



State of New Hampshire, Department Of Education
Bureau of Credentialing
 101 Pleasant Street
 Concord, N.H. 03301
 Tel: 603-271-2409
 Fax: 603-271-4134
cert.info@doe.nh.gov

For Bureau of Credentialing use only:

Date Received: _____
 Fee amount: _____
 Check #: _____

SCHOOL NURSE APPLICATION

PLEASE BE SURE TO VIEW THE SCHOOL NURSE MEMO AVAILABLE ON OUR WEBSITE BEFORE COMPLETING AND SUBMITTING THIS FORM. <https://www.education.nh.gov/certification/index.htm>

Check the box to indicate which School Nurse Certificate you are applying for:

- School Nurse I:** Submit an official transcript (Associate’s nursing degree level or higher), a copy of a valid New Hampshire issued RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid RN license, and \$75 fee.
- School Nurse II:** Submit a copy of a valid New Hampshire RN license and an employment verification letter showing a hire date as a school nurse on or before July 1, 2016 under a valid RN license. No fee required. Please indicate number of years of experience as a school nurse: _____ years
- School Nurse III:** Submit an official transcript (Bachelor’s nursing degree level or higher), a copy of a valid New Hampshire BSN RN license, an employment verification letter showing 3 years of clinical pediatric nursing or related work experience under a valid BSN RN license, and \$75 fee. Out of State education department certified nurses or NCSN (national) certified nurses must submit only a copy of these certifications for evaluation, and \$75 fee. Please indicate number of years of experience as a school nurse: _____ years

PLEASE COMPLETE ALL INFORMATION (ANYTHING WITH * IS REQUIRED) (Print or Type)

Social Security Number - - EdID # (if known)

Name: * Last Name * Maiden * First Name * MI

Gender: Male Female *Date of Birth

*Are you: (check one) No, not Hispanic or Latino Yes, Hispanic or Latino

What is your ethnic origin? (Indicate one or more)

* Mailing Address:

Street / PO Box City State Zip

* Primary Telephone number Alternate Telephone

*Primary email Address *Alternate email address

PLEASE CHECK/CIRCLE APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate? Yes No

If yes, what year did it expire and under what name



*Have you ever been convicted of a felony? Yes No

*Have you ever had a professional credential revoked? Yes No

*Have you ever surrendered your professional credential in any state or country? Yes No

*Are you currently being investigated for professional misconduct in any state or country? Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

Educational Information:

***HIGH SCHOOL:**

Name of High School	State	Curriculum	Date Granted
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***COLLEGE/NURSING PROGRAM INFORMATION:**

DEGREE	COLLEGE	STATE	MAJOR	DATE GRANTED
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DOCUMENT SUBMISSION:

Official transcripts need to be received in a sealed envelope or emailed directly by the institution to credentialing.docs@doe.nh.gov
 Copies of licenses and experience letters can be mailed to the address in the letterhead above or emailed to credentialing.docs@doe.nh.gov
 School Nurse II applications without fee can be mailed to the address in the letterhead above or emailed to credentialing.docs@doe.nh.gov
 School Nurse I and III applications and fee must be mailed together to the address in the letterhead above.

Non-refundable processing fee of \$75.00 is required with application (except for School Nurse II certificate).

Make check payable to "Treasurer, State of NH". Returned check fee: Penalty of \$8.00 (per RSA 6:11-a).

Applicant Signature

Date