

**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
STATE OF NEW HAMPSHIRE  
7 Eagle Square  
Concord, N.H. 03301  
Telephone 603-271-1452

**APPLICATION FOR STATE OF NEW HAMPSHIRE LICENSE TO PRACTICE  
REFLEXOLOGY, STRUCTURAL INTEGRATION, OR ASIAN BODYWORK THERAPY**

**Application Type:**

- ☐ Reflexology  
☐ Structural Integration  
☐ Asian Bodywork Therapy

**Applicant Information:**

Name: \_\_\_\_\_  
First Middle Last

Date of birth (MM/DD/YYYY): \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_  
\*The OPLC is required by law 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. (42 USC 666(a)(13); RSA 161-B:11, VI-a)

Home Mailing Address: \_\_\_\_\_  
Street name & number or PO Box number Town/City State Zip Code

Daytime Telephone Number including area code: \_\_\_\_\_

Personal email address: \_\_\_\_\_

**Information on Licensure in Other Jurisdictions:**

Current or Past Licenses or Registrations in Any Profession Held in Other States:

| Jurisdiction | Profession | # years licensed | Status |        |           |         |
|--------------|------------|------------------|--------|--------|-----------|---------|
|              |            |                  | Denied | Active | Suspended | Revoked |
|              |            |                  |        |        |           |         |
|              |            |                  |        |        |           |         |
|              |            |                  |        |        |           |         |
|              |            |                  |        |        |           |         |

**Business Information where applicant works or intends to work, if known:**

Name of Business: \_\_\_\_\_

Business Location: \_\_\_\_\_  
Street name & number Town/City State Zip Code

Business Telephone Number including area code: \_\_\_\_\_

Business website URL (if any): \_\_\_\_\_ Business email (if any): \_\_\_\_\_

**INFORMATION BY RSA 328-H:8, I(d):**

Have you ever been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? ☐ No ☐ Yes [If yes, attach an explanation of each such conviction that includes the date and jurisdiction of the conviction and any other information you believe is relevant.]

**Application Attachments:**

The applicant must provide the following with this application:

- Documentation of current certification by the applicable certifying organization; and
- If applicable, an explanation of any conviction of a crime.

**Office of Professional Licensing and Certification  
7 Eagle Square  
Concord, New Hampshire 03301  
(603) 271-1452  
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**Fee:**

Application Processing Fee: \$155.00

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 Processing Fee will not be refunded to you.

**Signature and Attestation**

By my signature, I attest full compliance with RSA 328-H and all corresponding New Hampshire rules and that the information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief. I understand that knowingly providing false or misleading information may be grounds for denial, suspension, or revocation of a license.

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_