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 (DPH) 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 Selectboard to serve as the contact with DPH. 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: Seabrook

Town Manager/Admin. Name: _____

Email: _____

Phone: _____

Board of Selectmen Information

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Health Officer Information

Name: Lacey Fowler

Municipal Mailing Address: PO Box 456 Seabrook NH 03874

Office Phone: 603-474-3871

Cell Phone (**required**): 603-912-3888

Email (**required**): Lfowler@seabrooknh.org

Fax Line: _____

Date of Birth: __/__/__

Background check (**required**) completed on (date) _____

Is this background check on file? Yes ☐ No ☐

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 ☐ No ☐

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: Lacey Fowler **Date:** 8/21/25

Signature of Selectboard (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: Health Officer Liaison Unit, 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

Last Revision Date: June 2025