

## APPLICATION INSTRUCTIONS FOR NURSE LICENSURE

This application may be used by nurses applying for:

- Licensed practical nurse licensure (LPN).
- Temporary licensure. *Idaho has a mandatory nurse licensure law requiring nurses to be licensed to practice in Idaho at the time of employment. A temporary license may be issued for an interim period of ninety (90) days while the application for renewable licensure is being processed. Instructions for temporary licensure are included on the reverse side.*

The following must be on file with the Board of Nursing to determine your eligibility for licensure in Idaho. (All documents become the property of the Board and may be destroyed, without further notification, if the application is not completed within one year.) Documents requiring notarization may NOT be received by FAX.

*The following items are required for all applications:*

1. **APPLICATION FORM:** Only application forms provided by the Board, completed in ink and notarized will be accepted. Photocopies or Faxed copies of application forms will not be accepted.
  - 1) If all information requested is not supplied, provide an explanation for the omission.
  - 2) Sign the affidavit with your usual signature and have it notarized.
  - 3) Attach a 2 x 2 identification photograph, taken within the last year. Electronically scanned photos are not acceptable; features must be clearly identifiable. Black & white or color photos are acceptable.
2. **FEE.** Enclose the appropriate fee for all categories of licensure for which you are applying (personal checks are accepted):  
Licensed Practical Nurse (LPN)  
Endorsement Fee - \$110.00      Reinstatement Fee - \$125.00      PN Temporary License Fee - additional \$25.00
3. **CENSUS QUESTIONNAIRE:** Complete the enclosed Census Questionnaire and return with your completed application. (If you have not been licensed in Idaho previously, leave the box requesting your license number blank.)
4. **VERIFICATION FORM:** Send the verification of licensure form to the state in which you were licensed by examination (complete the enclosed "Verification of Licensure" form) **OR** if you were ever licensed in one of the states on the enclosed "NOTICE To Nurses Seeking Licensure in Idaho", you will need to complete only the enclosed NURSYS form and submit it to the National Council of State Boards of Nursing for processing (see attached information). Do not request both verifications. The temporary license can be issued prior to the receipt of either of these forms.
5. **EMPLOYMENT REFERENCE:** A satisfactory nursing employment reference from the three-year period immediately preceding the application is required. The employment reference may be faxed to (208) 334-3262 or mailed directly to the Board of Nursing by the employer. References will not be accepted from the applicant. **This form is not required to be on file in order to issue the temporary license. If you have not been employed in nursing within the last three years, do not complete the reference form. You may be required to obtain a conditional temporary license in order to update your nursing knowledge to qualify for Idaho licensure.**
6. **DECLARATION OF STATE OF RESIDENCE.** Complete the enclosed form attesting that your primary state of residence.
7. **AFFIDAVIT:** The affidavit on page 2 of the application must be completed and notarized in order for your application to be valid.
8. **FINGERPRINT CARD.** Complete the required Fingerprint card and submit to the Board for processing. Only cards from the Board office are acceptable - fee for processing - \$42.00.

**PLEASE BE ADVISED:** Licensed professional nurses and advanced practice professional nurses must renew their license(s) by August 31<sup>st</sup> of every odd-numbered year. Licensed practical nurses must renew their license by August 31<sup>st</sup> of every even-numbered year. A nurse who applies for licensure on or after March 1<sup>st</sup> of the year in which the license would ordinarily be renewed, will be issued a license valid until the next renewal period.

Idaho Board of Nursing - 280 North 8<sup>th</sup> Street, Suite 210, Boise, Idaho 83720-0061  
Mailing Address: PO Box 83720 Voice - (208) 334-3110 - TDD Relay - (800) 377-3529

- Over -

IDAHO BOARD OF NURSING - PO BOX 83720 - BOISE, ID 83720-0061

(208) 334-3110

APPLICATION FOR LICENSURE

For Office Use Only

License # \_\_\_\_\_  
 APPN # \_\_\_\_\_  
 Receipt# \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Approval \_\_\_\_\_  
 Temp \_\_\_\_\_  
 Licensure \_\_\_\_\_

Check all categories for which application is being made:

- Licensed Practical Nurse (LPN)
  - Licensure by Endorsement
  - Licensure by Reinstatement
- Licensed Professional Nurse (RN)
  - Licensure by Endorsement
  - Licensure by Reinstatement
- Advanced Practice Professional Nurse
  - Certified Nurse-Midwife
  - Clinical Nurse Specialist
  - Nurse Practitioner
  - Registered Nurse Anesthetist
- Temporary Licensure

AFFIX A 2" X 2"  
 PHOTOGRAPH  
 HEAD AND  
 SHOULDERS  
 ONLY  
 Taken within the Year  
 DO NOT STAPLE

Date of photo \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Maiden

Other names used previously \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone - Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ City State Zip Code  
 S.S. No. \_\_\_\_\_

Email: \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (City & State) (Mo/Day/Year)

**BASIC LPN EDUCATION**

Name of Practical Nursing (LPN) Education Program \_\_\_\_\_

Location \_\_\_\_\_

Month/Year Graduated \_\_\_\_\_ Type of Degree/Credential \_\_\_\_\_

Name of Professional Nursing (RN) Education Program \_\_\_\_\_

Location \_\_\_\_\_

Month/Year Graduated \_\_\_\_\_ Type of Degree/Credential \_\_\_\_\_

**LICENSURE**

1. Have you ever taken the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) in any state of the United States?  Yes  No  RN  PN
2. Have you ever been licensed or made application for licensure as an RN/LPN/APPN in Idaho prior to this date?  Yes  No  
 If previous Idaho licensure, indicate year and name used \_\_\_\_\_
3. State and year of original RN/LPN licensure \_\_\_\_\_ License No. \_\_\_\_\_
4. List all states in which you are or have ever been licensed \_\_\_\_\_

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1417, UNTIL YOU HAVE FILED AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.

**EMPLOYMENT INFORMATION**

**LIST LAST THREE (3) YEARS OF NURSING EMPLOYMENT:** (Additional information may be listed on a separate sheet.)

Name & Complete Address of Employer	Position	Employment	
		From	To

If you have not been employed in nursing within the last three years, or if there are gaps in employment, indicate your last year of nursing employment and explain the reason. (Supervised practice and a content update may be required if you have not engaged in nursing practice during the last three years.) \_\_\_\_\_

**IT IS THE DUTY OF EACH APPLICANT TO MAKE INQUIRY OF THE INDIVIDUAL LICENSING BOARDS REGARDING THE STATUS OF LICENSURE IN THAT STATE BEFORE RESPONDING TO THE QUESTIONS BELOW.** Ignorance of license status or disciplinary information will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses may result in denial of your application or other appropriate action.

**SCREENING QUESTIONS**

**PLEASE ANSWER ALL QUESTIONS** (For all "yes" answers, attach a complete explanation including dates, circumstances and supporting documents if necessary.)

1. Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)? Yes No
2. Is any action pending against your nursing license in any state? Yes No
3. Have you ever had approval to practice in an advanced role denied, limited, suspended, revoked or otherwise disciplined? NA Yes No
4. Have you ever had an application for nursing license denied? Yes No
5. Have you ever been denied admission to take a nursing examination by any state? Yes No
6. Do you have, or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five (5) years, which may impair your ability to practice nursing with reasonable skill and safety? Yes No
7. If yes, do you require special accommodations in order to practice? NA Yes No
8. Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction? Yes No
9. Have you ever pled guilty, entered a plea of nolo contendere, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction? Yes No

**IF YOU HAVE A YES ANSWER SUBMIT A STATEMENT AND/OR COURT. DOCUMENTS**

**THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.**

**AFFIDAVIT**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) s.s.  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, declare that I understand the instructions and terms as set forth in this application form, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this form, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities (except as otherwise noted above) that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

\_\_\_\_\_  
 Signature of Applicant

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ before me \_\_\_\_\_, notary public, personally appeared \_\_\_\_\_ known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

\_\_\_\_\_  
 My Commission expires \_\_\_\_\_

**IDAHO BOARD OF NURSING**

*Professional Nurse (LPN)*  
**2007 - 2009 CENSUS QUESTIONNAIRE**

For Office Use Only

Cert # _____
Rec't # _____ Amt _____
Date Issued _____
<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Endorsement

Please Print

**NAME :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

**CITY & STATE :** \_\_\_\_\_

**Zip Code**

Idaho License No.	Birth Date	Social Security No.	Gender* (Optional)	County Name	
	/ /	- -		Residence:	Employment:
Ethnicity* (Optional)	Caucasian(1) Asian/Pacific Islander(5)	African American/Black(2) Multi-Racial(6)	Hispanic(3) Other(99)	Am. Indian/Alaska Native(4)	

(\*Voluntary disclosure information - response optional)

Please choose only one answer for each question, write the appropriate number in the box to the left.

<b>EMPLOYMENT STATUS</b>	1. Employed in nursing full-time	5. Not Employed/Student	9. Retired
	2. Employed in nursing part-time	6. Not Employed/Not Seeking	
	3. Employed outside nursing	7. Volunteer	
	4. Not Employed/Seeking Employment	8. Emeritus	
<b>PRIMARY EMPLOYER</b>	Employer _____ Address _____		
<b>PRIMARY EMPLOYMENT</b>	1. Hospital	7. Assisted Living	99. Other (specify) _____
	2. Nursing Home	8. Nursing Education	
	3. Home Health/Hospice	9. Insurance Company	
	4. Public Health	10. Jail/Prison	
	5. Occupational Health	11. School Health	
	6. Medical Office/Clinic	12. Outpatient Facility	
<b>TYPE OF POSITION</b>	1. Staff or General Duty	6. Quality Assurance/Outcomes Management	
	2. Case Manager/Discharge Planner	7. Consultant/Researcher	
	3. Administrator/Supervisor	8. Charge/Lead Nurse/ Team Leader	
	4. Educator	99. Other (specify) _____	
	5. Advanced Practice (not RN Specialty)		
<b>MAJOR CLINICAL AREA</b>	1. Geriatric	5. Psychiatric/Mental Health	99. Other (specify) _____
	2. Gynecologic/Obstetric	6. Emergency	
	3. Medical/Surgical	7. Community/Public Health	
	4. Pediatric	8. Rehabilitation/Restorative	
<b>BASIC EDUCATION</b>	1. Diploma	3. Baccalaureate Degree or Higher	
	2. Associate Degree	4. Other (specify) _____	
<b>HIGHEST DEGREE</b>	1. Diploma/RN	6. Masters in Other Field (specify) _____	10. PN Associate Degree
	2. Associate Degree/RN	7. Doctorate in Nursing	99. Other (specify) _____
	3. Baccalaureate Degree/RN	8. Doctorate in Other Field (specify) _____	
	4. Baccalaureate Degree in Other Field (specify) _____	9. PN Certificate/Diploma	
	5. Masters in Nursing		
<b>Year Advanced Degree was Granted</b> _____			
I am currently taking courses toward an additional/advanced degree in nursing?		Yes	No
I intend to leave/retire from the practice of nursing in the next two years?		Yes	No
States other than Idaho in which I am practicing: _____			

Information provided is for statistical purposes only.

Mailing: P.O. Box 83720  
 FAX: (208) 334-3262

### VERIFICATION OF LICENSURE

**APPLICANT:** Complete the requested information and forward to the Board of Nursing in the state in which you were licensed by examination. Board addresses are located on the back of this form. (A fee may be required.)

NAME: (Last, First, Middle, Maiden)	PREVIOUS NAMES:	SOCIAL SECURITY NO:
CURRENT ADDRESS: (Street, City, State, Zip Code)		
ORIGINAL LICENSE NUMBER:	TYPE OF LICENSE ( ) Professional (RN)    ( ) Practical	DATE ISSUED:
NURSING EDUCATION PROGRAM COMPLETED: Name: _____ Location: _____		YEAR OF GRADUATION: _____
I hereby authorize the _____ Board of Nursing to release the information requested below to the Idaho Board of Nursing.		
Date: _____		Signature: _____

### LICENSING AGENCY

This is to certify that the above-named individual was issued:

LICENSE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
 ( ) Licensed Professional Nurse (RN)    ( ) Licensed Practical Nurse

LICENSED BY: ( ) Examination ( ) Endorsement	LICENSURE STATUS: ( ) Current ( ) Lapsed	EXPIRATION DATE: _____					
Has this license ever been encumbered in any way (revoked, suspended, restricted, limited, placed on probation)?..... ( ) YES* ( ) NO							
Under current investigation..... ( ) YES* ( ) NO							
Action Pending..... ( ) YES* ( ) NO							
* If YES, please attach an explanation, documents, etc.							
NURSING EDUCATION PROGRAM: _____							
Location: _____		Year of Graduation: _____					
Approved/Accredited by Board of Nursing at time of graduation: ( ) YES ( ) NO							
Examination Information	Registered Nurse NCLEX	Registered Nurse SBTPE					Practical Nurse NCLEX/ SBTPE
		MEDICAL NURSING	PSYCH NURSING	OB NURSING	SURG NURSING	NURSING OF CHILD	
Standard Scores							
Series/Form							

This form may be FAXED if the Board seal is an inked imprint.

JURISDICTION: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 (BOARD SEAL)

SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

## ADDRESSES OF STATE BOARDS OF NURSING

**ALABAMA**, 770 WASHINGTON AVENUE, RSA PLAZA, STE 250, MONTGOMERY, AL 36130-3900 (334/242-4060)  
**ALASKA**, 550 WEST SEVENTH AVENUE, SUITE 1500, ANCHORAGE, ALASKA 99501-3567 (907/ 269-8161)  
**AMERICAN SAMOA**, LBJ TROPICAL MEDICAL CENTER, PAGO PAGO, AS 96799 (684/633-1222)  
**ARIZONA**, 4747 N. 7TH STREET, SUITE 200, PHOENIX, AZ 85014-3653 (602/889-5150)  
**ARKANSAS**, UNIVERSITY TOWER BLDG, 1123 S. UNIVERSITY, SUITE 800, LITTLE ROCK, AR 72204-1619 (501/686-2700)  
**CALIFORNIA-RN**, 1625 N. MARKET BLVD, STE N-217, SACRAMENTO, CA 95834-1924 (916/322-3350)  
**CALIFORNIA-PN**, 2535 CAPITOL OAKS DRIVE, SUITE 205, SACRAMENTO, CA 95833 (916/263-7800)  
**COLORADO**, 1560 BROADWAY, SUITE 880, DENVER, CO 80202 (303/894-2430)  
**CONNECTICUT**, 410 CAPITOL AVENUE, MS# 13PHO, P.O. BOX 340308, HARTFORD, CT 06134-0328 (860/509-7624)  
**DELAWARE**, 861 SILVER LAKE BLVD, CANNON BUILDING, SUITE 203, DOVER, DE 19904 (302/739-4522)  
**DIST. OF COLUMBIA**, 717 14TH STREET NW, STE 600, WASHINGTON, DC 20005 (202/724-4900)  
**FLORIDA**, 4052 BALD CYPRESS WAY, BIN C02, TALLAHASSEE, FL 32399-3252 (850/245-4125)  
**GEORGIA-PN**, 237 COLISEUM DRIVE, MACON, GA 31217-3858 (478/207-1640)  
**GEORGIA-RN**, 237 COLISEUM DRIVE, MACON, GA 31217-3858 (478/207-1640)  
**GUAM**, P.O. BOX 2816, HAGATNA, GUAM 96932 (671/735-7406)  
**HAWAII**, KING KALAKAUA BUILDING, 335 MERCHANT STREET, 3RD FLOOR, HONOLULU, HI 96813 (808/586-3000)  
**IDAHO**, P.O. BOX 83720, BOISE, ID 83720-0061 (208/334-3110)  
**ILLINOIS**, 320 W. WASHINGTON STREET, 3RD FLOOR, SPRINGFIELD, IL 62786 (217/782-8556)  
**INDIANA**, 402 W. WASHINGTON STREET, ROOM W072, INDIANAPOLIS, IN 46204 (317/234-2043)  
**IOWA**, RIVERPOINT BUSINESS PARK, 400 S.W. 8TH STREET, SUITE B, DES MOINES, IA 50309-4685 (515/281-3255)  
**KANSAS**, LONDON STATE OFFICE BUILDING, 900 S.W. JACKSON, SUITE 1051, TOPEKA, KS 66612 (785/296-4929)  
**KENTUCKY**, 312 WHITTINGTON PARKWAY, SUITE 300, LOUISVILLE, KY 40222 (502/429-3300)  
**LOUISIANA-PN**, 3421 N. CAUSEWAY BOULEVARD, SUITE 505, METAIRIE, LA 70002 (504/838-5791)  
**LOUISIANA-RN**, 5207 ESSEN LANE, SUITE 6, BATON ROUGE, LA 70809 (225/763-3570)  
**MAINE**, 158 STATE HOUSE STATION, AUGUSTA, ME 04333 (207/287-1133)  
**MARYLAND**, 4140 PATTERSON AVENUE, BALTIMORE, MD 21215 (410/585-1900)  
**MASSACHUSETTS**, 239 CAUSEWAY STREET, 2ND FLOOR, BOSTON, MA 02114 (617/973-0800)  
**MICHIGAN**, OTTAWA TOWERS NORTH, 611 W. OTTAWA, 1ST FLOOR, LANSING, MI 48933 (517/335-0918)  
**MINNESOTA**, 2829 UNIVERSITY AVENUE SE, MINNEAPOLIS, MN 55414 (612/617-2270)  
**MISSISSIPPI**, 1935 LAKELAND DRIVE, SUITE B, JACKSON, MS 39216-5014 (601/987-4188)  
**MISSOURI**, 3605 MISSOURI BLVD. P.O. BOX 656, JEFFERSON CITY, MO 65102-0656 (573/751-0681)  
**MONTANA**, 301 SOUTH PARK, PO BOX 200513, HELENA, MT 59620-0513 (406/841-2340)  
**NEBRASKA**, 301 CENTENNIAL MALL SOUTH, LINCOLN, NE 68509-4986 (402/471-4376)  
**NEVADA**, 5011 MEADOWOOD MALL #201, RENO, NV 89502-6547 (775/688-2620)  
**NEW HAMPSHIRE**, 21 SOUTH FRUIT STREET, SUITE 16, CONCORD, NH 03301-2341 (603/271-2323)  
**NEW JERSEY**, P.O. BOX 45010, 124 HALSEY STREET, 6TH FLOOR, NEWARK, NJ 07101 (973/504-6586)  
**NEW MEXICO**, 6301 INDIAN SCHOOL ROAD, NE, SUITE 710, ALBUQUERQUE, NM 87110 (505/841-8340)  
**NEW YORK**, EDUCATION BLDG, 89 WASHINGTON AVE, 2ND FLOOR WEST WING, ALBANY, NY 12234 (518/474-3817)  
**NORTH CAROLINA**, 3724 NATIONAL DRIVE, SUITE 201, RALEIGH, NC 27602 (919/782-3211)  
**NORTH DAKOTA**, 919 SOUTH 7TH STREET, SUITE 504, BISMARCK, ND 58504 (701/328-9777)  
**NORTHERN MARIANA ISLANDS**, PO BOX 501458, SAIPAN, MP 96950 (670/664-4812)  
**OHIO**, 17 SOUTH HIGH STREET, SUITE 400, COLUMBUS, OH 43215-3413 (614/466-3947)  
**OKLAHOMA**, 2915 N. CLASSEN BOULEVARD, SUITE 524, OKLAHOMA CITY, OK 73106 (405/962-1800)  
**OREGON**, 800 NE OREGON STREET, BOX 25, SUITE 465, PORTLAND, OR 97232 (971/673-0685)  
**PENNSYLVANIA**, PO 2649, HARRISBURG, PA 17105-2649 (717/783-7142)  
**PUERTO RICO**, PO BOX 10200, SANTURCE, PR 00908-0200 (787/725-7506)  
**RHODE ISLAND**, 105 CANNON BUILDING, THREE CAPITOL HILL, PROVIDENCE, RI 02908 (401/222-5700)  
**SOUTH CAROLINA**, 110 CENTERVIEW DRIVE, SUITE 202, COLUMBIA, SC 29210 (803/896-4550)  
**SOUTH DAKOTA**, 4305 SOUTH LOUISE AVE., SUITE 201, SIOUX FALLS, SD 57106-3115 (605/362-2760)  
**TENNESSEE**, 425 FIFTH AVE NORTH, 1ST FLOOR - CORDELL HULL BUILDING, NASHVILLE, TN 37247 (615/532-5166)  
**TEXAS**, 333 GUADALUPE, SUITE 3-460, AUSTIN, TX 78701 (512/305-7400)  
**UTAH**, HEBER M. WELLS BLDG., 4TH FLOOR, 160 EAST 300 SOUTH, SALT LAKE CITY, UT 84111 (801/530-6628)  
**VERMONT**, 81 RIVER STREET, HERITAGE BUILDING, MONTPELIER, VT 05609-1106 (802/828-2396)  
**VIRGIN ISLANDS**, VETERANS DRIVE STATION, ST. THOMAS, VI 00803 (340/776-7397)  
**VIRGINIA**, 6603 WEST BROAD STREET, 5TH FLOOR, RICHMOND, VA 23230-1712 (804/662-9909)  
**WASHINGTON**, HPQA #6, 310 ISRAEL RD SE, TUMWATER, WA 98501-7864 (360/236-4700)  
**WEST VIRGINIA-PN**, 101 DEE DRIVE, CHARLESTON, WV 25311 (304/558-3572)  
**WEST VIRGINIA-RN**, 101 DEE DRIVE, CHARLESTON, WV 25311 (304/558-3596)  
**WISCONSIN**, 1400 E. WASHINGTON AVENUE, RM 173, MADISON, WI 53708 (608/266-0145)  
**WYOMING**, 2020 CAREY AVENUE, SUITE 110, CHEYENNE, WY 82002 (307/777-7601)



# NOTICE

## To Nurses Requesting Verification of Licensure

The Idaho Board of Nursing is a participating member of NURSYS, a comprehensive electronic information system, which includes nurse licensing and disciplinary information. Effective June 15, 2000, the Idaho Board of Nursing no longer accepts requests for verification of licensure.

If you have ever been licensed in one of the states listed below, please access the NURSYS website at <https://www.nursys.com> to request a verification. You may pay the fee (\$30) via Master Card or Visa. NURSYS will no longer accept paper forms.

- |                  |                    |                     |                       |
|------------------|--------------------|---------------------|-----------------------|
| Alaska (AK)      | Iowa (IA)          | Nebraska (NE)       | South Dakota          |
| American Samoa   | Kentucky (KY)      | New Hampshire (NH)  | Tennessee             |
| Arizona (AZ)     | Louisiana (LA)     | New Jersey (NJ)     | Texas (TX)            |
| Arkansas (AR)    | Maine (ME)         | New Mexico (NM)     | Utah (UT)             |
| Colorado (CO)    | Maryland (MD)      | New York (NY)       | Vermont (VT)          |
| Delaware (DE)    | Massachusetts (MA) | North Carolina (NC) | Virginia (VA)         |
| Dist of Columbia | Michigan (MI)      | North Dakota (ND)   | Washington (WA)       |
| Florida (FL)     | Minnesota (MN)     | Ohio (OH)           | West Virginia-PN (WV) |
| Guam             | Mississippi (MS)   | Oregon (OR)         | Wisconsin (WI)        |
| Idaho (ID)       | Missouri (MO)      | Rhode Island (RI)   | Wyoming (WY)          |
| Indiana (IN)     | Montana (MT)       | South Carolina (SC) |                       |

Please contact the Board office (208) 334-3110 ext. 2476 if you have any questions regarding the License Verification Form.

# NURSING EMPLOYMENT REFERENCE FORM

## LICENSURE APPLICANT:

1. If you have been employed as a nurse at some time within the last three years, complete the release information at the top of this form and send to a registered nurse/supervisor from your current or most recent place of employment for completion of the bottom section. The form must be returned *directly* to the Board by the nursing employer.
2. If you graduated from a nursing education program *less than one year ago AND you have **not** been employed as a nurse for a minimum of 30 days*, complete the release information at the top of this form and send to a faculty member at your nursing education program for completion of the bottom section. The form must be returned *directly* to the Board office by the faculty.

TO: \_\_\_\_\_  
 PLACE OF EMPLOYMENT (OR NURSING SCHOOL) \_\_\_\_\_ SUPERVISOR (OR FACULTY CHAIR) \_\_\_\_\_

I, \_\_\_\_\_, Social Security # \_\_\_\_\_ have applied to  
 the (Name of Nurse Applicant)

the Idaho Board of Nursing for licensure as an \_\_\_\_\_ nurse. I stated on my licensure application  
 (LPN)

that I was employed/enrolled at your institution as a \_\_\_\_\_ for the following  
 (circle one) (LPN)

period: \_\_\_\_\_ to \_\_\_\_\_. I hereby authorize you to release to the Idaho

Board of Nursing for licensure purposes, the information requested below.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

**ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.**

## NURSING EMPLOYER (OR FACULTY MEMBER):

The above named person has applied for licensure as a nurse in the State of Idaho and has given your name as a reference. Please furnish the information requested below and return the completed form by mail or FAX to:

**IDAHO BOARD OF NURSING, P.O. BOX 83720, BOISE, ID 83720-0061 (FAX: (208) 334-3262)**

*(If returning the form by FAX, please DO NOT follow up with a hard copy. Thank you.)*

1. The applicant was employed/enrolled from \_\_\_\_\_ to \_\_\_\_\_.

- (circle one)
- as a(n):  RN  CNM  NP  
 LPN  CNS  RNA  
 OTHER\* \_\_\_\_\_

*\*If OTHER is checked, please specify job title in the blank and list job duties on the reverse side of this form.*

2. GENERAL HISTORY:

- Met performance requirements   
 Performance NOT satisfactory

*(If NOT satisfactory, please explain on reverse side.)*

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE AND TITLE

EMPLOYER OR SCHOOL: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE and FAX NUMBERS: \_\_\_\_\_  
 \_\_\_\_\_



## NURSING LICENSURE INTERSTATE COMPACT

Dear Applicant for Licensure by Interstate Endorsement or Reinstatement:

On July 1, 2001, Idaho became a member of the Nurse Licensure Compact. Other states include Arizona, Arkansas, Colorado, Delaware, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

Under terms of the Nurse Licensure Compact, nurses may hold a license to practice issued by their state of residence, if that state is a Compact state, and are granted the privilege to practice in other Compact states without holding separate licenses in those other states. If you reside in a Compact state, you may hold a Compact state license only in your declared state of residence; you may not be licensed in any other Compact state. If you reside in a state that is not a member of the Compact and you apply for licensure to practice in any Compact state, you will be issued a license by the individual Compact state that will be designated as valid for practice only in that state.

If you are applying for licensure in Idaho and indicating a mailing address in another Compact state, it is imperative that you inform the Idaho Board as to which scenario best suits your particular situation, to ensure that appropriate procedures are followed in issuing your Idaho license or in directing you to contact the appropriate state(s) to apply for and receive a license.

Please note, if you are in the process of moving to Idaho and declaring Idaho as your state of residence, you must provide the Idaho Board with an Idaho address within 30 days of relocating to this state. Upon notice of address change, licenses held in any other Compact state will become invalid.

More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing web site at <http://www.ncsbn.org>. If you have questions about your application, please contact the Board at (208) 334-3110 ext. 2476.

### DECLARATION OF STATE OF RESIDENCE

Name \_\_\_\_\_

Address: \_\_\_\_\_

Primary state of residence is defined as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Documentation of state of residence includes a valid driver's license with a home address, voter registration card with a home address, and/or the state declared as the state of residency on the last federal tax return.

Based on the definition above, my primary state of residence is \_\_\_\_\_

I am currently practicing nursing (including tele-nursing) in the following states:

Check one:

I am declaring Idaho as my state of residence, even though my mailing address is in another Compact state.

I am declaring Idaho as my state of residence; my mailing address is listed below.

I am practicing in Idaho, but am declaring another Compact state as my state of residence.

I am practicing in Idaho, but am declaring a Non-Compact state \_\_\_\_\_ as my state of residence.

I am a member of the armed forces and am declaring Idaho as my state of residence.

I am in the process of moving to Idaho, but do not yet have an Idaho mailing address.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

**AFFIDAVIT ATTESTING TO VALIDITY OF COPY**

I hereby certify that the attached is a direct photocopy of:

Please  appropriate box (es).

- The certificate which shows proof of current licensure as a licensed professional nurse (LPN)
- The certificate which shows advanced practice professional nurse national certification
- The document which verifies acceptance to take the certification examination
- The diploma from my Advanced Practice Professional Nurse educational program

Total number of documents \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me  
\_\_\_\_\_, a notary public, personally appeared \_\_\_\_\_,  
known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged  
to me that he/she executed the same.

(Notary Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

AFF

**STATEMENT FORM**

NAME \_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ONE OR MORE OF THE SCREENING QUESTIONS ON PAGE TWO OF YOUR APPLICATION, PLEASE COMPLETE THE FOLLOWING:

DATE(S) OF OCCURRENCE(S): \_\_\_\_\_

IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHY YOU ANSWERED "YES" ( i.e. what led to event, the event itself, your level of involvement, your age at the time of the incident):

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WHAT WAS THE FINAL OUTCOME (i.e. court/board action, terms of order/sentence, probation):

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PLEASE EXPLAIN YOUR REASON FOR DISCREPANCY ON YOUR APPLICATION IN WHICH YOU ANSWERED "NO" TO ANY PREVIOUS CRIMINAL OFFENSES

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**ADDITIONAL INFORMATION**

1. Are you currently subject to court/oversight (probation/parole, restitution payments) and/or board oversight (agreement, monitoring, etc):

\_\_\_\_\_

2. Time elapsed since completion of terms above: \_\_\_\_\_

3. Other: \_\_\_\_\_

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

**Check List**  
**APPLICATIONS WILL NOT BE ACCEPTED IF DUPLEXED**

The following items must be submitted when you file your application for LPN licensure:

- Completed, notarized application
- Fee(s)
- Census Questionnaire
- Declaration Form
- Fingerprint Card
- Privacy Statement
- Affidavit attesting to the Validity of Copies - *if applying for a temporary license, this form must be accompanied by a copy of your current licensure certificate or lapsed licensure certificate if you are applying for a conditional temporary license*

Be sure that you have requested your employer to complete the Employment Reference form and that you have requested your Verification of Licensure form be submitted directly to the Board of Nursing.



**❧ It is not necessary to return this form with your application ❧**