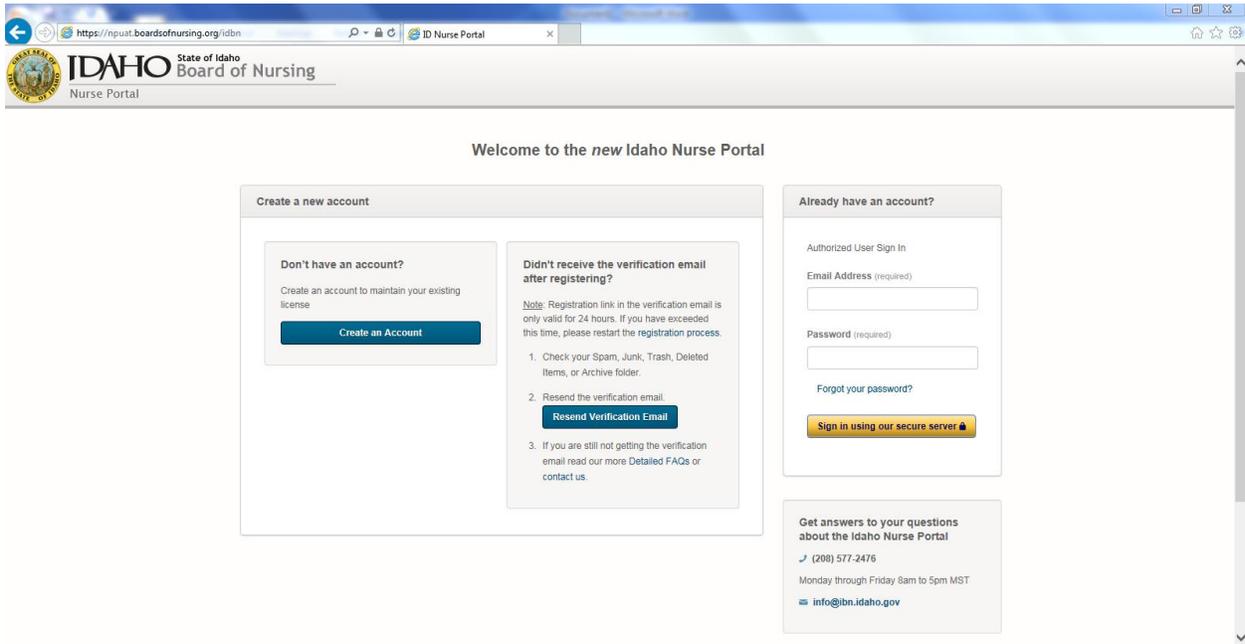




Idaho Board of Nursing
Idaho Nurse Portal
LPN/RN Initial by Exam Instructions

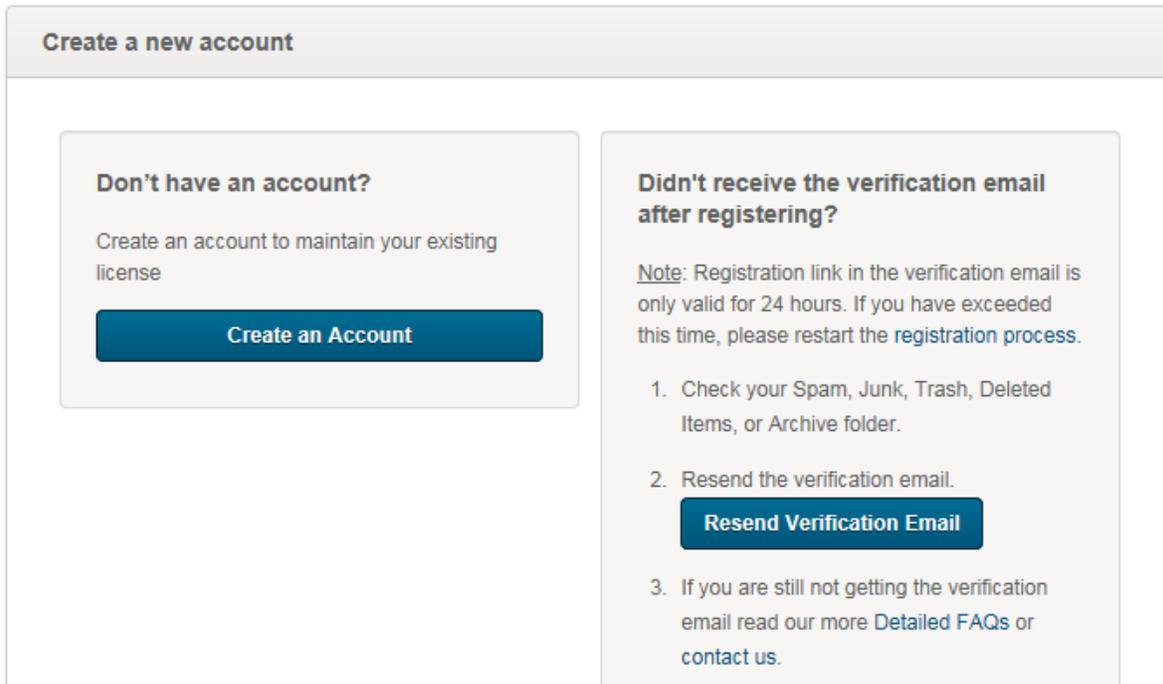
IDAHO NURSE PORTAL



Step 1: Create Account

Requires – Internet Explorer 11 or Chrome Browser and a Unique email

Welcome to the new Idaho Nurse Portal



- Select Create an Account
- Accept Idaho Nurse Portal Terms & Conditions by selecting Continue

Idaho Nurse Portal Terms & Conditions

TERMS AND CONDITIONS FOR USE OF THE IDAHO NURSE PORTAL

Information provided by the Idaho Board of Nursing (hereinafter “Board”) is made available as a public service, without express or implied warranties of any kind and is subject to the following disclaimer:

The Board makes no claims, promises, or guarantees about the absolute accuracy, completeness, or adequacy of the contents of this nurse portal and expressly disclaims liability for errors and omissions in the contents of this nurse portal. The Board may make changes to information at any time to add, update, or correct the information. The Board attempts to maintain the highest accuracy of content on the nurse portal. Any errors or omissions should be reported for investigation.

The information contained on the Board’s nurse portal is presented in good faith and believed to be correct. Individuals accessing this portal will make their own determination of how suitable the information and data is for their usage. In no event will the Board be responsible for damages resulting from the use of or reliance upon this information.

Submission of an application to and licensure by this Board and any other use of this portal implies your consent related to the above-stated information.

We welcome comments on how to improve the site’s accessibility for users with disabilities. If you use assistive technology and the format of any material prevents your ability to access the information, please contact us for assistance. Please note the nature of your accessibility concern, the preferred format in which to receive the online material, the Web page address of the requested material, and the best way to contact you. Please contact us by mail (Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061), phone (208 577-2476), or email (info@ibn.idaho.gov) to make your request.

Continue

Cancel

- Complete the screens as outlined below.
- Requires email address unique to applicant. This should be a primary email address that applicant checks on a regular basis. The create account process sends a verification email to the applicant with a create account link that **remains active for 24 hours**. The applicant must click on the link within the email to continue the application process. If the applicant does not click on the link within 24 hours, the application and create account process will need to be restarted. If you do not receive the create account email, check your spam mail. Note: Resend Verification Email link on the Nurse Portal. The subject of the email is: Please Register your Idaho Nurse Portal Account.

Didn't receive the verification email after registering?

Note: Registration link in the verification email is only valid for 24 hours. If you have exceeded this time, please restart the [registration process](#).

1. Check your Spam, Junk, Trash, Deleted Items, or Archive folder.
2. Resend the verification email.

[Resend Verification Email](#)

3. If you are still not getting the verification email read our more [Detailed FAQs](#) or [contact us](#).

Do you have license with the Idaho Board of Nursing?

Yes No

Note: The new Nurse Portal is *only for new licensees*. If you have a license with the Idaho Board of Nursing, you will not have the ability to look it up at this time. Please continue to check back for updates.

[Continue](#) [Cancel](#)

Create your Idaho Nurse Portal account

Follow the steps below to create an account. You'll be able to use this portal, maintain your licenses, and get additional information. All fields are required unless specified.

Email address (required)

This address will receive notifications and is used for sign in.

Email address (confirm) (required)

Security check (required)



Please enter the text from this image in the space provided

Already have an account?

Sign in to access your account.

[Sign In](#)

Get answers to your questions about the Idaho Nurse Portal

[\(208\) 577-2476](#)

Monday through Friday 8am to 5pm MST

info@ibn.idaho.gov

[Continue](#)

[Cancel](#)



Nurse Portal has sent a confirmation email message to nyoung@music.com.

You must access the registration link within the next 24 hours to successfully complete your registration.

If you do not access the registration link within 24 hours, you will need to restart the registration process.

[Return to home page](#)

1. Check your Spam, Junk, Trash, Deleted Items, or Archive folder.

We'll send the email from no-reply@idaho.boardsnursing.org, so you can quickly search for it. If it isn't in your inbox, check your folders. If a spam filter or email rule moved the email, it might be in the Spam, Junk, Trash, Deleted Items, or Archive folder.

2. Make sure that you're getting email.

If you are not getting any email, you might need to contact your email service provider for help.

3. To resend a verification email

Click the resend button and we'll resend to the email address used when setting up the account.

[Resend Verification Email](#)

Create your Idaho Nurse Portal account

Follow the steps below to create an account. You'll be able to use this portal, maintain your licenses, and get additional information. All fields are required unless specified.

First Name (required)	<input type="text"/>
Last Name (required)	<input type="text"/>
Date of Birth (required)	<input type="text" value="mm/dd/yyyy"/> 
Do you have US Social Security Number?	<input type="radio"/> Yes <input type="radio"/> No
Password (required)	<input type="password"/>
Confirm Password (required)	<input type="password"/>
Cell phone number (optional)	<input type="text" value="() _- _"/>
Security check (required)	 Please enter the text from this image in the space provided <input type="text"/>

Already have an account?

Sign in to access your account.

[Sign In](#)

Get answers to your questions about the Idaho Nurse Portal

[\(208\) 577-2476](#)

Monday through Friday 8am to 5pm MST

info@ibn.idaho.gov

[Create Account](#)

[Cancel](#)

- Create account confirmation

Well done, Niel Young! You have successfully registered your Nurse Portal account with the Idaho Board of Nursing.



Young, Niel
 nyoung@music.com
 (208) 777-9565

[Edit Profile](#)

Your Licenses with Idaho [Apply for License](#)

License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status
No Licenses Found					

License data provided by the Idaho State Board of Nursing



Learn more about available **NCLEX** resources.



Use **Nursys e-Notify** to get notifications about your license. For help, contact **Nursys e-Notify Support**.
 NursysENotify@ncsbn.org
 (866) 819-1700

[Upload Documents](#)



Educational Programs

Get details about **State Educational Programs** to grow your career.



NCSBN Learning Extension

Expand your knowledge with online continuing education at **NCSBN Learning Extension**.

Step 2: Apply for License

Your Licenses with Idaho [Apply for License](#)

License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status
No Licenses Found					

License data provided by the Idaho State Board of Nursing

- Select Apply for License in top right corner
- Select license type

Apply for License

Licenses and Applications with Idaho

- ▼ PN Initial By Exam Application
 - PN Initial By Exam Application
 - LPN
- ▶ PN Repeat Examination Application
- ▶ PN New Graduate Permit Request
- ▶ PN Endorsement Application
- ▶ RN Endorsement Application
- ▶ RN Initial by Exam Application
- ▶ RN New Graduate Permit Request
- ▶ Sample Application

Applications provided by the Idaho State Board of Nursing.

- Complete application fields as directed

Military Status

Military Status :

Please Select

- Military Status selections are: None, Active Duty, Non-Active Duty, Retired

- If Active Duty, Non-Active Duty, or Retired are selected, the following additional information is required:

Military History

Branch of Service (required)
Please Select 

Service Start Date (required)  mm/dd/yyyy

Date of Deployment (required)  mm/dd/yyyy

Next

Cancel

- Select Next to proceed
- Read the full Instructions to Apply for Licensure for valuable information on the application process and supporting documents required. Confirm you have selected the correct license type (included in Instructions title)

Instructions

INSTRUCTIONS TO APPLY FOR A NURSE LICENSE – RN BY EXAM

The following must be submitted to the Idaho Board of Nursing to determine your eligibility to be licensed as a nurse in Idaho.

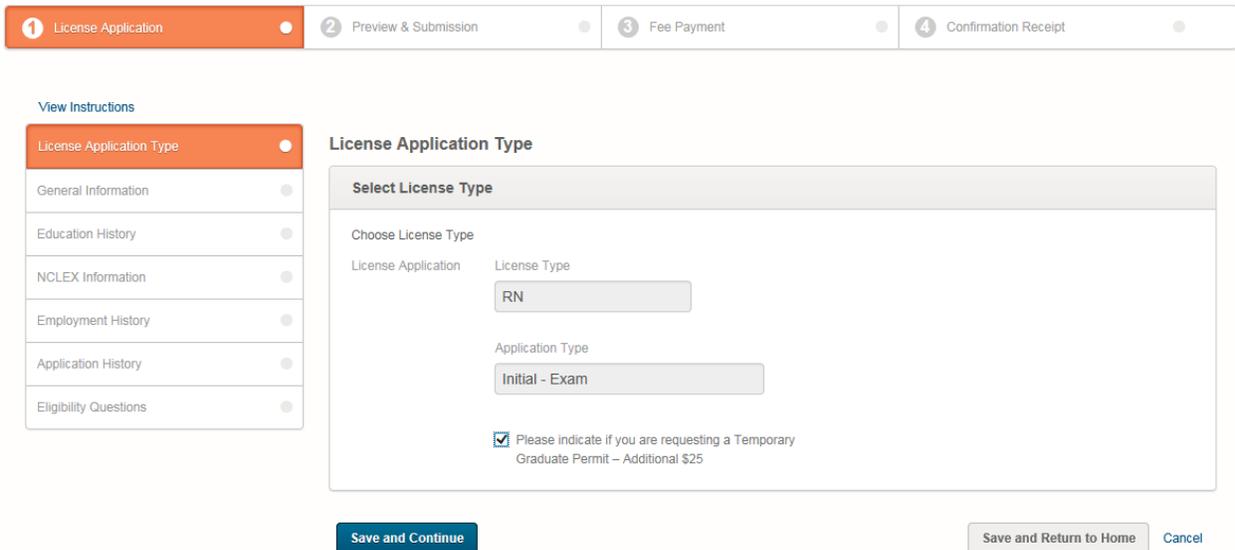
Documents requiring notarization may NOT be received by FAX. Complete and submit the application and all requested materials to the Idaho Board of Nursing to avoid delays in processing. Incomplete or partial applications can't be processed. All documents become the property of the Board and will be destroyed, without further notification, if the application is not completed within one year.

The following is required for all applications:

1. **APPLICATION FOR LICENSURE:** Complete all fields as directed and submit.
2. **FEE:** Submit the appropriate fees.
3. **AFFIDAVIT OF GRADUATION:** The Affidavit of Graduation must be received from the institution where you completed your nursing education program requirements. Official transcripts indicating program completion, received from the institution, will be accepted instead of the Affidavit of Graduation. Click [here](#) to view and download the form.
4. **DECLARATION OF PRIMARY STATE OF RESIDENCE:** Declare your primary state of residence.
5. **IDAHO STATE POLICE PRIVACY STATEMENT:** Read, sign, and return to Idaho Board of Nursing by fax (208) 334-3262, by mail or upload. Click [here](#) to view and download the form.
6. **FINGERPRINT CARD:** Obtain fingerprint card, envelope, and instructions from Idaho Board of Nursing. Request from info@ibn.idaho.gov. Submit to the Idaho Board of Nursing by mail in the envelope provided. Do not fold fingerprint card.
7. **TEMPORARY GRADUATE LICENSE:**
 - A temporary graduate license, which authorizes practice as a graduate practical nurse in Idaho, may be requested for an additional \$25.00 fee. The temporary graduate license may be issued after receipt of the completed license application, affidavit of graduation, and license fees. The temporary graduate license is valid for 90 days and is not renewable.

- Select Next at the bottom of the Instructions

- The following screen allows you to confirm the license type application you are completing. If the license type is not correct, select Cancel and return to the license type screen to change your selection.
- This screen also allows you to indicate if you are requesting a Temporary Graduate Permit at an additional \$25.00. Select the checkbox if you are applying for a Temporary Graduate Permit along with your license application.
- Note the menu bar across the top of the screen and along the left side of the screen. These assist you in knowing the path to your license application and what step in the process you are on.



1 License Application • 2 Preview & Submission • 3 Fee Payment • 4 Confirmation Receipt •

View Instructions

License Application Type •

General Information •

Education History •

NCLEX Information •

Employment History •

Application History •

Eligibility Questions •

License Application Type

Select License Type

Choose License Type

License Application License Type

RN

Application Type

Initial - Exam

Please indicate if you are requesting a Temporary Graduate Permit - Additional \$25

Save and Continue Save and Return to Home Cancel

- The General Information section captures Identifying Information. Some of the requested information is used for workforce data and does not determine your eligibility for licensure. The information used for workforce data is not associated to individuals.
- Note: Your full legal name is required. If you have changed your name since graduating from school, a copy of a legal document (marriage certificate, divorce decree, legal change of name document) is required. The legal document can be uploaded by selecting **Request Name Change**.
- If you have Other Names Used, please select the link and complete the requested information.

New First Name (required)

New Middle Name

New Last Name (required)

Supporting Documents:

[Upload](#)

If you have changed your name since graduating from school, a copy of a legal document (i.e. marriage certificate or divorce decree) is requested. This will help ensure that your education credentials can get matched to this license application.

Other Names Used
[Remove](#)

First Name

Middle Name

Last Name

Nick Name

General Information

General Information

Demographic Information

Note: If you have changed your name since graduating from school, a copy of a legal document is requested.

Full Legal Name
Required

Salutation

Please Select

Suffix

Please Select

First Name (required)

Niel

Middle Name

Last Name (required)

Young

Request Name Change

Marital Status

Please Select

Maiden Name

+ Other Names Used

Identifying
information

What is your Gender? (only for
statistical purposes) (required)

Please Select

What is your Race/Ethnicity? (Please select ALL that apply - only for
statistical purposes) (required)

- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Hispanic/Latino
- Other

- When entering Contact Information, you can enter multiple addresses, i.e. mailing vs PO Box. If you are entering only one primary address, select the checkbox This is my mailing address. This will be the address the Board of Nursing uses to contact you by mail. If you need to enter multiple addresses, deselect the checkbox This is my mailing address.
- You must declare your primary state of residence

Contact Information

This is my mailing address

Country (required)

UNITED STATES ▼

Street Line 1 (required)

Enter a location

Street Line 2

City (required) State (required) Zip Code (required)

Please Select ▼

I am declaring Idaho as my primary state of residence
 I am a Member of the armed forces, Spouse of a Member of the armed forces, or Work in a Federal Facility and I'm declaring Idaho as my state of residence
 I am licensed in Idaho, but I'm declaring _____ as my state of residence

Primary Phone No (required)

Type (required)

Phone Number (required)

Cell ▼

(208) 777-9565

+ Add Other Phone Number

Previous
Save and Continue

Save and Return to Home
Cancel

- Enter Education History – Education Attainment – qualified you for your first US nursing license. LPN or RN Education – additional information on what qualified you for your first US nursing license.

Education History

Educational Attainment

What type of nursing degree/credential qualified you for your first US nursing license? (required)

Please Select ▼

What is your Highest Level of Education? (required)

Please Select ▼

In what country did you receive your entry-level education? (required)

UNITED STATES ▼

- The goal is to provide all education information attained. If you have additional Nursing Education, you can add that information by selecting the +Add Nursing Education to open additional education fields.

RN Education Remove

Country (required)

UNITED STATES ▼

State (required)

Please Select ▼

Program Name (required)

Please Select ▼

Education obtained Degree Obtained (required)

Please Select ▼

Dates Attended Year of Graduation (required)

Please Select ▼

Indicate if Currently Enrolled in a Nursing Program (required)

+Add Nursing Education

Previous
Save and Continue

Save and Return to Home
Cancel

- Enter NCLEX Information

NCLEX Information

NCLEX Information

Have you ever taken the NCLEX®? (required)

Yes No

Testing accommodation for upcoming NCLEX® exam

Do you require testing accommodations? (required)

Yes No

Do you give permission for your diagnostic profile on the NCLEX-PN be released to the school you graduated from? (required)

Yes No

Previous

Save and Continue

Save and Return to Home

Cancel

NCLEX Information

NCLEX Information

Have you ever taken the NCLEX®? (required)

Yes No

NCLEX Exam		Remove
Exam History	Please indicate the exam type (required)	
	<input type="text" value="Please Select"/>	
	Please provide the date (required)	
	<input type="text" value="mm/dd/yyyy"/>	
	In what state/territory did you register for the NCLEX® (required)	
	<input type="text" value="Please Select"/>	

[+ Add another NCLEX Exam](#)

Testing accommodation for upcoming NCLEX® exam

Do you require testing accommodations? (required)

Yes No

Do you give permission for your diagnostic profile on the NCLEX-PN be released to the school you graduated from? (required)

Yes No

Previous

Save and Continue

Save and Return to Home

Cancel

- Enter Employment History

Employment History

Employment Status

Current Employment Status what is your current Employment status? (Mark all that apply) (required)

- Actively employed in nursing Full-time
- Actively employed in nursing Part-time
- Actively employed in nursing Per diem
- Actively employed in a field other than nursing Full-time
- Actively employed in a field other than nursing Part-time
- Actively employed in a field other than nursing Per diem
- Working in nursing only as a Volunteer
- Unemployed, seeking work as a nurse
- Unemployed, not seeking work as a nurse
- Retired

Primary Position: The position at which you work the most hours during your regular work year.
Secondary Position: The position at which you work the second greatest number of hours during your regular work year.
Per Diem: An arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.
Employed in Nursing: A position that requires an active nursing license.
Volunteer: A nursing position that is performed willing and without pay.

[Previous](#) [Save and Continue](#) [Save and Return to Home](#) [Cancel](#)

- Complete Application History

Application History

Have you previously applied for a license with another board? Yes No

[Previous](#) [Save and Continue](#) [Save and Return to Home](#) [Cancel](#)

- Complete Eligibility Questions – all eligibility questions are required.

Eligibility Questions

Eligibility Questions	
1. Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province? (required)	Please Select <input type="button" value="v"/>
2. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province? (required)	Please Select <input type="button" value="v"/>
3. Have you, in the last 5 years, been diagnosed with a substance use disorder or participated in a chemical dependency and/or alcohol or drug treatment? (required)	Please Select <input type="button" value="v"/>
4. Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs) (required)	Please Select <input type="button" value="v"/>
Note - This question applies to individuals enrolled in a program or a participant, <i>this does not apply to worksite monitors or support group leaders.</i>	
5. If you are currently a participant in an alternative to discipline, diversion, or peer assistance program, please indicate: (required)	Please Select <input type="button" value="v"/>
Note - This question refers to any new information <i>not previously disclosed on a previous application.</i>	
6. Are you currently the target or subject of a grand jury or governmental agency investigation?	Please Select <input type="button" value="v"/>

7. For any criminal offense* not previously reported to the board, including those pending appeal, have you: (You may only exclude minor traffic violations, but must report all DUI charges/convictions) (required)

- been convicted of a misdemeanor?
- been convicted of a felony?
- pled nolo contendere, no contest, or guilty?
- received deferred adjudication?
- been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?
- been sentenced to serve jail or prison time? court-ordered confinement?
- been granted pre-trial diversion?
- been arrested or have any pending criminal charges?
- been cited or charged with any violation of the law?
- been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- No, none of the above apply

NOTE: This question refers to any new information *not previously disclosed on a previous application*.

***Criminal offense that resulted in a conviction**

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. NOTE: Orders of Non-Disclosure: If you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. If the Board of Nursing discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board of Nursing may require you to provide information about any conduct that raises issue of character.

8. Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held? (required)

Please Select 

Note - This question refers to any new information *not previously disclosed on a previous application*.

Previous

Save and Continue

Save and Return to Home

Cancel

- **Preview & Submission** – Preview all information entered. If you need to edit any information, you can do so by selecting the Edit button next to the item in the application. Ensure all information is correct.

1 License Application	2 Preview & Submission	3 Fee Payment	4 Confirmation Receipt
-----------------------	-----------------------------------	---------------	------------------------

Preview & Submit License Application

Preview

License Application Type [Edit]

License Type:	RN
Application Type:	Initial - Exam
Please indicate if you are requesting a Temporary Graduate Permit – Additional \$25:	Yes

General Information [Edit]

Demographic Information

Full Legal Name Required:	Mr. Niel Young
Marital Status:	
Maiden Name:	
Suffix:	

Identifying information

What is your Gender? (only for statistical purposes):	Male
What is your Race/Ethnicity? (Please select ALL that apply - only for statistical purposes):	White/Caucasian
Languages proficient in, other than English:	
Country of Birth:	UNITED STATES

Personal Information

Contact Information

(Also Mailing Address)	208 North 8th Street Boise ID 83702 UNITED STATES
------------------------	---

Declaration of Primary State of Residence

I am declaring Idaho as my primary state of residence

Phone Number(s)

Cell:	(208) 777-9565 (Primary Phone)
-------	--------------------------------

- **Attestation** – you must select the checkbox next to the attestation on the Preview & Submission step.

I, being duly sworn, declare that I understand the instructions and terms as set forth in this application, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this application, 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.

- Once you have reviewed the Preview & Submission of your application and selected the attestation checkbox, you are ready to Make Payment. Review the Application Fee (fees are calculated based on license application type by the system), select Make Payment

Application Fee		
Application Type:	RN Initial by Exam Application	
Application Fee Amount:	Temporary Permit for New Graduate	\$25.00
	RN Initial Examination Fee	\$90.00
	Fingerprint Fee	\$42.00
	Total:	\$157.00

[Make Payment](#)

[Save and Return to Home](#)

- Complete the secure payment processing information

1 Payment Type 2 Customer Info 3 Payment Info 4 Submit

Payment

Payment Type ✓

Credit Card

Customer Information

Country Complete all required fields [*]

United States

First Name *

Niel

Last Name *

Young

Address *

208 North 8th Street

Address 2

Transaction Summary

Temporary Permit for New Graduate	\$25.00
RN Initial Examination Fee	\$90.00
Fingerprint Fee	\$42.00

Idaho.gov price \$157.00

Need Help?

Contact Access Idaho at (208) 332-0102
or toll free at 1-877-443-3468.

- Enter Credit Card information – select Next
- Confirm Credit Card information – select Submit Payment

Payment Type ✓	
Credit Card	
Customer Information ✓	
<input type="button" value="Edit"/>	
Address Niel Young 208 North 8th Street Boise, ID 83702	Phone 208-777-9565
Country United States	Email Address nyoung@music.com
Payment Info ✓	
<input type="button" value="Edit"/>	
Credit Card Visa ****1111 Exp. 09/2018	Name on Credit Card Niel Young
<input type="button" value="Cancel"/>	<input type="button" value="Submit Payment"/>

Transaction Summary	
Temporary Permit for New Graduate	\$25.00
RN Initial Examination Fee	\$90.00
Fingerprint Fee	\$42.00
Idaho.gov price	\$157.00

Need Help?

Contact Access Idaho at (208) 332-0102 or toll free at 1-877-443-3468.

Please wait while we process your payment ...

DO NOT click the back button, close or refresh the browser window



- Do not hit back button or close your web browser. You will be returned to your application and receive the following confirmation once your payment is successfully processed. Note: The confirmation Receipt can be printed from this screen. Select Printer Friendly Version to print.

1 License Application ✓ 2 Preview & Submission ✓ 3 Fee Payment ✓ 4 Confirmation Receipt

Printer Friendly Version

RN - Initial - Exam Application Confirmation Receipt

✓ Congratulations, you have successfully submitted your RN - Initial - Exam application. Please note your payment confirmation code 16049058.

Application Fee Amount:	RN Exam	\$90.00
	RN Limited Temp License	\$25.00
	Fingerprint Fee	\$42.00
	Total:	\$157.00

Payment Date & Time: 2/19/2016 10:40:01 AM MS

Return to the Nurse Portal Dashboard

- From the above screen you can Return to the Nurse Portal Dashboard or Sign Out.

The screenshot shows the top navigation bar with the Idaho Board of Nursing logo and the text "Nurse Portal". On the right, the user name "Young, Niel" is displayed next to a "Help" icon. Below the navigation bar is a progress indicator with four steps: "1 License Application", "2 Preview & Submission", "3 Fee Payment", and "4 Confirmation Receipt". The "4 Confirmation Receipt" step is highlighted in orange. A dropdown menu is open next to the user name, containing the options "Change Password", "Change Email Address", and "Sign Out".

- Recommend Return to the Nurse Portal Dashboard and confirm application was submitted successfully by checking Status is "Processing". The payment receipt can also be printed from the dashboard by clicking on the confirmation number link.

Your License Applications in Process						
License Number	License Type	Compact Status	Application Type	Status	Submission Date	Confirmation
	RN		Initial - Exam	Processing	Feb 19, 2016	16049058

- Applications can take up to 10 weeks to issue. Temporary licenses with a complete application packet (online submission plus supporting forms) can take up to 30 days.
- Contact the Board office at: info@ibn.idaho.gov with any questions.