

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

Licenses/Permits/Registrations

No license

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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 **EXCEPT** 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:

License Type:

Obtained By Method:

Application

Menu	
<input type="checkbox"/>	DEMOGRAPHICS*
<input type="checkbox"/>	LICENSE ADDRESS*
<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	LICENSE UPDATE
<input type="checkbox"/>	QUESTIONS*
<input type="checkbox"/>	SURVEY
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
Licensing Home Page	
Logout	

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 MBLE written examination.

5. *Documentation of current certification in Adult CPR.

**American Red Cross, American Heart Association, or National Safety Council.*

6. *Documentation of current certification in First Aid.

**American Red Cross, American Heart Association, or National Safety Council.*

7. 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)**

Name

Name Prefix:

ex. Mr. | Mrs. | Dr.

First Name:

Middle Name:

Last Name:

Name Suffix:

ex. Sr. | Jr. | III

*Date of Birth:

MM/DD/YYYY

*SSN:

ex. 123456789

Address

Country:

Phone:

ex. 3015551212

ex. 123 Fourth St.

Fax:

ex. 3015551212

Line 2:

ex. Apt. 100

Email:

ex. username@domain.com

City:

Foreign Addresses:
Enter city, region, postal code

County:

State:

ZipCode:

ex. 02705 or 027051234

Submit

Menu

- ☒ DEMOGRAPHICS*
- ☐ License Address
- ☐ EDUCATION
- ☐ LICENSE UPDATE
- ☐ QUESTIONS*
- ☐ SURVEY
- ☐ ATTACH DOCUMENTS
- ☐ FINISH
- Licensing Home Page
- Logout

Employment 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 (*).

Address

Country:

* Phone:
ex. 3015551212

* Business Name:
ex. 123 Fourth St.

Fax:
ex. 3015551212

* Business Address:
ex. Apt. 100

Email:
ex. username@domain.com

* City:
Foreign Addresses:
Enter city, region, postal code

* State:

* Zipcode:
ex. 02705 or 027051234

Submit

Menu

- ☒ DEMOGRAPHICS*
- ☒ LICENSE ADDRESS*
- ☐ Education
- ☐ LICENSE UPDATE
- ☐ QUESTIONS*
- ☐ SURVEY
- ☐ ATTACH DOCUMENTS
- ☐ FINISH
- Licensing Home Page
- Logout

Add Education Record

Enter your education information in the fields below. Press the **Save button** when finished.

Profession:

School Type:

School:

Date of Graduation:

Total Hours:

Degree:

Save

Cancel

Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input checked="" type="checkbox"/>	LICENSE ADDRESS*
<input type="checkbox"/>	Education
<input type="checkbox"/>	LICENSE UPDATE
<input type="checkbox"/>	QUESTIONS*
<input type="checkbox"/>	SURVEY
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
Licensing Home Page	
Logout	

Education

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

Add

Submit

Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input checked="" type="checkbox"/>	LICENSE ADDRESS*
<input checked="" type="checkbox"/>	EDUCATION
<input type="checkbox"/>	License Update
<input type="checkbox"/>	QUESTIONS*
<input type="checkbox"/>	SURVEY
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
Licensing Home Page	
Logout	

Additional Information

Enter the information below to update the supplemental information. Press the **Submit button** to save the changes and continue.

Date satisfactorily completed national written examination

Date satisfactorily completed CPR course:

Date satisfactorily completed First Aid Course:

Submit

Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input checked="" type="checkbox"/>	LICENSE ADDRESS*
<input checked="" type="checkbox"/>	EDUCATION
<input checked="" type="checkbox"/>	LICENSE UPDATE
<input type="checkbox"/>	Questions
<input type="checkbox"/>	SURVEY
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	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 ▾
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.	Please Choose ▾

Submit

Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input checked="" type="checkbox"/>	LICENSE ADDRESS*
<input checked="" type="checkbox"/>	EDUCATION
<input checked="" type="checkbox"/>	LICENSE UPDATE
<input checked="" type="checkbox"/>	QUESTIONS*
<input type="checkbox"/>	Survey
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
Licensing Home Page	
Logout	

Survey Questions

Complete the following survey

Survey questions

Question	Answer
<p>Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:</p> <p>1. "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."</p> <p>OR</p> <p>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 Hampshire."</p>	<p><input type="checkbox"/> I am eligible for consideration as defined in statement #1</p> <p><input type="checkbox"/> I am not eligible for consideration as defined in statement #1</p> <p><input type="checkbox"/> I am eligible for consideration as defined in statement #2</p> <p><input type="checkbox"/> I am not eligible for consideration as defined in statement #2</p>

Submit

Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input checked="" type="checkbox"/>	LICENSE ADDRESS*
<input checked="" type="checkbox"/>	EDUCATION
<input checked="" type="checkbox"/>	LICENSE UPDATE
<input checked="" type="checkbox"/>	QUESTIONS*
<input checked="" type="checkbox"/>	SURVEY
<input type="checkbox"/>	Attach Documents
<input type="checkbox"/>	FINISH
Licensing Home Page	
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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 Heart Association, or National Safety Council.

6. *Documentation of current certification in First Aid. *American Red Cross, American Heart Association, or National Safety Council.

Attachments list				
Document Name	Download	View	Delete	Type
No Documents				

Choose File No file chosen

Upload Document

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.

Submit

Attachments list				
Document Name	Download	View	Delete	Type
Test Upload Doc.docx	Download	View	Delete	Message Therapy Photograph

Choose File No file chosen

Make sure to select the document type after uploading.

Message Therapy Adult CPR Certification
 Message Therapy Diploma
 Message Therapy First Aid Certification
 Message Therapy MBLEx Exam Proof
Message Therapy Photograph
 Message Therapy Transcripts

ame

DOCUMENT REQUIREMENTS:

Menu	
<input checked="" type="checkbox"/>	DEMOGRAPHICS*
<input checked="" type="checkbox"/>	LICENSE ADDRESS*
<input checked="" type="checkbox"/>	EDUCATION
<input checked="" type="checkbox"/>	LICENSE UPDATE
<input checked="" type="checkbox"/>	QUESTIONS*
<input checked="" type="checkbox"/>	SURVEY
<input checked="" type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	Finish
Licensing Home Page	
Logout	

Address Information

Name: Max Headroom

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: 1. "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 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 Hampshire."	I am eligible for consideration as defined in statement #1. I am not eligible for consideration as defined in statement #1

Attachments

Document Name	Download	View	Type
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](#)