
APPLICATION FOR RN LICENSURE BY REINSTATEMENT

Use this application if:

**The applicant holds an expired Idaho license.
(and you do NOT live in a Compact State)**

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:	RN Reinstatement Fee -	\$125.00
	Fingerprint Processing Fee -	\$ 30.00
	TOTAL FEE:	\$155.00
	Temporary License Fee -	\$ 25.00
	(if requested)	
	TOTAL FEE:	\$180.00

PLEASE NOTE:

Effective October 1, 2012, the Fingerprint Processing Fee will be increased to \$34.00. Applications post-marked on or after October 1, 2012, must include the increased fee. (Total fee to submit - \$159.00 OR \$184.00 with a temporary license)

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 OR \$192.00 with a temporary license)

INSTRUCTIONS FOR REINSTATEMENT OF 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.
- 2) Sign the affidavit 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 reinstatement fee of **\$125.00** (personal checks are accepted). A temporary license is available for an additional \$25.00 fee. To be eligible, 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

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. Effective October 1, 2012, the fee for processing of fingerprint cards shall be increased to: \$34.00.** Applications post-marked on or after October 1, 2012, must include the increased fee. **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. Cards can take from 3-4 weeks for processing.

PRIVACY STATEMENT: 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.**

BE ADVISED: Licensed professional nurses and advanced practice professional nurses must renew their license(s) by August 31st of every odd-numbered year, and licensed practical nurses must renew their license by August 31st of every even-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 license valid until the following renewal period.

APPLICATION FOR NURSE LICENSURE

For Office Use Only

License # _____
 Compact Valid only in Idaho

APPN # _____

Receipt # _____

Amount _____

Approval _____

Temp _____

Licensure _____

Check **all** categories for which application is being made:

- Licensed Practical Nurse (LPN)**
 - Licensure by Endorsement
 - Licensure by Reinstatement
- Licensed Professional Nurse (RN)**
 - Licensure by Endorsement
 - Licensure by Reinstatement
- Advanced Practice Professional Nurse**
 - Certified Nurse-Midwife
 - Clinical Nurse Specialist
 - Nurse Practitioner
 - Registered Nurse Anesthetist
- 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: () _____ S.S. No. _____
City State Zip Code

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

BASIC RN/LPN EDUCATION

Name of Practical Nursing (LPN) Education Program _____

Location _____
(City & State)

Dates Attended _____ to _____ Type of Degree/Credential Granted _____
Mo/Yr Mo/Yr ADN/ASN/CERT/DIPLOMA

Name of Professional Nursing (RN) Education Program _____

Location _____
(City & State)

Dates Attended _____ to _____ Type of Degree/Credential Granted _____
Mo/Yr Mo/Yr ADN/ASN/BSN/MSN

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? Yes No RN PN
2. 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 Idaho licensure, indicate year and name used _____
3. State and year of original RN/LPN licensure _____ License No. _____
4. List all states in which you are or have ever been licensed _____

F.P. CARD REC'D _____
F.P. RESULTS REC'D _____
INITIALED _____

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.

State of _____)
 _____) s.s.
 County of _____)

AFFIDAVIT

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 _____, 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.

WITNESS my hand and official seal.

 Notary Public Signature
 My Commission expires _____

**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 – 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: _____



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Board of Nursing that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do do not want a copy of the Privacy Act Statement.

Printed Name

Signature of Applicant

Date

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)

Please choose only one answer for each question, write the appropriate number in the box to the left.

EMPLOYMENT STATUS	1. Employed in nursing full-time 2. Employed in nursing part-time 3. Employed outside nursing 4. Not Employed/Seeking Employment	5. Not Employed/Student 6. Not Employed/Not Seeking 7. Volunteer 8. Emeritus	9. Retired
PRIMARY EMPLOYER	Employer _____ Address _____		
PRIMARY EMPLOYMENT	1. Hospital 2. Nursing Home 3. Home Health/Hospice 4. Public Health 5. Occupational Health 6. Medical Office/Clinic	7. Assisted Living 8. Nursing Education 9. Insurance Company 10. Jail/Prison 11. School Health 12. Outpatient Facility	99. Other (specify) _____
TYPE OF POSITION	1. Staff or General Duty 2. Case Manager/Discharge Planner 3. Administrator/Supervisor 4. Educator 5. Advanced Practice (not RN Specialty)	6. Quality Assurance/Outcomes Management 7. Consultant/Researcher 8. Charge/Lead Nurse/ Team Leader 99. Other (specify) _____	
MAJOR CLINICAL AREA	1. Geriatric 2. Gynecologic/Obstetric 3. Medical/Surgical 4. Pediatric	5. Psychiatric/Mental Health 6. Emergency 7. Community/Public Health 8. Rehabilitation/Restorative	99. Other (specify) _____
BASIC EDUCATION	1. Diploma 2. Associate Degree	3. Baccalaureate Degree or Higher 4. Other (specify) _____	
HIGHEST DEGREE	1. Diploma/RN 2. Associate Degree/RN 3. Baccalaureate Degree/RN 4. Baccalaureate Degree in Other Field (specify) _____ 5. Masters in Nursing	6. Masters in Other Field (specify) _____ 7. Doctorate in Nursing 8. Doctorate in Other Field (specify) _____ 9. PN Certificate/Diploma	10. PN Associate Degree 99. Other (specify)
Year Advanced Degree was Granted _____			
I am currently taking courses toward an additional/advanced degree in nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I intend to leave/retire from the practice of nursing in the next five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
States other than Idaho in which I am practicing: _____			

Information provided is for statistical purposes only.

NURSING EMPLOYMENT REFERENCE FORM

LICENSURE APPLICANT:

1. If you have been employed as a nurse at some time within the last three years for a minimum of 80 hours, complete the release information at the top of this form and send to a registered nurse/supervisor from your current or most recent place of employment for completion of the bottom section. The form must be returned **directly** to the Board by the nursing employer.
2. If you graduated from a nursing education program *less than one year ago* **AND** you have **not** been employed as a nurse for a *minimum of 80 hours*, complete the release information at the top of this form and send to a faculty member at your nursing education program for completion of the bottom section. The form must be returned **directly** to the Board office by the faculty.

TO: _____
PLACE OF EMPLOYMENT (OR NURSING SCHOOL) SUPERVISOR (OR FACULTY CHAIR)

I, _____, Social Security # _____ have applied to the
(Name of Nurse Applicant)

the Idaho Board of Nursing for licensure as an _____ nurse. I stated on my licensure application
(RN/LPN/APPN)

that I was **employed/enrolled** at your institution as a _____ for the following
(circle one) (RN, LPN, RNA, NP, CNM, CNS, other)

period: _____ to _____. I hereby authorize you to release to the Idaho
Board of Nursing for licensure purposes, the information requested below.

DATE SIGNATURE OF APPLICANT

ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.

NURSING EMPLOYER (OR FACULTY MEMBER):

The above named person has applied for licensure as a nurse in the State of Idaho and has given your name as a reference. Please furnish the information requested below and return the completed form by mail or FAX to:

IDAHO BOARD OF NURSING, P.O. BOX 83720, BOISE, ID 83720-0061 - FAX: (208) 334-3262
(If returning this form by FAX, please do not follow up with a hard copy.)

1. The applicant was **employed/enrolled** from _____ to _____.
(circle one)

as a(n): RN CNM NP
 LPN CNS RNA
 OTHER* _____

****If OTHER is checked, please specify job title in the blank and list job duties on the reverse side of this form.***

2. GENERAL HISTORY: ** Met performance requirements
Performance **NOT** satisfactory *(If NOT satisfactory, please explain on reverse side.)*

**** If unable to release this information, please initial here _____, sign and return this form.**

DATE SIGNATURE AND TITLE

EMPLOYER OR SCHOOL: _____
MAILING ADDRESS: _____

PHONE and FAX NUMBERS: _____

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
_____, 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

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
- Privacy Statement
- 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*

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.



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

- Completed, notarized application – pages 1, 2 **and** 3.
- Fee – for Advanced Practice Professional Nurse licensure
- Fee – for Professional Nurse (RN) licensure if **NOT** currently licensed to practice in Idaho as an RN and NOT residing in a Compact State
- Declaration Form
- Fingerprint Card – if NOT also applying for RN licensure
- Affidavit attesting to the Validity of Copies – attach a copy of your APPN Certification card

Be sure that you have requested that an OFFICIAL TRANSCRIPT of your advanced practice professional nursing program be submitted directly to the Board office.

☞ It is not necessary to return this form with your application ☞

