OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
7 Eagle Square - Concord, N.H. 03301-4980
Telephone 603-271-2152

UNIVERSAL APPLICATION FOR INITIAL LICENSE

Profession for which application is being filed:_____

APPLICANT INFORMATION BASED ON TYPE OF PERSON

Applicant is (check one): ☐ An Individual ☐ An entity

For individuals:

Full Legal Name:_____
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license:_____

_____

Date of birth (MM/DD/YYYY):_____

Social Security Number*:_____

*The OPLC is required by 42 U.S.C. 666(a)(13) and RSA 161-B:11, VI-a to ask for your social security number. The number will be held confidential by the OPLC and used only for enforcement of the laws governing child support.

Home Physical Address:_____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: ☐ Check if same as physical address

IF DIFFERENT:_____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: (_____) _____-_____

Designated email address*:_____
* Email address to which notices, license will be sent

If known, anticipated place of business name:_____

Address:_____
Street name & number Municipality State Zip Code Country if not US

Telephone number: (_____) _____-_____

Applicant's primary language: ☐ English ☐ Other (specify):_____ Other Languages:_____

Applicant is (check if applicable): ☐ Applying for facilitated licensure
☐ Currently on active military duty*
☐ Legally married to an individual who is currently on active military duty*
* "On active military duty" means on active duty in the U.S. armed forces.

Information needed for workforce analysis, all individuals (ref. Plc 304.03(a)(10):

a. Applicant's sex at birth: [drop-down list; select one: ☐ Female ☐ Male ☐ Prefer not to answer]

b. 1. Applicant's race or ethnicity: [drop-down list; select all that apply: ☐ American Indian or Alaska Native; ☐ Asian; ☐ Black or African American; ☐ Native Hawaiian or Pacific Islander; ☐ White; ☐ Some other race; ☐ Prefer not to answer]

2. Applicant is of Hispanic, Latino/a, or Spanish origin? [drop-down list; select one: ☐ Yes ☐ No ☐ Prefer not to answer]

c. Highest level of education, whether or not related to the profession in which licensure is being sought [drop-down list, select one: ☐ High school diploma or equivalency; ☐ Some college, no degree; ☐ Technical/Vocational Certificate; ☐ Associate's Degree; ☐ Bachelor's Degree; ☐ Master's Degree; ☐ Post-graduate training; ☐ Professional/Doctorate Degree; ☐ Postdoctoral training; ☐ Prefer not to answer]

d. Where the applicant completed the education program or degree, as applicable, that first qualified the applicant for the license being applied for, provided that if the program or degree was completed on-line, identify where the on-line program was housed [drop-down list, select one: ☐ [drop-down list of U.S. states and territories] ☐ Another Country (not U.S.) ☐ Prefer not to answer]

e. Relative to the applicant's employment status, whether the applicant is: [drop-down list, select one: ☐ Actively working in a position that requires this license ☐ Actively working in a position in the same profession that does not require this license ☐ Actively working in a different profession ☐ Not currently working ☐ Retired ☐ Prefer not to answer]

f. Relative to the applicant's employment plans for the next 2 years, whether the applicant intends to: [drop-down list, select one: ☐ Increase hours in a field related to this license ☐ Decrease hours in a field related to this license ☐ Seek employment in a field unrelated to this license..☐ Retire ☐ Continue as is ☐ Not sure or plans unknown ☐ Prefer not to answer

g. Identification of the specialty, field, or area of practice in which the applicant spends the most professional time [drop-down list based on profession, including ☐ Prefer not to answer]

h. Does the applicant use or expect to use telehealth to deliver services to patients? [drop-down list, select one: ☐ Yes ☐ No ☐ Prefer not to answer]

i. The state in which the applicant's primary practice is located, if applicable [drop-down list of U.S. states and territories plus ☐ Not applicable and ☐ Prefer not to answer]

j. The 5-digit zip code of the applicant's primary practice location, if applicable:____ [open text field] ☐ Prefer not to answer

k. Relative to the applicant's current employment arrangement at their principal practice location, whether the applicant is [drop-down list, select all that apply: ☐ Self-employed or a consultant ☐ Salaried employee ☐ Hourly employee ☐ In temporary employment or Locum Tenens ☐ Other arrangement ☐ Not employed ☐ Prefer not to answer]

l. In the applicant's primary employment or practice, whether the applicant's primary role is that of: [drop-down list, select all that apply: ☐ Administrator ☐ Clinical practitioner ☐ Faculty or other educator ☐ Researcher ☐ Other ☐ Not applicable ☐ Prefer not to answer]

Information needed for workforce analysis, applicants in any health care field (ref. Plc 304.02(a)(11):

a. Identification of the practice setting at the applicant's primary practice location [drop-down list based on profession ☐ Prefer not to answer]

b. What population groups does or will the applicant provide(s) services to? [drop-down list, select all that apply: ☐ Newborns to 2 years ☐ Children ages 2-10 ☐ Adolescents ages 11-19 ☐ Adults ☐ Geriatrics ages 65+ ☐ Pregnant women ☐ Veterans ☐ Incarcerated individuals ☐ Individuals with disabilities ☐ Individuals who speak a language other than English ☐ Medicaid ☐ Medicare ☐ Sliding Fee Scale ☐ None of the above ☐ Prefer not to answer]

c. An estimate of the number of hours per week the applicant spends or expects to spend at their primary practice location [drop-down list, select one: ☐ 0 hours per week/Not applicable ☐ 1-4 hours per week ☐ 5-8 hours per week ☐ 9-12 hours per week ☐ 13-16 hours per week ☐ 17-20 hours per week ☐ 21-24 hours per week ☐ 25-28 hours per week ☐ 29-32 hours per week ☐ 33-36 hours per week ☐ 37-40 hours per week ☐ 41 or more hours per week ☐ Prefer not to answer]

d. An estimate of the number of hours per week the applicant spends or expects to spend in direct patient care [drop-down list, select one: ☐ 0 hours per week/Not applicable ☐ 1-4 hours per week ☐ 5-8 hours per week ☐ 9-12 hours per week ☐ 13-16 hours per week ☐ 17-20 hours per week ☐ 21-24 hours per week ☐ 25-28 hours per week ☐ 29-32 hours per week ☐ 33-36 hours per week ☐ 37-40 hours per week ☐ 41 or more hours per week ☐ Prefer not to answer]

For applicants in any health care field, does applicant intend to practice in New Hampshire more than 50% of the time, whether in-person or by telehealth? ☐ Yes ☐ No

If specific training or a specific degree is required for your profession by applicable law, provide the name of the educational institution that provided the training or degree required and the date the training was completed or degree was received:

Name of educational institution:_____ Date completed/degree received:_____

For entities:

Full Legal Name*:_____

*Name shown on document(s) that created the entity

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Each other name used when doing business in New Hampshire:_____

_____

Legal form (check one): ☐ Corporation ☐ LLC ☐ Professional Association ☐ Partnership

☐ Other:_____

Jurisdiction in which formed:_____ Date of Formation (MM/DD/YYYY):_____

Employer ID number or other federal tax ID number assigned by the IRS:_____

Primary physical address in NH:_____

Street name & number, Suite # if any Municipality County Zip Code

NH mailing address:: ☐ Check if same as physical address

IF DIFFERENT:_____

Street name & number or PO Box number Town/City Zip Code

Main telephone number: (____) _____-_____

Designated email address*:_____

* Email address to which notices, license will be sent

Name of Authorized Signer* (AS):_____

* Individual who is legally authorized to sign the application

AS Telephone Number: (____) _____-_____ AS email:_____

Other contact individuals (authorized to interact with OPLC regarding the application, issued license) (if any):

Name	Telephone Number	Email Address

ALL APPLICANTS:

Information on Current or Past Licensure* in Other Jurisdictions:

Jurisdiction	License Number	Date initially licensed	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice

If applying based on endorsement, identify which of the above jurisdictions you believe has requirements for licensure that are substantially similar to or greater than those in New Hampshire:_____

Background/Character Questions ("you" means the applicant):

Questions:	Yes	No
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
Has any malpractice claim been made against you within the past 10 years?		
Have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting within the past 10 years?		
Have you been denied the privilege of taking an examination required for any professional licensure within the past 10 years?		
Have you committed any act(s) within the past 10 years that would violate the laws or rules that govern the profession for which the application is being filed?		
Have you ever been found guilty or entered a plea of no contest to any felony that is related to professional practice?		
Have you been found guilty of or entered a plea of no contest to, within the past 10 years, any felony that is **not** related to professional practice, or any misdemeanor?		

Have you ever been the subject of any disciplinary action by any professional licensing authority within the past 10 years?		
Have you, within the past 10 years, been denied a license or other authorization to practice in any jurisdiction?		
Have you, within the past 10 years, surrendered a license or other authorization to practice issued by any jurisdiction for any reason?		

Does applicant have a DEA number? ☐ No ☐ Yes (provide number):_____

Does applicant store, administer, or dispense controlled drugs in a setting that is not regulated under RSA 318 relative to pharmacies and pharmacists? ☐ No ☐ Yes (provide location):_____

For applicants in any health care profession (information required by RSA 125:25-c):

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)? ☐ No ☐ Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

Disclosure of Contact Information*:

For individuals: Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		
Home mailing address (if different from home address)		

For entities: Do you consent to the disclosure of your designated email address? ☐ No ☐ Yes

** OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

Required Documentation

Each applicant must provide the following with this application:

A clear explanation, including all relevant facts, the date(s) of the action, and the sanction(s) imposed, of the relevant circumstances of:

(1) Any license sanctions, including fines or penalties, imposed administratively or via a court proceeding in a jurisdiction listed above; and

(2) Any "yes" answer provided to a background and character question that is not covered by (1)

Each applicant required to take one or more examinations (including the English proficiency score if required by applicable law) must arrange to have the applicant's examination scores sent directly to the OPLC Licensing Bureau by the third party testing organization.

Each applicant required to be registered or certified by a regional or national credentialing organization must provide proof that the requisite credential has been obtained, or if applicable law allows an application for initial licensure to be filed prior to obtaining the credential, proof that the applicant has met the requirements for obtaining the credential.

Each applicant for licensure by endorsement based on a license issued by a foreign jurisdiction, as defined in Plc 313.10(b), must provide the evaluation of foreign credentials required by Plc 313.12.

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Each applicant for licensure by endorsement must provide primary source verification of licensure in the jurisdiction in which applicant is currently licensed that the applicant believes has requirements that are substantially similar to New Hampshire's requirements, that:

(1) Identifies the applicant by name; and

(2) Clearly shows that the applicant is authorized to practice the occupation or profession in that jurisdiction and is in good standing.

Even if not applying for licensure by endorsement, each applicant who is licensed in any other jurisdiction(s) must provide:

Either: (1) An official letter of verification sent directly to the licensing bureau at customersupport@oplc.nh.gov, or if the information cannot be sent electronically, at the mailing address for the OPLC specified in Plc 102.03, from each state that has issued the applicant a license or other authorization to practice the profession for which application is being made, that states:

a. Whether the license or other authorization is or was, during its period of validity, in good standing; and

b. Whether any disciplinary action is pending or was taken against the license or other authorization to practice, whether administratively or via a court proceeding;

OR: If the information required by (1), above, is available on a website and is considered by the issuing jurisdiction to be a primary source verification, the URL of each such website.

Each applicant on active military duty must provide proof of service status in the form of verification from the Defense Finance and Accounting Service at https://www.dfas.mil/garnishment/verifyservice/.

Each applicant for facilitated licensure as a military spouse must provide:

(1) Proof of the spouse's service status as stated above, and

(2) Proof of marriage in the form of either:

a. A copy of the front and back of the applicant's current military spouse identification card; or

b. A copy of the applicant's official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

Each applicant that is an entity must provide:

(1) A copy of the legal document that confers authority on the Authorized Signer identified above to sign the application on the applicant's behalf; and

(2) Confirmation from the New Hampshire Secretary of State's Office that the entity applying for licensure is in good standing and authorized to do business in New Hampshire.

Fee

Application-Related Fee* - as stated in Plc 1002, except that for facilitated licensure, only the inspection fee, if any, and examination fee, if any, shall be paid

* For initial licensure, the application processing and licensing fee specified in Plc 1002, any examination fee specified in Plc 1002, and any inspection fee specified in Plc 1002 for the license being applied for

If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the Application-Related Fee(s) will not be refunded.

Signature and Attestation

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant's credentials have not been suspended or revoked by any professional licensing board, unless a written explanation of each such occurrence is being submitted with this application;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;

- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature:_____

Date Signed:_____