

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
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APPLYING FOR AN INITIAL NURSING ASSISTANT LICENSE

There are three main ways to qualify for an initial NH LNA License. The table and checklist below will help guide you.

Section I	Section II	Section III
License by Competency Evaluation:	License by Comparable Education:	License by Endorsement:
This means that you have completed a NH Nursing Assistant Education Program and written and clinical testing.	This means that you have completed the Nursing Fundamentals portion of a RN or LPN program or a LNA Challenge Exam and written and clinical testing.	This means that you hold an active Nursing Assistant License, Certification or Registration in another state.
Must be completed and is required for licensure:		
<input type="checkbox"/> YES I have followed Board directives (www.state.nh.us/nursing), to comply with the new FBI fingerprint and NH background check requirements and provided the required fee of \$47.00, payable to: <i>State of NH -Criminal Records</i> . Your criminal record will be processed and sent directly to the Board of Nursing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. The Board can only accept criminal record reports that are sent to us by the NH State Police.		
I have attached a copy of my LNA Education Program Certificate: YES <input type="checkbox"/> AND I have attached a final Report of my Written and Clinical Competency Testing Results: YES <input type="checkbox"/>	I have attached a copy of my Nursing Program Official Transcript documenting completion of Nursing Fundamentals: <input type="checkbox"/> OR Letter from my Nursing Program verifying completion of Nursing Fundamentals: <input type="checkbox"/> OR Challenge Exam Certificate and final report of Written and Clinical Competency Testing Results: <input type="checkbox"/>	I have attached a copy of my out-of-state Nursing Assistant License or certificate: YES <input type="checkbox"/> I have completed and sent request for verification of any/all out of state licenses/certifications/registrations: YES <input type="checkbox"/> AND I have completed and attached the Contact Hour Documentation Form YES <input type="checkbox"/> *You may make multiple copies of the verification form if needed*
I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> YES <input type="checkbox"/>	I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> YES <input type="checkbox"/>	I have completed and attached the Board of Nursing <u>Application for Initial NH Nursing Assistant License:</u> YES <input type="checkbox"/>
I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i> (please note that all fees are non-refundable): YES <input type="checkbox"/>	I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i> : (please note that all fees are non-refundable): YES <input type="checkbox"/>	I have attached a check or money order for \$35.00 , payable to: <i>Treasurer, State of New Hampshire</i> : (please note that all fees are non-refundable): YES <input type="checkbox"/>
Print Name:	Signature:	Date:

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FOR OFFICE USE ONLY

Fee: _____
 Rec'd: _____
 Ck/MO # _____
 LIC # _____
 Issued: _____

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 Executive Director

Nursing 603.271.2323

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 Division Director

Nursing Assistant 603.271.6282

Application for Nursing Assistant License by Endorsement

Please note that all questions must be answered or your application will be returned to you.

Last Name:		First Name:		Middle:	Maiden/Other Names Used:	
Address:				Email:		
City / Town:				State:	Zip Code:	
Date of Birth: / /		Phone Number: () --		Social Security # (required): -- --		
1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender? YES <input type="checkbox"/> NO <input type="checkbox"/>						
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 <input type="checkbox"/> NO <input type="checkbox"/>						
3. Have you ever been convicted of a misdemeanor, felony or any criminal act? YES <input type="checkbox"/> NO <input type="checkbox"/>						
4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities? YES <input type="checkbox"/> NO <input type="checkbox"/>						
If you answered YES to any question(s) 1 - 4, you must attach a letter of explanation.						
Do you want your name and address on a list of nurses that may be made available for purchase?					YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you want your name and address on a list that may be made available for individuals conducting healthcare research?					YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Nursing or Nursing Assistant Program:						
Date of Program Certificate or completion of fundamentals of Nursing course:				Have you taken a Written and Clinical Competency Test within the past 2 years? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition? *YES <input type="checkbox"/> NO <input type="checkbox"/> <i>*If YES, please attach a letter of explanation.</i>						
Have you provided a minimum of 200 hours of nursing related activities under the supervision of a licensed nurse within the 2 years immediately prior to this application? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Have you completed a total of 24 contact hours of continuing education within 2 years prior to this application? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Name of current or previous Employer:		Phone # of Employer: () --		Check here if you are not currently employed as a Nursing Assistant <input type="checkbox"/>		
Address of Employer:				Date of Hire:		
Do you now hold or have you ever held a Nursing Assistant Certification, License or Registration in any other state? YES <input type="checkbox"/> NO <input type="checkbox"/> *If you answered YES , please list each state in which you have held a certification, license or registration. (You can use the back of this page)				State(s):		Exp Date:
UNDER PENALTY OF PERJURY, 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).						
Full Signature of Applicant:						Date:

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REQUEST FOR VERIFICATION OF NURSING ASSISTANT LICENSE

SECTION I: COMPLETE SECTION I AND FORWARD TO EACH STATE YOU HAVE HELD A NURSING ASSISTANT LICENSE, REGISTRATION OR CERTIFICATION. CHECK WITH EACH STATE AS TO ANY FEE THAT MAY BE REQUIRED.

Name: _____
(Last) (First) (Middle) (Maiden) (Other names used.)

Address: _____
(Street) (City) (State) (Zip)

D.O.B: _____ Social Security # (required) _____ / _____ / _____

Nursing Assistant Program: _____

Address: _____
(Street) (City) (State) (Zip)

License/Registration /Certification #: _____ State _____ Date Issued: _____

I hereby authorize the Registry to provide the New Hampshire Board of Nursing the information requested in Section II.

Date: _____ Signature: _____

Section II: ORIGINAL AND CURRENT VERIFYING AGENCIES ONLY. The above applicant has applied for nursing assistant licensure in New Hampshire. Please return the completed form directly to the New Hampshire Board of Nursing, 121 S Fruit St Suite 102 Concord NH 03301

_____ was issued Registration/License # _____ on _____
(Licensee Name)

Name of Nursing Assistant Program: _____ Date of Completion: _____

Address: _____ Approved: Yes () No ()

Method of Registration/Licensure: Deemed _____ Endorsement _____ Examination _____ Exam Date _____

Current Status: Active _____ Inactive _____ Date of Expiration: _____

Has this license/registration ever been reprimanded, revoked, suspended, surrendered, probated, limited, denied, disciplined, stipulated, for education or practice or fined? YES () NO ()

If "Yes", please provide certified copies of the Board's order and other relevant documents.

Verification to other boards: _____
(Indicate States/Jurisdictions)

Signed: _____

Title: _____

SEAL

State _____ Date: _____

