

APPLICATION FOR RN LICENSURE BY ENDORSEMENT

Use This Application if:

The applicant has never held an Idaho License and you are NOT declaring another Compact State as your primary state of residence.

Criminal Background checks – All applicants are required to submit to a fingerprint-based criminal background check by the Idaho Central Criminal Database and Federal Bureau of investigation criminal history database. **Fingerprint cards are available from the Board office by calling (208) 334-3110 ext. 2476.**

Total Fees to be submit:	RN/LPN Endorsement Fee -	\$110.00
	Fingerprint Processing Fee -	42.00
	TOTAL FEE:	\$152.00
	Temporary License Fee -	\$25.00
	(If requested)	
	TOTAL FEE:	\$177.00

Please Note: DO NOT DUPLEX APPLICATION

**Check List
Do Not Duplex Application**

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

- Completed, notarized application
- Fee(s)
- Census Questionnaire
- Declaration Form
- Fingerprint Card
- 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. **APPLICATION CANNOT BE DUPLEXED.**



☞ It is not necessary to return this form with your application ☞

APPLICATION INSTRUCTIONS FOR NURSE LICENSURE

This application may be used by nurses applying for:

- Licensed professional nurse licensure (RN).
- 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. **Make sure all numbered pages are returned completed to the Idaho State Board of Nursing.**

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 Professional Nurse (RN):
Endorsement Fee - \$110.00 Reinstatement Fee - \$125.00 RN 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.
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. This is required for a temporary license.
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 31st of every odd-numbered year. Licensed practical nurses must renew their license by August 31st of every even-numbered year. A nurse who applies for licensure on or after March 1st 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 8th Street, Suite 210, Boise, Idaho 83720-0061
Mailing Address: PO Box 83720 Voice - (208) 334-3110 - TDD Relay - (800) 377-3529

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INSTRUCTIONS FOR APPLYING FOR TEMPORARY LICENSURE FOR RN APPLICANTS

Applicants requesting temporary licensure as an RN must submit completed application. With these additional materials:

- 1) Licensure fee, plus the additional temporary licensure fee of \$25.00.
- 2) Evidence that you are currently licensed in good standing in another state. Submit a photocopy of a current licensure certificate (wallet-sized card) accompanied by the enclosed "Affidavit Attesting to Validity of Copies". The licensure certificate must indicate the expiration date. Temporary licenses CANNOT be issued on expired, inactive, non-practicing certificates; temporary licenses from other states; or certificates not issued in your current name unless accompanied by a Change of Name Affidavit (available from this office) or a copy of your marriage license, divorce decree or other legal document indicating name change.

Applicants who have not been employed in nursing within the last three years are required to obtain a conditional temporary license in order to update nursing knowledge and skills. The conditional temporary license may be issued by submitting completed application, with these additional materials:

- 1) Licensure fee, plus the additional temporary licensure fee of \$25.00.
- 2) Evidence of previous licensure or a copy of your lapsed license is acceptable, pending receipt of a verification form from original state of licensure (or NURSISYS). (Please contact the Board office ext. 2476 if you have questions.)

8003

3/2015

The Idaho Board of Nursing does not discriminate or deny services on the basis of age, race, religion, color, national origin, sex and/or disability.



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.

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, 17938 SW UPPER BOONES FERRY RD, PORTLAND, OR 97224-7012 (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)

**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 RN/ 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

- 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
- 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 _____
- State and year of original RN/LPN licensure _____ License No. _____
- 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.

FP REC'D	
RESULTS REC'D	
INITIALS	

The following must be completed and returned with Pages 1 and 2 by Advanced Practice Professional Nurses applying for licensure in the categories of Certified Nurse-Midwife, Clinical Nurse Specialist, Nurse Practitioner or Registered Nurse Anesthetist.

ADVANCED PRACTICE PROFESSIONAL NURSE EDUCATION *

* Official Transcript is required and must be mailed by the granting institution directly to the Board of Nursing.

Please the category for which you are applying for licensure:

Certified Nurse-Midwife: Name of Nurse-Midwifery Program: _____
Location of Program: _____
Dates Attended: _____ Degree/Credential _____

Clinical Nurse Specialist: Name of Graduate Nursing Program: _____
Location of Program: _____
Dates Attended: _____ Degree/Credential _____

Nurse Practitioner: Name of Nurse Practitioner Program: _____
Location of Program: _____
Dates Attended: _____ Degree/Credential _____

Registered Nurse Anesthetist: Name of Nurse Anesthesia Program: _____
Location of Program: _____
Dates Attended: _____ Degree/Credential _____

ADVANCED PRACTICE PROFESSIONAL NURSE CERTIFICATION

APPN Certification:

Name of certifying organization: _____

Date of original certification: _____

If not yet certified, date scheduled for examination _____

A notarized copy of your current certificate, or a document which verifies acceptance to take the examination must be enclosed.

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 (RN)
- 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

AFF
3/15

My Commission Expires

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:
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CURRENT ADDRESS: (Street, City, State, Zip Code)

ORIGINAL LICENSE NUMBER:	TYPE OF LICENSE () Professional (RN) () Practical	DATE ISSUED:
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NURSING EDUCATION PROGRAM COMPLETED: Name: _____ Location: _____	YEAR OF GRADUATION: _____
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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: _____

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 (RN)
that I was employed/enrolled at your institution as a _____ for the following (circle one) (RN)
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 _____
(mark with an X)
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 (explain on reverse side)

If unable to release this information, please initial here _____, sign and return this form

DATE

SIGNATURE AND TITLE

EMPLOYER OR SCHOOL: _____
MAILING ADDRESS: _____
PHONE and FAX NUMBERS: _____



Idaho State Police

Bureau of Criminal Identification

NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Board of Nursing that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do do not want a copy of the Privacy Act Statement.

Printed Name

Signature of Applicant

Date

Idaho Board of Nursing – PO Box 83720 – Boise, ID 83720-0061

IDAHO BOARD OF NURSING

Professional Nurse (RN)

2015-2017 CENSUS QUESTIONNAIRE

For Office Use Only

Cert # _____
 Rec't # _____ Amt _____
 Date Issued _____
 Reinstatement
 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)	Hispanic(3)	Am. Indian/Alaska Native(4) Other(99)	

(*Voluntary disclosure information – response optional)

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

EMPLOYMENT STATUS	1. Employed in nursing full-time 2. Employed in nursing part-time 3. Employed outside nursing 4. Not Employed/Seeking Employment	5. Not Employed/Student 6. Not Employed/Not Seeking 7. Volunteer 8. Emeritus	9. Retired
PRIMARY EMPLOYER	Employer _____ Address _____		
PRIMARY EMPLOYMENT	1. Hospital 2. Nursing Home 3. Home Health/Hospice 4. Public Health 5. Occupational Health 6. Medical Office/Clinic	7. Assisted Living 8. Nursing Education 9. Insurance Company 10. Jail/Prison 11. School Health 12. Outpatient Facility	99. Other (specify) _____
TYPE OF POSITION	1. Staff or General Duty 2. Case Manager/Discharge Planner 3. Administrator/Supervisor 4. Educator 5. Advanced Practice (not RN Specialty)	6. Quality Assurance/Outcomes Management 7. Consultant/Researcher 8. Charge/Lead Nurse/ Team Leader 99. Other (specify) _____	
MAJOR CLINICAL AREA	1. Geriatric 2. Gynecologic/Obstetric 3. Medical/Surgical 4. Pediatric	5. Psychiatric/Mental Health 6. Emergency 7. Community/Public Health 8. Rehabilitation/Restorative	99. Other (specify) _____
BASIC EDUCATION	1. Diploma 2. Associate Degree	3. Baccalaureate Degree or Higher 4. Other (specify) _____	
HIGHEST DEGREE	1. Diploma/RN 2. Associate Degree/RN 3. Baccalaureate Degree/RN 4. Baccalaureate Degree in Other Field (specify) _____ 5. Masters in Nursing	6. Masters in Other Field (specify) _____ 7. Doctorate in Nursing 8. Doctorate in Other Field (specify) _____ 9. PN Certificate/Diploma	10. PN Associate Degree 99. Other (specify) _____
Year Advanced Degree was Granted _____			
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.

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):

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

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

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: _____