nursing](http://www.nh.gov/nursing)), to comply with the new fingerprint and background check requirements and provided the required fee of \$47.00, **payable** to: State of NH -Criminal Records for processing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report.
- YES** I have used nursing knowledge, judgment and skills for a minimum of 400 hours within the last four years prior to the date of this application. *Please inquire about our re-entry program option if you do not meet this qualification.*
- YES** I have completed 30 contact hours of workshops, conferences, lectures or educational offerings that enhance nursing knowledge, judgment or skills within two years prior to this application.
- YES** I have graduated from an approved nursing education program in Canada.
- YES** I have written the English version of the State Board Test Pool Examination in Canada between the years 1939 and 1970 or the English version of the Canadian Nurses' Association Testing Service 5-part examination between the years 1970 and 1980 and received a minimum passing score of 350 in each of the following areas: Medical Nursing, Surgical Nursing, Pediatric Nursing, Maternity Nursing, Psychiatric Nursing  
**OR**  
*Have written the English version of the Canadian Nurses' Association Testing Service Comprehensive Examination since the year 1980, and received a minimum passing score of 400.  
Canadian nurses who took the Canadian Exam August 1, 1995 or later, cannot endorse to New Hampshire because a numerical score is not available for verification from the Canadian province. (You may request an application for NCLEX.)*
- YES** I have been licensed by the province where the examination was taken.
- YES** I have completed and attached the NH Nurse License by Endorsement- Canadian RN Application.  
(Note: You must answer ALL questions, and SIGN and DATE the forms.)
- YES** I have attached a check or money order for \$120.00 US payable to: Treasurer, State of New Hampshire.  
**Fees are nonrefundable.**
- YES** I have completed Section I of verification form and forwarded to the original province of licensure with the appropriate fee.  
(Please check with that province for accurate fee).

**If you were educated in Canada and took NCLEX in the US:**

- YES** I have submitted a copy of my school transcript and course descriptions that I sent to my original licensing board and I have submitted verification that I have worked as a nurse for 400 hours in the past 4 years.  
**OR**
- YES** I have taken the NCLEX and successfully passed the exam within the last 2 years.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applications not completed in 180 days will be purged.  
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**Application for License by Endorsement: Registered Nurse – Canadian**

LAST NAME:		FIRST NAME:		MIDDLE:	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:		SSN # (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
DATE OF CURRENT / LAST EMPLOYMENT AS RN:			ORIGINAL U.S. LICENSING STATE:		
DATE OF CURRENT / LAST EMPLOYMENT AS LPN:			TYPE OF LICENSE & LICENSE #		
NAME & ADDRESS OF CURRENT / LAST EMPLOYER:			YEAR ISSUED:		
			EXPIRATION DATE:		
Please list every state in which you have ever held a license as a RN or LPN: <i>(Please use the back of this page if needed)</i>			STATE/COUNTRY:		LICENSE #
			STATE/COUNTRY:		LICENSE #
CURRENT LICENSE #		STATE:		EXPIRATION DATE:	
NAME OF NURSING SCHOOL:					
NURSING SCHOOL ADDRESS:					
PROGRAM TYPE:    ___ DIPLOMA    ___ ASSOCIATES DEGREE    ___ BACCALAUREATE    ___ MASTERS    ___ DOCTORATE					
GRADUATION DATE:					
<i>For Direct Entry Masters/Doctorate programs: Please have an official transcript indicating graduation and degree earned sent to the Board office.</i>					
MAKE CHECK OR MONEY ORDER PAYABLE TO :				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 OF APPLICANT:				DATE:	

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**REQUEST FOR RN/ LPN VERIFICATION OF ORIGINAL LICENSE**

Last Name:		First Name:		Middle:	Other Names Used:
Mailing Address:			Social Security # (required)		
Physical Residence if different than mailing:			<i>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, and voter registration.</i>		
City or Town:		County:		State:	Zip Code:
Nursing Program:			Address of Nursing Program:		
Original License #		RN <input type="checkbox"/>	LPN <input type="checkbox"/>	Date Issued:	
I hereby authorize the _____ Board of Nursing to provide the New Hampshire Board of Nursing the information requested in Section II.					
Print Name:		Signature:		Date:	

**==== ORIGINAL LICENSING AGENCY ONLY SECTION II ====**

The following applicant has applied for a license to practice as a <b>Registered Nurse</b> <input type="checkbox"/> <b>Practical Nurse</b> <input type="checkbox"/> Please provide the following information and return directly to the New Hampshire Board of Nursing.					
Name:		License #		Issued on:    /    /	
Nursing Program:			Approved:    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Address of Program:			Date of Graduation:		
Method of Licensure:    Waiver <input type="checkbox"/> Endorsement <input type="checkbox"/> Examination <input type="checkbox"/>				Exam Date:    /    /	
<b>SBTPE</b> <input type="checkbox"/> <b>NCLEX</b> <input type="checkbox"/> <b>CNATSCE (English)</b> <input type="checkbox"/> Board Constructed <input type="checkbox"/>					
SBTPE/CNATSE	Medical Nursing	Psych. Nursing	Obstet. Nursing	Surgical Nursing	Pediatric Nursing
Standard Scores:					
Series/Form #					
If Board Constructed Examination, please list results on reverse side.			RN NCLEX <input type="checkbox"/> RN Comp CNATSCE		
Status of License:			Standard Score:		
Verification to other boards:			PN NCLEX <input type="checkbox"/>		
Indicates States/Jurisdictions			PN Comp Exam. Standard Score:		
<b>Seal</b>			Series / Form #		
If Board Constructed Examination, please list results on reverse side.			Has this license ever been reprimanded, revoked, suspended, probated, limited, denied, disciplined, stipulated, adjudicated or fined?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Status of License:			If "YES", please provide certified copies of the Board's order and other relevant documents.		
Verification to other boards:			Signature:		
Indicates States/Jurisdictions			Title:		
			Date:		

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## DECLARATION OF PRIMARY STATE OF RESIDENCY FORM

PLEASE PROVIDE A LEGIBLE 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 NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \* \_\_\_\_ \* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

LICENSE APPLICATION TYPE: [ ] ENDORSEMENT

NOTIFICATION FOR: [ ] RN [ ] LPN

### **CHECK ONE OF THE FOLLOWING:**

- [ ] My primary state of residence is New Hampshire. (I have provided a clean, legible copy of my 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 declaring another compact state as my primary state of residence. NOTE: When permanently relocating to New Hampshire and applying for licensure by endorsement; you can practice on your former compact license for a period of up to 90 days. The 90 day period starts when you become a New Hampshire resident.
- [ ] I am employed exclusively in the US Military (Active Duty) or with the U.S. Federal Government and request a single-state license regardless of my primary state of residence.

### **Current physical address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Current mailing address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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 or reactivate your permanent license you cannot hold an active license in another compact state. Feel free to visit our website or [ncsbn.org](http://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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