

## APPLICATION INSTRUCTIONS FOR REINSTATEMENT OF NURSE LICENSURE

Our records indicate that your Idaho nursing license has lapsed for more than one year for non-payment of renewal fees. The following documents must be on file with the Board of Nursing to determine your eligibility for reinstatement 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 accepted by FAX. ***If you were not previously licensed in Idaho – STOP – contact this office for appropriate instructions.***

**APPLICATION FORM.** Only reinstatement applications 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 and provide supporting documents if necessary.
- 2) Sign the affidavit with your usual signature and have the notary affix their signature and notary seal.
- 3) Attach a 2x2 identification photograph, taken within the last year. Personal features must be clearly identifiable. Black & white or color photos are acceptable; however, photocopies are not.

**FEE.** Enclose the appropriate reinstatement fee of **\$125.00** (personal checks are accepted). A temporary license is available for an additional \$25.00 fee. To be eligible for a temporary license, you must meet one of the following criteria and complete the proper procedure:

- a. A temporary license may be issued to a person whose Idaho license has lapsed for more than one year, but less than three (3) years.
- b. Applicants currently licensed in another state must submit a notarized copy of the current out-of-state licensure certificate. If your state does not issue a paper certificate, the Board will download verification from that state's website.

*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 or divorce decree or other legal document indicating name change. If your name is now different from the one you were using when your Idaho license was last active, a Change of Name Affidavit or appropriate documentation must be provided. If you have any questions regarding the name on file in our office you may contact us by telephone.*

**CENSUS QUESTIONNAIRE.** Complete the enclosed Census Questionnaire and return with your completed application.

**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 this office (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.** See instructions on form. 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. Please contact this office if you wish to discuss this requirement further.

**FINGERPRINT CARD.** All applicants for licensure are required to submit to a fingerprint-based criminal background check by the Idaho central criminal database and the federal bureau of investigation criminal history database. 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.** Cards can take from 3-4 weeks for processing. To obtain and challenge your FBI Identification Record – go to: [www.fbi.gov/hq/cjisd/fprequest.htm](http://www.fbi.gov/hq/cjisd/fprequest.htm)

**DECLARATION OF STATE OF RESIDENCE.** Complete the enclosed form attesting to your primary state of residence. You may be requested to submit supporting documentation.

**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, and 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 normally be renewed will be issued a current license valid until the following renewal period.

RN Licensure by Reinstatement-2011

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

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

(208) 334-3110

APPLICATION FOR NURSE 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)
Licensed Professional Nurse (RN)
Advanced Practice Professional Nurse
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. \_\_\_\_\_

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

BASIC RN/LPN EDUCATION

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

Location \_\_\_\_\_

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

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

Location \_\_\_\_\_

Month/Day/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?
2. Have you ever been licensed or made application for licensure as an RN/LPN/APPN in Idaho prior to this date?
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

**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.

**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 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.
- I am declaring Idaho as my state of residence; my mailing address is listed below.
- 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. Please provide your mailing address when you have relocated to Idaho.

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

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

IDAHO BOARD OF NURSING  
**Professional Nurse (RN)**  
**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) <input type="checkbox"/> Caucasian(1) <input type="checkbox"/> African American/Black(2) <input type="checkbox"/> Hispanic(3) <input type="checkbox"/> Am. Indian/Alaska Native(4) <input type="checkbox"/> Asian/Pacific Islander(5) <input type="checkbox"/> Multi-Racial(6) <input type="checkbox"/> Other(99)					

(\*Voluntary disclosure information – response optional) Information provided is for statistical purposes only.

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 five years?  Yes  No

States other than Idaho in which I am practicing: \_\_\_\_\_

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	10. PN Associate Degree
	2. Associate Degree/RN	(specify) _____	99. Other (specify)
	3. Baccalaureate Degree/RN	7. Doctorate in Nursing	
	4. Baccalaureate Degree in Other Field (specify) _____	8. Doctorate in Other Field (specify) _____	
	5. Masters in Nursing	9. PN Certificate/Diploma	
<b>Year Advanced Degree was Granted</b> _____			



**AFFIDAVIT ATTESTING TO VALIDITY OF COPY**

I hereby certify that the attached is a direct photocopy of:  
Please  appropriate box (es).

**RN/LPN:**

- The certificate which shows proof of current licensure as a licensed professional nurse (RN) or licensed practical nurse (LPN)

**APPN:**

- 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, \_\_\_\_\_, 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.

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_  
Residing at \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_

## Check List

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

- Completed, notarized application – pages 1 and 2
- 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. Please note... If your state does not issue a paper certificate, the Board will download verification from that state's website.***

*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.*

