

NEW HAMPSHIRE Online Licensing

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Licensing Home Page

All licenses or permits/certifications/registrations currently held or being applied for are listed below.

To apply for a NEW license click the New Application menu item.

Choose NEW APPLICATION to apply for an TEMPORARY LICENSE

To REINSTATE, click the Reinstate License menu item on the left. *Only available for Pharmacists, Pharmacy Technicians and Interns at this time.

To RENEW, click the Renew menu item on the left.

To UPLOAD DOCUMENT'S outside of any application process, click the Upload Documents menu item on the left. This option is not available for all license types.

If you started a New application and are returning to complete it, click the Continue link in the green bar above the license information below.

Name:			Address:		TER, NH 0310
Licenses/Permits	Registrations			, , , , , , , , , , , , , , , , , , , ,	
Bodywork	er <u>V</u> i	ew Checklist			
Profession:	Bodyworker	License Number:		License Status:	Current
Secondary Type:		Issue Date:	8/24/2020	Expiration Date:	6/30/2022
		Specialti	es		
Specia	lty	Issue Date	E	xp Date	Primary
Reflexologist					7



Online Licensing



License/Permit/Registration Renewal

Click on the word Continue in the green bar below. It is a clickable link that will start your renewal process.

If you have more than one license/permit/registration available to renew, complete the process for each license/permit/registration. You can only renew one license/permit/registration at a time.

Renewable Licenses/Permits

Bodywo	orker	Continue			
Profession: Issued:	Bodyworker 8/24/2020	License Number: Expiration Date:	6/30/2022	License Status: Renewed To:	Current
		Specia	Ities		
Specialty		Issue Date		xp Date	Primary
Reflexologist		7			



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License Renewal Application

Choose the first item from the left side menu to start the renewal process.



New Hampshire Online Licensing

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Physical Home Address

Enter the information in the form below and press the **Submit button** to save the changes and continue.

NOTE: Required fields are marked with an asterisk (*).

*The OPLC is required by law to ask for your social security number. The number will

ne			
Name Prefix		*Date of Birth:	
	ex. Mr. Mrs. Dr.		MM/DD/YYY
First		*SSN:	
Name:			ex. 123458789
Middle			EX. 123400708
Name:			
Name:			
Name Suffix:			
	ex. Sr. Jr. III		
ress	0000000 10000 10000		
lress ountry	United States	Phone:	ex. 3015551212
	9000 Coan 9 CC (1947) Vis	✓ Phone:	ex. 3015551212
	9000 Coan 9 CC (1947) Vis		ex. 3015551212
ountry.	United States		ex. 3015551212 ex. 3015551212
	United States	Fax:	ex. 3015551212 ex. 3015551212
ountry.	United States ex. 123 Fourth St. ex. Apt. 100	Fax:	ex. 3015551212 ex. 3015551212 it@oplc.nh.gov
ountry:	United States ex. 123 Fourth St. ex. Apt. 100	Fax:	ex. 3015551212 ex. 3015551212 it@oplc.nh.gov
ountry:	ex. 123 Fourth St. ex. Apt. 100 MANCHESTER Foreign Addresses:	Fax:	ex. 3015551212 ex. 3015551212 it@oplc.nh.gov
Line 2:	ex. 123 Fourth St. ex. Apt. 100 MANCHESTER Foreign Addresses: Enter city, region, postal code	Fax:	ex. 3015551212 ex. 3015551212 it@oplc.nh.gov
Line 2: City:	ex. 123 Fourth St. ex. Apt. 100 MANCHESTER Foreign Addresses: Enter city, region, postal code Hillsborough	Fax:	ex. 3015551212 ex. 3015551212 it@oplc.nh.gov



Online Licensing

Menu	Mailing Address	s			
DEMOGRAPHICS*	Catao the information in the	ton below and according	Colomb bushess to an a		dente The said address in
License Address	enter on this page is the e	e form below and press the mail address where your do	cuments will be sent.	the changes ar	nd continue. The email address you
EMPLOYMENT		NOTE: Require	ed fields are marked wi	th an asterisk (*). "
QUESTIONS*					
ATTACH DOCUMENTS	Address				
FINISH	Country	United States	•	* Phone	
License Home Page	Country.	United States	•	Filone	ex. 3015551212
Logout	Address Line 1:		7	Fax:	
		ex. 123 Fourth St.			ex. 3015551212
	Address Line 2:			*Email	
		ex. Apt. 100			ex. username@domain.com
	· City	MANCHESTER	7		
		Foreign Addresses Enter city, region, postal code	_		
	* State	NH v			
	* Zipcode:	03103			



New Hampshire Online Licensing

Menu	Employment Information	
☐ DEMOGRAPHICS*	This page displays the employment records associa	ated with the person record. Click the edit link to
☐ LICENSE ADDRESS*	update an employment record. If no changes are no step complete.	ecessary, press the Submit button to mark this
Employment	No employme	ent records
QUESTIONS*	no omployme	an records
ATTACH DOCUMENTS	Add	Complete
FINISH		
License Home Page		
Logout		



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Search for an Employer

All employment records must have an employer record associated with them. This form allows you to search for your employer. Enter the information in the fields below and press the search button.

If a search does not locate an employer, you can broaden your search by using the asterisk " * " either before or after a word or words to bring up more results."

NOTE: All fields are required for searching.

If you are Unemployed enter Unemployed, Concord NH for your search criteria.

To cancel this step click here

City:	

Search Results

Click on the employer name in the search results to select your employer.



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Renewal Questions

Answer the following questions by choosing the respective answers from the drop-down menus. Click the **Submit button** when you have answered the questions.

Question	Answer	
Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime?	Please Choose	~
attest to full compliance with RSA 328-H and all corresponding New Hampshire regulations and that the information and documentation		
provided is accurate to the best of my knowledge. I understand that	Please Choose	~
knowingly providing false information may be grounds for denial, suspension, and or revocation of a license.		

Submit



Document Upload

Please upload the following documents:

- · Letter of Explanation, if applicable
- Proof of current certification from respective national certifying agency in accordance with
 - American Reflexology Certification Board
 - · International Association of Structural Integrators or the Rolf Institute
 - Diplomate in Asian bodywork therapy from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

When doing so, review the document type to ensure that the selection corresponds with the document you're uploading.

If you are unable to upload documents, mail all application attachments to:

OPLC, 121 South Fruit Street, Concord, NH 03301

Uploading instructions:

- Click the Browse button;
- Open the folder where your documents are stored; Click the document to be uploaded; Click Open; then

- Click Upload Attachment

If uploading is complete, click the Next button to proceed.



Make sure to select the document type in the dropdown list next to the document name after uploading.

DOCUMENT REQUIREMENTS:

- 1. Document size must be less than 4 MB
- 2. File names must have extensions on them (.doc, .docx, .pdf, .png, .jpg, .txt, .gif)
- 3. Document name must not exceed 90 characters

If you upload a document that violates any of the above, it will cause an error and impact the application submission. If you cannot provide a document that meets the above criteria, please email your documents to the board office.

If you do not have documents to upload, click the Submit button

Submit



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* All checklist items must be completed before continuing.

Address Change Name:	ESZTER BALAZS	
Name.	ESZTER BALAZS	
Licensee	Address: ●	
	MANCHESTER, NH 03103 it@oplc.nh.gov	
License A	Address: 0	
	MANCHESTER, NH 03103	

Question Responses

Question	Answer
Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime?	
I attest to full compliance with RSA 328-H and all corresponding New Hampshire regulations and that the information and documentation provided is accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license.	

Attachments

Document Name	Download	View	Туре
Licensee Count.docx	Download	View	Letter of Explanation

Print this page for your records.

If all the above information is correct press the Pay Fees button. Otherwise go back and correct any information that is necessary.

Pay Fees Print



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