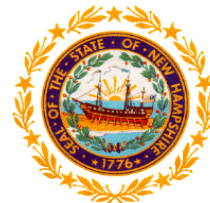


HEALTH OFFICER AND/OR DEPUTY NOMINATION FORM



Application Information

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

Please complete all elements of this form. The information 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 health officer position is temporarily vacant, please identify one (1) person on the Board of Selectmen (BOS) to serve as the contact with DPHS. Please list that person's mobile number and email in case of health emergencies.

Per recent changes to RSA 128:9, all nominated persons must have a criminal background check on file with the town.

As of June 2021, Health Officers and Deputy Health Officers are required to complete a 3-hour training course within the first year of their appointment. Completion of this nomination form provides for a conditional appointment that will be finalized upon proof the health officer's completion of the training course.

Town Information Town: _____ Town Manager/Admin. Name: _____ _____ Email: _____ Phone: _____	Board of Selectmen Information Mailing Address: _____ City/State/Zip: _____ Email: _____ Phone: _____
Health Officer Information Name: _____ Municipal Mailing Address: _____ _____ Office Phone: _____ Cell Phone (required): _____ Email (required): _____ Fax Line: _____ Date of Birth: ____/____/____ Background check (required) completed on (date) _____ Is this background check on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	Deputy Health Officer Information (if applicable) Name: _____ Municipal Mailing Address: _____ _____ Office Phone: _____ Cell Phone (required): _____ Email (required): _____ Fax Line: _____ Date of Birth: ____/____/____ Background check (required) completed on (date) _____ Is this background check on file? Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary Occupation (circle or bold) Fire EMT/Paramedic Town Adm./Manager Code Enforcement/Building Inspector Health Officer/DHO Only Other _____ Town Position Type: (circle one) Full Time Part-time Per Diem Volunteer Signature of Health Officer: _____ Date: _____ Signature of Board of Selectmen (3 minimum): Print Name: _____ Print Name: _____ Print Name: _____	Deputy Occupation - (circle or bold) Fire EMT/Paramedic Town Adm./Manager Code Enforcement/Building Inspector Health Officer/DHO Only Other _____ Town Position Type: (circle one) Full Time Part-time Per Diem Volunteer Signature of Deputy: _____ Date: _____ Signature: _____ Signature: _____ Signature: _____

YOU MAY RETURN FORM VIA Email, Post or Fax:

EMAIL: Healthofficer@dhhs.nh.gov

POSTAL SERVICE: Sophia Johnson, Health Officer Specialist.
 NH DHHS, Bureau of Public Health Protection, 29 Hazen Drive, Concord, NH 03301-6504 **FAX:** 603-271-8705 **Phone:** 603-271-3468

Do not write in this box — For State Office Use Only		
Appointment Date:	Expiration Date:	New/Renew