

APPLICATION FOR APPN REINSTATEMENT

Use this application if:

The Idaho APPN license is lapsed and the applicant holds a current Idaho professional nurse license or Compact RN license. If the applicant does NOT hold a current Idaho RN or Compact RN license, please complete the RN & APPN Reinstatement application.

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 submitted:	APPN Reinstatement Fee -	\$125.00
	Fingerprint Processing Fee -	\$ 30.00*
	TOTAL FEE:	\$155.00

****PLEASE NOTE:***

Effective October 1, 2012, the Fingerprint Processing Fee will be increased to \$34.00. Applications received on or after October 1, 2012, must include the increased fee. (Total fee to submit - \$159.00)

Effective July 1, 2013, the Fingerprint Processing Fee will be increased to: \$42.00. Applications post-marked on or after July 1, 2013, must include the increased fee. (Total fee to submit - \$167.00)

**APPLICATION INSTRUCTIONS FOR ADVANCED PRACTICE
PROFESSIONAL NURSE (APPN) REINSTATEMENT**

- **NOTE:** The Idaho or Compact RN license must be current. Advanced Practice Professional Nurse (APPN Categories: CNM, CNS, NP, RNA) requesting reinstatement of licensure may use this application.

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 license is being processed. Instructions for temporary licensure are included on the reverse side.

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

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(s) with your usual signature and have it notarized.
3. Attach a 2x2 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.

FEE. Enclose the appropriate fee for all categories of licensure for which you are applying (personal checks are accepted):
Advanced Practice Professional Nurse Reinstatement - \$125.00 Temporary License for APPN – no charge

DECLARATION OF PRIMARY STATE OF RESIDENCE. Complete the enclosed form attesting that your primary residence is Idaho or other non-compact state.

ADVANCED PRACTICE NATIONAL CERTIFICATION. Indicate the name of the certifying organization for your category. List the date of original certification and submit a copy of your current certificate from a national organization. Nurse Practitioners NOT certified by a national organization and approved previously to practice in Idaho prior to July 1, 1998, shall be exempt from submitting evidence of certification. If your certification has lapsed, see instructions under "Temporary License" on reverse side of these instructions.

ATTESTATION. Carefully read the attestation regarding your APPN practice and **initial** that you have read this statement. If you are unable to attest that you have practiced the minimum period of time, you may be issued a temporary license in order to acquire the required number of hours and demonstrate ability to safely practice as an advanced practice professional nurse in Idaho.

APPN CONTINUING EDUCATION. Provide documentation of thirty (30) contact hours of APPN continuing education during the past two (2) year period. Continuing education completed may be that required for renewal of national certification if documentation is submitted confirming the certifying organization's requirement is for at least thirty (30) contact hours.

Advanced practice professional nurses applying for reinstatement of prescriptive authorization must also complete ten (10) contact hours of approved pharmacology-related continuing education in the twenty-four months immediately preceding application for renewal as part of the required thirty (30) hours.

SCREENING QUESTIONS. Carefully read each question and provide the appropriate response. For any questions answered 'yes', attach a written statement of circumstances, including dates, events, outcomes, etc. If you have concerns regarding any of these screening questions, please contact the Board office. Providing false or incomplete information on this application may be grounds for denial of licensure. If you have previously reported this information to the Board, please indicate that the information is on file with the Board.

AFFIDAVIT. The affidavit on page 2 must be completed and notarized in order for your application to be valid.

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 - **\$30.00**. ***Effective October 1, 2012, the fee for processing of fingerprint cards shall be increased to: \$34.00.*** Applications received on or after October 1, 2012, must include the increased fee. You must complete and return the enclosed "NonCriminal Justice Applicant Privacy Statement" to the Board office before your license can be issued. **To obtain and challenge your FBI Identification Record – go to: www.fbi.gov/hq/cjisd/fprequest.htm.**

TEMPORARY LICENSURE FOR ADVANCED PRACTICE PROFESSIONAL NURSE

Advanced practice professional nurse applicants (CNM, CNS, NP, RNA) applying for APPN temporary licensure, must submit the completed application form and the "Affidavit Attesting to Validity of Copy", attached to one of the following documents: (An APPN temporary license will only be issued if the applicant holds a valid RN Idaho or Compact license or an RN temporary has been applied for and issued.)

- 1) If you hold national certification, submit a copy of your current certificate showing the expiration date; or
- 2) If your national certification has lapsed, submit a copy of your lapsed certificate. The Board will consider issuance of a conditional temporary license in order for you to meet specified practice requirements under supervision for re-entry into advanced practice professional nursing.

BE ADVISED: Advanced practice professional nurses must renew their license by August 31st of every odd-numbered year. A nurse who applies for licensure on or after March 1st of the year in which the license would normally be renewed will be issued a current certificate valid until the following renewal period.

**DECLARATION OF PRIMARY STATE OF RESIDENCE
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.

-----Tear off and return-----

DECLARATION OF PRIMARY 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 telenursing) 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 – enclose evidence.
- 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 - enclose evidence.
- 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. * Estimated move date _____

*Notify the Board office of Idaho address as soon as possible.

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

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

Detach Here

Check List

The following items must be submitted when you file your application for APPN Reinstatement:

- Completed, notarized application – pages 1 and 2
- Fee(s) for APPN Reinstatement
- Census Questionnaire
- Declaration Form
- Employment Reference Form
- Continuing Education Form
- Fingerprint Card
- NonCriminal Justice Applicant Privacy Statement
- Affidavit attesting to the Validity of Copies – ***this form must be accompanied by a copy of your current RN Idaho license or licensure certificate in a Compact state (if applying for a temporary license) and your APPN National Certification card.***

Return Completed documents to:

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



The Idaho Legislature recognizes the importance of health care to all Idahoans and has provided for accessibility to provider profile information on specified licensed professionals through the passage of Idaho Code 54-4503. The database, known as IDACARE, will enable the public to make a more informed decision about their health care provider.

The Patient Freedom of Information Act requires that Advanced Practice Professional Nurses (Certified Nurse-Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Registered Nurse Anesthetists) provide information regarding their educational background, work history, disclosure of any final board disciplinary actions, criminal convictions, malpractice history, and other pertinent information as required by law. Information is updated at the time the license is renewed.

Following the granting of licensure by this Board, you will be provided with the web address, login information and password to access the on-line profile form for completion. You may access this website at: <https://idacare.idaho.gov/secure/update/userentry.cfm>

For questions concerning IDACARE, contact the Board office at (208) 334-3110 ext. 2476. You may also access pertinent sections of the Idaho Code by linking from our home page at: www.ibn.idaho.gov or accessing IDACARE at:
<https://idacare.idaho.gov/secure/update/userentry.cfm>