



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES**

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4547 1-800-852-3345 Ext. 4547
Fax: 603-271-4506 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

New Hampshire Health Professions Survey Opt-Out Form

Pursuant to He-C 801, licensees who do not wish to complete the Health Professions Survey have the opportunity to opt-out from participation during the license renewal cycle, for that given year, in order to fulfill the survey requirement for license renewal.

Licensees choosing to opt-out of the survey shall complete, sign and return the opt-out form to the State Office of Rural Health and Primary Care, Department of Health and Human Services, via one of the following:

- a. **Email** – The relevant provider mailbox: NHPhysicianSurvey@dhhs.nh.gov; NHPASurvey@dhhs.nh.gov; NHLADCSurvey@dhhs.nh.gov; NHPsychologistSurvey@dhhs.nh.gov; NHAPRNSurvey@dhhs.nh.gov; NHMHPractionerSurvey@dhhs.nh.gov; NHRDHSurvey@dhhs.nh.gov; NHDentistSurvey@dhhs.nh.gov
- b. **Mail** – Rural Health & Primary Care, Division of Public Health Services, 29 Hazen Dr. Concord, NH 03301
- c. **Fax** – 603-271-4506

Please complete all fields below in order to fulfill the requirement.

Please provide the following information:

First Name: _____	Last Name: _____
Date of Birth: ____/____/____	Email: _____
License Number: _____	Provider Type: _____
Licensing Board: _____	Specialty: _____
NPI Number: _____	Are you actively practicing in NH? <input type="checkbox"/> Yes <input type="checkbox"/> No;
	If yes, <u>physical</u> practice site(s):
	Note: list all locations at which you practice 2+ in-person hours/week

Please explain why you wish to opt-out from the Health Professions Survey:

Date: ____/____/____

Please contact the Health Professions Data Center using one of the emails listed above with questions or concerns.

