Menu
New Application
Reinstate License
Renew
Demographics Update
Pending Prereqs
Upload Documents
Payment History
Logout

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 DOCUMENTS 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			
Name:	Max Headroom	Address:	145 West Ter Manchester, NH 03104
License	s/Permits/Registrations		
		No license	

Menu Licensing Home Page Logout

Application for NEW Licensure

This page is to APPLY FOR A NEW LICENSE. If you want to RENEW a license go back to the Home page and choose RENEW

Select the Profession, License Type and Obtained By Method for which you are applying.

Make sure you choose the CORRECT OBTAINED BY METHOD.

PHARMACY TECHNICIANS upgrading from Registered to Certified - choose Upgrade from Registered in the Obtained by Method dropdown

PHARMACISTS wishing to apply by score transfer can only do so if the transfer was requested through NABP within 90 days of the exam. Please look on the Pharmacy web site for more information.

LIQUOR COMMISSION: All applicants **MUST** choose "Initial Application" to proceed <u>EXCEPT</u> those who are applying for a Special One Day permit, an Alcohol Consultant License, or a Liquor/Wine Representative License.

TEMPORARY LICENSE: Information about Temporary Licenses Select A Temporary or Emergency License as the profession

License Type Selection

Profession: Massage Therapy
License Type: Massage Therapy
Obtained By Method: --Select Obtained By-Application
Reciprocity

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Applying For a License

Documentation to be submitted with this application:

Below is a list of the requirements and documents you will need to attach to this application. If you have any questions while completing this application, please do not hesitate to call our office at 603-271-1205 for assistance.

- 1. A recent photograph of yourself 2 x 2 passport photo.
- 2. Diploma with name and address of massage school you graduated from.
- 3. Official transcripts from your massage school.

Official transcripts must include course titles, length or number of hours for all courses successfully completed, and an embossed school seal or original signature of a school official. If you do not meet the 750 hour requirement, you may be eligible for a TEMPORARY license.

- 4. Documentation of passage of the MBLEx written examination.
- *Documentation of current certification in Adult CPR.
 *American Red Cross, American Heart Association, or National Safety Council.
- *Documentation of current certification in First Aid.
 *American Red Cross, American Heart Association, or National Safety Council.
- For reciprocity applicant's only Written statement from state
 in which Applicant is licensed or registered to practice massage
 therapy verifying Applicant is licensed and in good standing.
 This must come directly from the state Board(s) you are
 licensed in.
- 8. License application fee is \$110.

Menu Demographics LICENSE ADDRESS* EDUCATION LICENSE UPDATE QUESTIONS* SURVEY ATTACH DOCUMENTS FINISH Licensing Home Page Logout

Name and 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 (*).

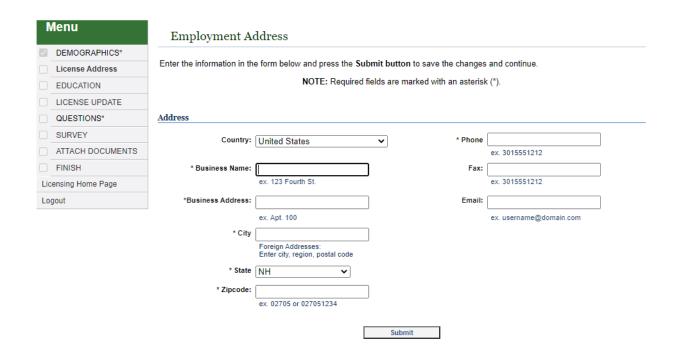
*The OPLC is required by law to ask for your social security number. The number will be held confidential by the OPLC and used only for the enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)

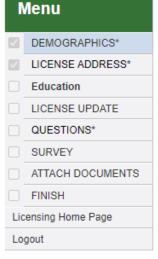
N	am	e

Name Prefix:		*Date of Birth:	01/01/1976	
First Name:	ex. Mr. Mrs. Dr.	*SSN:	MM/DD/YYYY 555121212	
Middle Name:			ex. 123456789	
Last Name: Name Suffix:	Headroom]		
	ex. Sr. Jr. III			

Address

Country:	Hebert Order		Phone:	C025554242
country.	United States	~	r nonc.	6035551212
				ex. 3015551212
	145 West Ter		Fax:	
	ex. 123 Fourth St.			ex. 3015551212
Line 2:			Email:	oplc.it@oplc.nh.gov
	ex. Apt. 100			ex. username@domain.com
City:	Manchester			
	Foreign Addresses: Enter city, region, postal code			
County:				
State:	NH 🔻			
ZipCode:	03104			
	ex. 02705 or 027051234			





Add Education Record

Enter your education	on information in the fields	below. Press the Save	button when finished.
Profession:	Massage Therapy 🗸		
School Type:	Please Select One ✔		
School:			
Date of Graduation:			
Total Hours:			
Degree:	Please Select One	~	
	Save		Cancel

Menu		
V	DEMOGRAPHICS*	
V	LICENSE ADDRESS*	
	Education	
	LICENSE UPDATE	
	QUESTIONS*	
	SURVEY	
	ATTACH DOCUMENTS	
	FINISH	
Licensing Home Page		
Logout		

Education

Add

Your educational records are listed below. Click the **edit link** to update existing records. Press the **add button** to add new education records. If no changes are necessary, press the **complete button** to mark this step complete.

UMass <u>E</u>	<u>Edit</u> <u>De</u>	<u>elete</u>			
Profession: Massage Therapy	School Type:	College/University	Education Type:	Credit Hours:	150
From:	To:	6/1/2021	Major:	Degree:	Bachelors

Menu	Additional Information		
☑ DEMOGRAPHICS*	Enter the information below to update the supplemental information. Press the Submit button to		
	save the changes and continue.		
EDUCATION	Date satisfactorily completed national written examination		
License Update			
QUESTIONS*			
SURVEY	Date satisfactorily completed CPR course:		
ATTACH DOCUMENTS			
FINISH	Date satisfactorily completed First Aid Course:		
Licensing Home Page			
Logout	Submit		

Menu		
V	DEMOGRAPHICS*	
V	LICENSE ADDRESS*	
\checkmark	EDUCATION	
\checkmark	LICENSE UPDATE	
	Questions	
	SURVEY	
	ATTACH DOCUMENTS	
	FINISH	
Licensing Home Page		
Logout		

Application 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.

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 🗸
Are you in good mental and physical health?	Please Choose 🔻
l attest full compliance with RSA 328-B 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.	Please Choose ~

Submit

N	Menu	
V	DEMOGRAPHICS*	
\checkmark	LICENSE ADDRESS*	
$\overline{\mathbf{v}}$	EDUCATION	
$\overline{\mathbf{v}}$	LICENSE UPDATE	
abla	QUESTIONS*	
	Survey	
	ATTACH DOCUMENTS	
	FINISH	
Licensing Home Page		
Lo	gout	

Survey Questions

Complete the following survey

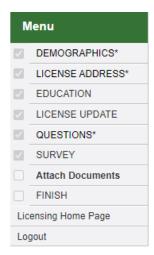
Survey questions

Answer

Question

Pursuant to New Hampshire RSA 332-G:7, each board supported by the

New Hampshire Office of Professional Licensure and Certification (OPLC) shall:	
required to receive the license, certificate, or registration in question.	☐ I am eligible for consideration as defined in statement #1
OR	☐ I am not eligible for consideration as defined
2."Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed	in statement #1 I am eligible for consideration as defined in statement #2 I am not eligible for consideration as defined in statement #2 statement #2



Document Upload

Documentation to be submitted with this application:

Below is a list of the requirements and documents you will need to attach to this application. If you have any questions while completing this application, please do not hesitate to call our office at 603-271-9480 for assistance.

- 1. A recent photograph of yourself 2 x 2 passport photo.
- 2. Diploma with name and address of massage school you graduated from.
- 3. Official transcripts from your massage school.

Official transcripts must include course titles, length or number of hours for all courses successfully completed, and an embossed school seal or original signature of a school official. If you do not meet the 750 hour requirement, you may be eligible for a TEMPORARY license.

- 4. Documentation of passage of the MBLEx written examination.
- 5. *Documentation of current certification in Adult CPR. *American Red Cross, American Hearth Association, or National Safety Council
- *Documentation of current certification in First Aid. *American red Cross, American Heart Association, or National Safety Council.



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, .ipg, .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.

Attachments list

Document Name	Download	View	Delete	Туре		
Test Upload Doc.docx	Test Upload Doc.docx Download View Delete		Delete	Massage Therapy Photograph	~	
Choose File No file chosen			Massage Therapy Adult CPR Certification Massage Therapy Diploma Massage Therapy First Aid Certification Massage Therapy MBLEx Exam Proof			
Make sure to select the document type after uploading.		nt type	Massage Therapy Photograph Massage Therapy Transcripts		ame	

DOCUMENT DECLUDEMENTO.

Menu				
\checkmark	DEMOGRAPHICS*			
abla	LICENSE ADDRESS*			
~	EDUCATION			
abla	LICENSE UPDATE			
\checkmark	QUESTIONS*			
abla	SURVEY			
~	ATTACH DOCUMENTS			
	Finish			
Lic	ensing Home Page			
Lo	gout			

Address Information

Name: Max Headroom

o Licensee Address:

145 West Ter Manchester, NH 03104 oplc.it@oplc.nh.gov 6035551212

• License Address:

Sally's Real Estate Manchester, NH 03104 6035551212

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?	N
Are you in good mental and physical health?	N
I attest full compliance with RSA 328-B 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.	N
Question	Answer
Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:	
 "Upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II (defined above), toward the qualifications required to receive the license, certificate, or registration in question." 	
or	I am eligible for consideration as defined
2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New	consideration as defined in statement #1,1 am not eligible for consideration as defined in statement #1

Attachments

Document Name	Download	View	Туре
Test Upload Doc.docx	Download	View	Massage Therapy Photograph

Education Changes

UMass					
Profession: Massage Therapy	School Type:	College/University	Education Type:	Credit Hours:	150
From:	To:	6/1/2021	Major:	Degree:	Bachelors

You are advised to 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.

Print Pay Fees

Pay License Fees

To pay your license fees click the **PAY FEES** button below. You will be taken to the site where you will enter your credit card information.

Once submitted, you have sent your application and payment to the Agency for processing. A confirmation page will display that will serve as your receipt. Print this receipt page for your records.

To go back to the Licensing Home page click the Home button below.

Application Fees

Fees

License Number	License Type	Description	Fee Amount
		Initial License Fee	\$110.00

Fee Totals

Fee Amount: \$110.00 Total Amount: \$110.00

Important Information

When you click the **Pay Fees** button you are leaving the State of NH licensing site. You are going to the credit card payment page to enter your payment information. Your renewal is not complete until you receive the confirmation of your payment and log out of the system.

Refund Policy

All payments for licenses and certifications paid to OPLC by current licensees (renewal licensing fees) or potential licensees (initial licensing fees) and certificate holders who are either issued a new license or certificate number, or have a license or certification renewed, are non-refundable.

By clicking the Pay Fees button I acknowledge that I have read and understand the refund policy.

Pay Fees Home



New Hampshire Online Licensing

Card Holder Name:		
Credit Card Type:	Mastercard 🕶	
Credit Card Number:		
Expiration Date:	January ▼ 2022 ▼	
CVC Number: What is this?		
Billing Address		
Suite / Apartment		
Country	United States	~
State/Prov	Alabama	
City		
Postal Code		
	Cancel Submit	