

**APPLICATION FOR EMERITUS STATUS LICENSE
NON PRACTICING LICENSURE**

APPLICATION FEE: \$25.00



EMERITUS STATUS LICENSURE

Definition of Emeritus – “One retired from professional life but permitted to hold the rank of his last office as an honorary title”

(Webster's new collegiate dictionary (1997). Springfield MA: G & C Merriam Company).

Idaho Code – 54-1410 – NURSE EMERITUS LICENSE.

- (1) Any licensee in good standing, who desires to retire for any length of time from the practice of nursing in this state, shall submit a request in writing, surrender the current license, and pay the required fee; thereafter the current license shall be placed on inactive status and an emeritus status license issued.
- (2) An emeritus status license shall be renewed biennially following submission of a renewal application and fee.
- (3) Fees are nonrefundable and cannot be prorated.
- (4) An emeritus status license does not entitle the holder to practice nursing in the state of Idaho, except that:
 - (a) A registered nurse with an emeritus status license may use the title "registered nurse," or the abbreviation "RN"; and
 - (b) A practical nurse with an emeritus status license may use the title "licensed practical nurse," or the abbreviation "LPN"; and
 - (c) An advanced practice professional nurse with an emeritus status license may use an appropriate title or designation as set forth in section 54-1402(1),
- (5) The board may reinstate a license with emeritus status to a license with active status upon payment of the required reinstatement fee, submission of a satisfactory reinstatement application and proof of current competency to practice.
- (6) If the emeritus status license is allowed to lapse, the licensee shall not hold himself out by the designation "RN" or "LPN," or by any other title or designation.
- (7) When disciplinary proceedings have been initiated against a licensee with emeritus status, the license shall not be reinstated until the proceedings have been completed.

The Idaho Board of Nursing renews licenses biennially on a staggered system i.e. even-number years for Licensed Practical Nurses (LPN) and odd-number years for Licensed Professional Nurses (RN) and Advanced Practice Professional Nurses in the categories of CNM, CNS, NP, and RNA.

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 license valid until the following renewal period.

**EMERITUS LICENSE APPLICATION INSTRUCTIONS
FOR NURSES CURRENTLY LICENSED IN IDAHO**

If you are not currently licensed in Idaho, please proceed to the next page.

The following documents must be on file with the Board of Nursing to consider your eligibility for emeritus licensure:

1. Completed Application Form (Page 5)
2. Signed Application Form – By signing the application the licensee fully understands that he/she CANNOT PRACTICE NURSING in Idaho while maintaining an emeritus status license.
3. Current License(s) – Please surrender your current Idaho license. If your license has been lost or stolen, please include a personal statement.
4. Fee – Please enclose the initial licensure fee of \$25.

A license must be in good standing to be eligible for emeritus status.

**EMERITUS LICENSE APPLICATION INSTRUCTIONS
FOR NURSES CURRENTLY LICENSED OUTSIDE OF IDAHO**

If you do not hold an active license in any state, please proceed to the next page.

The following documents must be on file with the Board of Nursing to consider your eligibility for emeritus licensure:

1. Completed Application Form (Page 5)
2. Signed Application Form – By signing the application the licensee fully understands that he/she CANNOT PRACTICE NURSING in Idaho while maintaining an emeritus status license.
3. Fee – Please enclose the initial licensure fee of \$25.

A license must be in good standing to be eligible for emeritus status.

EMERITUS LICENSE APPLICATION INSTRUCTIONS FOR NURSES HOLDING LAPSED IDAHO LICENSES

If you have never been licensed in Idaho and hold a lapsed license in another state, please proceed to PAGE 6 (skipping the application)

The following documents must be on file with the Board of Nursing to consider your eligibility for emeritus licensure:

- 1) Completed Application Form (Page 5)
- 2) Signed Application Form – By signing the application the licensee fully understands that he/she CANNOT PRACTICE NURSING in Idaho while maintaining an emeritus status license.
- 3) Fingerprint-based Background Checks – Please contact the Board office to request a fingerprint card at (208) 334-3110.
- 4) Fee – Please enclose the initial licensure fee of \$25, the late renewal fee of \$35, and the background check fee of \$30 for a total of \$90.

An applicant's license must have been in good standing at the time the license expired to be eligible for emeritus status.

OFFICE USE ONLY License Number: _____
Date _____
Approval _____

IDAHO BOARD OF NURSING
P.O. BOX 83720
BOISE, IDAHO 83720-0061

Please check Appropriate Box(es)

- RN
- LPN
- CNM
- CNS
- NP
- RNA

(208) 334-3110

**APPLICATION FOR
EMERITUS LICENSURE**

Name _____

	Last	First	Middle	Maiden
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Address _____

Number (or PO Box)	Street	City	St	Zip
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Birthdate _____ SS Number _____

License No _____ Phone No _____

I declare my primary state of residence to be: _____
Documentation may be required

I hereby certify 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 for Emeritus Licensure in the State of Idaho, that I have personally completed this form and the information given in this application is true, correct and complete. I understand that if the processing of this application is not completed within one (1) year from the date received by the Board, it shall become void. I also understand that falsification of this form is grounds for disciplinary action against my license.

I understand that I CANNOT PRACTICE NURSING in Idaho while maintaining an Emeritus nurse license.

I attest that I am not currently in treatment for chemical addiction; that I have not been convicted of, received a withheld judgment for, or entered a plea of nolo contendere to any felony; nor have I failed to report every action taken or initiated against any professional or occupational license, registration, or other certification held by me, that was not previously disclosed to the Board.

Signature of Applicant

Date

**EMERITUS LICENSE APPLICATION INSTRUCTIONS
FOR NURSES HOLDING LAPSED LICENSES
OUTSIDE OF IDAHO**

The following documents must be on file with the Board of Nursing to consider your eligibility for emeritus licensure:

- 1) Completed Application Form (Page 7)
- 2) Signed Application Form – By signing the application the licensee fully understands that he/she CANNOT PRACTICE NURSING while maintaining an emeritus status license and that the information provided was complete and accurate.
- 3) Verification Form – Send the verification of licensure form to the state in which you were licensed by examination OR if you were ever licensed in one of the states listed as “NURSYS” states on the enclosed form, you will *only* need to complete the NURSYS form online at www.nursys.com.
- 4) Fingerprint-based Background Checks – Please contact the Board office to request a fingerprint card at (208) 334-3110.
- 5) Fee – Please enclose the initial licensure fee of \$110.00 and the background check fee of \$30.00 for a total of \$140.00.

That the applicant’s license must have been in good standing at the time the license expired to be eligible for emeritus status.

OFFICE USE ONLY License Number: _____
Date _____
Approval _____

IDAHO BOARD OF NURSING
P.O. BOX 83720
BOISE, IDAHO 83720-0061

Please check Appropriate Box(es)

(208) 334-3110
**APPLICATION FOR
EMERITUS LICENSURE**
FOR NURSES HOLDING A LAPSED LICENSE
OUTSIDE OF IDAHO

- RN
- LPN
- CNM
- CNS
- NP
- RNA

Name _____
Last First Middle Maiden

Address _____
Number (or PO Box) Street City St Zip

Birthdate _____ SS Number _____

License No _____ Phone No _____

I declare my primary state of residence to be: _____
Documentation may be required

Education Information

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 LPN

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 licensure in Idaho, indicate year and name used _____

State of Original RN/LPN Licensure _____ License No _____

List all states in which you have ever been licensed _____

I hereby certify 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 for Emeritus Licensure in the State of Idaho, that I have personally completed this form and the information given in this application is true, correct and complete. I understand that if the processing of this application is not completed within one (1) year from the date received by the Board, it shall become void. I also understand that falsification of this form is grounds for disciplinary action against my license.

I understand that I CANNOT PRACTICE NURSING in Idaho while maintaining an Emeritus nurse license.

I attest that I am not currently in treatment for chemical addiction; that I have not been convicted of, received a withheld judgment for or entered a plea of nolo contendere to any felony; nor have I failed to report every action taken or initiated against any professional or occupational license, registration, or other certification held by me, that was not previously disclosed to the Board.

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 Public

WITNESS my hand and official seal

My Commission Expires