

**AFFIDAVIT OF GRADUATION**

*This form must be completed and mailed directly to the Board office by the nursing department, **NOT** the applicant.*

**NURSING FACULTY:**

Please complete this form and mail it *directly* to:  
IDAHO BOARD OF NURSING, POST OFFICE BOX 83720, BOISE, IDAHO 83720-0061

I hereby certify that \_\_\_\_\_ successfully completed all requirements of the \_\_\_\_\_ program in \_\_\_\_\_ nursing on \_\_\_\_\_ and was/will be granted a \_\_\_\_\_ degree/certificate on \_\_\_\_\_.

(NAME OF STUDENT/GRADUATE)  
(NAME OF INSTITUTION OR SCHOOL)  
(REGISTERED/PRACTICAL) (COMPLETION DATE) (TYPE)  
(GRADUATION DATE)

\_\_\_\_\_  
(NURSING EDUCATION ADMINISTRATOR OR AUTHORIZED DESIGNEE)

\_\_\_\_\_  
(TITLE)

**NOTARY PUBLIC:**

1. Please notarize the signature of the nursing education administrator above--**not** the signature of the graduate.
2. Please notarize the affidavit **after** completion of **all** graduation requirements from the program.

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

On the following date, \_\_\_\_\_, before me, \_\_\_\_\_ 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.

(MONTH, DATE, YEAR) (NOTARY PUBLIC)  
(NURSING EDUCATION ADMINISTRATOR)

**WITNESS my hand and official seal.**

\_\_\_\_\_  
(NOTARY PUBLIC)

\_\_\_\_\_  
(EXPIRATION DATE OF NOTARY COMMISSION)