

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

Board of Nursing 603-271-2323

Nursing Assistant 603-271-6282



SHERI WALSH

Division Director

Fax 603-271-6605

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

## Application for Nursing Assistant License by Endorsement

Welcome. You are applying for a New Hampshire Nursing Assistant License by Endorsement. The checklist below will help guide you in the application process.

- “License by Endorsement” means that you hold an active Nursing Assistant License, Certification or Registration in another state.
- Yes, I have followed Board directives <https://www.oplc.nh.gov/nursing/criminal-background-check.htm> to comply with the new FBI fingerprint and NH background check requirements.
- Yes, section II of the Criminal Background request form contains “New Hampshire Board of Nursing” as the name of person/entity to receive the record, and “121 South Fruit Street, Concord NH 03301” as the address. 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 completed criminal reports that are sent to us by the NH State Police.**

**Note:** If you use a NH Livescan site other than Concord: You have a 30 day time period to submit your notarized authorization form with fee and track number to the Concord processing center for completion from the day of finger printing. Digital prints are only kept on file for 30 days, after which they are deleted. Therefore, paperwork submitted after 30 days from the day of finger printing will be considered expired and you will need to repeat the process.
- Yes, I have attached a **copy of my out-of-state Nursing Assistant License** or certificate.
- Yes, I have completed and sent request for verification of any/all out of state licenses/certifications/registrations. *You may make multiple copies of the verification form if needed.*
- Yes, I have completed and attached the Board of Nursing Application for NH Nursing Assistant License by Endorsement.
- Yes, I have completed and attached the Contact Hour Documentation form.
- Yes, I have attached a check or money order for **\$35.00 payable to Treasurer, State of New Hampshire**. *Please note, all fees are non-refundable.*

Licensure can be verified on the Board website at <https://nhlicenses.nh.gov/Verification/>.

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**Application for Nursing Assistant License by Endorsement**

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

1. Name: \_\_\_\_\_  
Last First Middle Maiden / Other names used
2. Home Address: \_\_\_\_\_  
Street City or Town State Zip Code
3. Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Social Security # (required) \_\_\_\_--\_\_\_\_--\_\_\_\_ Email \_\_\_\_\_  
Date of Birth (DOB) \_\_\_\_\_
4. 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\* \_\_\_\_\_ No
5. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice?  
\_\_\_\_\_ Yes\* \_\_\_\_\_ No
6. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? *Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations".*  
\_\_\_\_\_ Yes\* \_\_\_\_\_ No
7. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?  
\_\_\_\_\_ Yes\* \_\_\_\_\_ No  
***\*If you answered Yes to any question(s) 4 – 7, you must attach a letter of explanation.***
8. Do you want your name and address on a list of nurses that may be made available for purchase?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
9. Do you want your name and address on a list that may be made available for individuals conducting healthcare research? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Name of Nursing or Nursing Assistant Program: \_\_\_\_\_
11. Date of Program Certificate or completion of fundamentals of Nursing course: \_\_\_\_\_
12. Have you take a Written and Clinical Competency Test within the past 2 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
13. Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition? \_\_\_\_\_ Yes\* *If yes, attach a letter of explanation.* \_\_\_\_\_ No

14. 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                                \_\_\_\_\_ No
15. Have you completed a total of 24 hours of continuing education within 2 years immediately prior to this application?  
       \_\_\_\_\_ Yes                                \_\_\_\_\_ No
16. Name of current or previous Employer: \_\_\_\_\_
17. Phone number of Employer: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_                                Date of Hire: \_\_\_\_\_
18. Address of Employer: \_\_\_\_\_
19. Check here if you are **not** currently employed as a Nursing Assistant: \_\_\_\_\_
20. Do you now hold or have you ever held a Nursing Assistant Certification, License or Registration in any other state?    \_\_\_\_\_ Yes\*                                \_\_\_\_\_ No

*\*If you answered Yes, list **each state** in which you have held a certification, license or registration. You can use the back of this page if needed.*

State: \_\_\_\_\_ Lic. Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ Lic. Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Application / licensing process not completed within 120 days will be purged. New Hampshire has a mandatory licensing law; no one shall practice as a licensed nursing-assistant (LNA) without a valid New Hampshire issued license.

**Under penalty of law**, I state the information provided is accurate to the best of my knowledge and believe. 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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**CONTACT HOUR DOCUMENTATION FOR NURSING ASSISTANT ENDORSEMENT**

Please list all completed Contact Hours of Continuing Education within the immediate previous 2 years (a total of 24 hours) prior to submitting this endorsement application.

| Date               | Courses, Activities, Individualized Learning | Person/Organization that provided the Educational offering | # of Contact Hours |
|--------------------|----------------------------------------------|------------------------------------------------------------|--------------------|
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|                    |                                              |                                                            |                    |
| <b>TOTAL HOURS</b> |                                              |                                                            | <b>24</b>          |

\***One contact hour** = 60 minutes of organized learning. Individualized learning courses must have some method of verifying that the course was completed and must pertain to and enhance nursing knowledge, skills, and judgment within the Licensee’s scope of practice. For clarification of activities that are eligible for continuing education: <http://www.oplc.nh.gov/nursing/licensure/continuing-competence.htm>.

I affirm the above information is accurate to the best of my knowledge and belief. I understand knowingly **providing false information may be grounds for disciplinary action (RSA 326-B:12)**.

Print your name: \_\_\_\_\_

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

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# State of New Hampshire

## Criminal Records Unit

Department of Safety  
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

### BOARD OF NURSING NH RSA 326-b:15

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  Male  Female  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

New Hampshire Board of Nursing

Address 121 South Fruit Street City Concord State NH Zip 03301

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_  
(Affix seal)

Signature of person/entity to receive record \_\_\_\_\_ Date \_\_\_\_\_

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.**

#### FEEES

LIVESCAN - \$47.00

INKED - \$47.00

NOTE: Make checks payable to: State of NH – Criminal Records

Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.

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REQUEST FOR VERIFICATION OF NURSING ASSISTANT LICENSE

SECTION I: COMPLETE SECTION I AND FORWARD TO EACH STATE WHERE 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/Country/Province) (Zip)

D.O.B. Social Security Number: (required) / /

Nursing Assistant Program:

Address: (Street) (City) (State/Province) (Zip)

License/Registration /Certification number: 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 provide the following information and return the completed form directly to the New Hampshire Board of Nursing: 121 S. Fruit St Ste. 102, Concord, NH 03301-2431

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:

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**OPTIONAL INFORMATIONAL QUESTION  
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP  
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

***RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.***

**OR**

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

**Please place a check mark in all that apply below:**

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above