



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Nursing
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

Clinical Practice Inquiry

Please submit the completed form to the N.H. Board of Nursing by mail, email or fax.

What is your question? _____

Please include background information that would be helpful to understanding the clinical significance of your question. You may mail supplemental information to the Board office.

Submitted by:

Name: _____ License # _____

Telephone and/or email: _____

Facility name: _____

Mailing Address: _____

Date: _____