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; NHMHPractitionerSurvey@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 fulfil the requirement.**

|  |  |
| --- | --- |
| **First Name:**       | **Last Name:**       |
| **Date of Birth (mm/dd/yyyy):**      **License Number:**      **Provider Type:**      Specialty:       | Email:      Licensing Board:      NPI Number:       |

**Are you actively practicing in NH? If providing in-person, clinical services,**

[ ]  **Yes: in-person, clinical services; please list the town(s) in which you practice.**

[ ]  **Yes: telemedicine/telehealth only; Note: list all physical practice site locations at which you**

[ ]  **Stationed in NH** [ ]  **Stationed outside of NH regularly practice 2+ in-person hours/week.**

|  |  |  |
| --- | --- | --- |
| [ ]  **Yes: non-fixed setting only; or**[ ]  **No** | **NH Town** | **Clinical Hours, on Average, per Week** |
|  |                      |                      |

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

**Date: \_\_\_\_\_\_\_\_\_\_\_**