

HEALTH AND DEPUTY HEALTH OFFICER APPOINTMENT FORM



Application Information

Health Officer (HO) _____ New Appointment _____ Renewal
 Deputy Health Officer (DHO) _____ New Appointment _____ Renewal

Please complete the form in its entirety. The information requested is required per New Hampshire State Law [RSA 128](#) and ensures the ability of the New Hampshire Division of Public Health Services (DPHS) to communicate with Health and Deputy Health Officers during local or statewide emergencies.

If the Board of Selectmen (BOS) is serving as Health Officer, please identify one (1) person to serve as the contact with DPHS. Also, please list that person's home mailing address and daytime phone numbers as requested.

Per RSA 128 an appointment term is three years and Deputy Health Officer terms shall run concurrently with their Health Officers term. The law also requires a Health Officer to be a resident of the State of New Hampshire.

<p>Town Information</p> <p>Town: _____</p> <p>Town Manager/Administrator Name: _____</p> <p>Email: _____</p>	<p>Board of Selectmen Information</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>Health Officer Information</p> <p>Name: _____</p> <p>Municipal Mailing Address: _____</p> <p>Home Mailing Address: _____</p> <p>Preferred Mailing Address: Municipal <input type="checkbox"/> Home <input type="checkbox"/></p> <p>Public Phone: _____</p> <p>Daytime Phone: _____</p> <p>Cell Phone: _____ Fax: _____</p> <p>Email: _____</p>	<p>Deputy Health Officer (if applicable)</p> <p>Name: _____</p> <p>Municipal Mailing Address: _____</p> <p>Home Mailing Address: _____</p> <p>Preferred Mailing Address: Municipal <input type="checkbox"/> Home <input type="checkbox"/></p> <p>Public Phone: _____</p> <p>Daytime Phone: _____</p> <p>Cell Phone: _____ Fax: _____</p> <p>Email: _____</p>
<p>Occupation - (circle one) MD PA Nurse/NP Police</p> <p>Fire EMT/Paramedic Welfare Town Adm./Manager</p> <p>Code Enforcement/Building Inspector Board of Selectmen</p> <p>Health Officer/DHO Only Other _____</p> <p>Position Type - (circle one)</p> <p> Full Time Part-time Per Diem Volunteer</p> <p>Education Level - (circle one)</p> <p> High School/GED Associates Bachelors</p> <p> Masters JD Other Doctoral Degree</p>	<p>Occupation - (circle one) MD PA Nurse/NP Police</p> <p>Fire EMT/Paramedic Welfare Town Adm./Manager</p> <p>Code Enforcement/Building Inspector Board of Selectmen</p> <p>Health Officer/DHO Only Other _____</p> <p>Position Type - (circle one)</p> <p> Full Time Part-time Per Diem Volunteer</p> <p>Education Level - (circle one)</p> <p> High School/GED Associates Bachelors</p> <p> Masters JD Other Doctoral Degree</p>

Health Officer's Signature: _____ Date: _____

Deputy Health Officer's Signature: _____ Date: _____

Board of Selectmen Signatures:

RETURN COMPLETED FORM TO:

USPS: Jessica Morton, Health Officer Liaison / Division of Public Health Services
 Bureau of Health Protection / 29 Hazen Drive / Concord, NH 03301-6504

FAX: 271-3991

EMAIL: Jessica.Morton@dhhs.state.nh.us

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For State Office Use Only		
Appointment Date:	Expiration Date:	N/R