

**APPLICATION FOR IDAHO REGISTERED NURSE (RN) LICENSURE
BY EXAMINATION**

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 Licensure by Examination Fee-	\$90.00
Fingerprint Processing Fee –	\$42.00
TOTAL	\$132.00
Temporary License Fee- (IF REQUESTED)	\$25.00
TOTAL	\$157.00

**INSTRUCTIONS FOR IDAHO PROFESSIONAL NURSE LICENSURE (RN) APPLICATION
AND NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX-RN) REGISTRATION**

In order to qualify for the National Council Licensure Examination (NCLEX) and licensure as a nurse in the state of Idaho, the following items must be on file with the **IDAHO BOARD OF NURSING**:

1. **APPLICATION FOR LICENSURE FORM** - must be completed in ink and notarized by a notary public. (*Applications may not be photocopied and will NOT be accepted by FAX.*) If all information requested is not supplied, provide an explanation for the omission. (All documents become the property of the Board and may be destroyed, without further notification, if the application is not completed within one year.)
2. **PHOTOGRAPH** - must be taken within the last year and show head and shoulders only. Please attach your photograph to the application with tape or enclose it in the Board of Nursing envelope with the application form. (Approximate size: 2" x 2" or 2" x 3".) The picture may be passport or digital/polaroid type. (*Please indicate on the application form the date the photograph was taken.*)
3. **LICENSURE FEE OF \$90.00** - submit the licensure fee, in the form of a personal check or money order made payable to IDAHO BOARD OF NURSING, with the application form. (All fees are *nonrefundable*.)
4. **CENSUS QUESTIONNAIRE FORM** - complete in ink and return with your application form.
5. **AFFIDAVIT OF GRADUATION** - the affidavit of graduation must be completed by your nursing program director/administrator, notarized, and returned *directly* to the Board of Nursing from the nursing education program *after* all requirements of the education program have been successfully completed.
6. **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 - \$42.00 (Total fee to submit - \$132.00)*. Cards can take from 3-4 weeks for processing. You must complete and return the enclosed "Non-Criminal 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

TEMPORARY LICENSURE (optional):

1. A temporary license, which allows you to be employed as a graduate nurse in Idaho, is available for an *additional* \$25.00 fee (for a *total* licensure fee of \$157.00). The temporary license may be issued after the completed licensure application, affidavit of graduation, and licensure fees are received. The temporary license is valid for 90 days, which will allow sufficient time to take the NCLEX and receive the results.
2. A Board of Nursing Rule requires that new graduates functioning on a temporary license work under the direct supervision of a registered nurse and not assume charge responsibilities. A graduate nurse working on a temporary license must use the title "Graduate Nurse", abbreviated G. N.
Rule IDAPA 23.01.01.040.04.a. states that "an applicant who fails to pass the licensing examination [the first time] shall not be eligible for further temporary licensure". **The temporary license cannot be extended under any circumstances, and will be voided immediately if you do not pass the NCLEX.**

Note: Although a temporary license cannot be issued until a completed, notarized Affidavit of Graduation has been received from the school of nursing, you may submit your licensure application as early as you wish. In fact, submitting your application, fees, and fingerprint card early will expedite the issuance of your temporary license when the Affidavit of Graduation is received.

NCLEX CANDIDATE BULLETIN – You may contact the Board office to request an NCLEX Bulletin, or access the form at www.ncsbn.org, or by phone 1-866-496-2539 to register with Pearson VUE. **Do NOT send the NCLEX registration form and fee to the Idaho Board of Nursing. These materials must be sent directly to Pearson VUE.** After you register for NCLEX, you will receive written acknowledgment of your registration directly from Pearson VUE. Upon Board of Nursing approval of your eligibility, you will then receive an Authorization to Test (ATT) directly from Pearson VUE.

The Authorization to Test is only valid for 90 days. Therefore, if you do not intend to take the NCLEX within that time frame, you may not wish to register with Pearson VUE at this time. Please note, however, that the temporary license cannot be extended due to examination delays.

RELEASE OF NATIONAL COUNCIL LICENSURE EXAMINATION RESULTS

Results of the National Council Licensure Examination (NCLEX) are generally mailed from the Board office directly to the examination candidate within ten days after testing.

Examination results may be acquired two business days after your examination date. Please contact:

Pearson VUE
www.pearsonvue.com/nclex \$7.95

Please do not contact the Idaho Board of Nursing for examination results. Board policy prohibits the release of examination results to candidates or their employers via phone.

NURSE LICENSURE COMPACT

Under terms of the Nurse Licensure Compact, licensed practical and registered nurses (LPNs and RNs) may hold a license to practice in their state of primary residence which grants them the privilege to practice in all Compact states without holding separate licenses in those states. If your primary state of residence is one of the other Compact states, you may not apply for an Idaho license. In the event that you change your declared state of residence to Idaho, you may then apply for an Idaho license.

Please contact the Board of Nursing in your primary state of residence for licensure information:

Compact states are: Arizona, Arkansas, Colorado, Delaware, Idaho, 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. More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing's web site at <http://www.ncsbn.org>

MULTIPLE LICENSES

Administrative Rules of the Board of Nursing indicate that "a licensee may hold only one (1) renewable license to practice nursing at any time" (IDAPA 23.01.01.908)0. A nurse cannot hold a PN license and a RN license at the same time. Upon issuance of a RN license, the PN license will become void (inactive).

PLEASE BE ADVISED: Registered nurses must renew their license(s) by August 31st of every odd-numbered year. 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 ordinarily be renewed, will be issued a license valid until the next renewal period.

SCREENING QUESTIONS

PLEASE ANSWER ALL QUESTIONS: If you have answered 'Yes' to a question, you must provide additional information. (See below)

1.	Have you ever been denied a nursing license (for reasons other than failure to pass State Board Exam/ NCLEX®)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2.	Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3.	Is any investigation or complaint pending against you or your nursing license or privilege to practice in any state, country, or province?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Have you, in the last 5 years, been diagnosed with a substance use disorder or participated in chemical dependency and/or alcohol or drug treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	<p>For any criminal offense, including those pending appeal, have you: (You may only exclude minor traffic violations, but must report all DUI charges/convictions)</p> <p><input type="checkbox"/> Been convicted of a misdemeanor?</p> <p><input type="checkbox"/> Been convicted of a felony?</p> <p><input type="checkbox"/> Pled nolo contendere, no contest, Alford Plea, or guilty?</p> <p><input type="checkbox"/> Received deferred adjudication?</p> <p><input type="checkbox"/> Been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?</p> <p><input type="checkbox"/> Been sentenced to serve jail or prison time? Court-ordered confinement?</p> <p><input type="checkbox"/> Been granted pre-trial diversion?</p> <p><input type="checkbox"/> Have any pending criminal charges?</p> <p><input type="checkbox"/> Been cited or charged with any violation of the law?</p> <p><input type="checkbox"/> Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?</p> <p>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.</p> <p>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 the matter, the Board of Nursing may require you to provide information about any conduct that raises issue of character.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
7.	Are you currently the target or subject of a grand jury or governmental agency investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Do you currently have or have you been diagnosed as having, or have you been treated within the last five years for having a physical or mental health illness, condition or disorder, which impairs your ability to safely practice the profession of nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

For all "Yes" answers, attach a completed STATEMENT FORM (attached) including dates, circumstances and supporting documents if applicable.

THE AFFIDAVIT ON THE NEXT PAGE MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

STATEMENT FORM

NAME _____

IF YOU HAVE ANSWERED "YES" TO ONE OR MORE OF THE SCREENING QUESTIONS ON PAGE TWO OF YOUR APPLICATION, PLEASE COMPLETE THE FOLLOWING:

DATE(S) OF OCCURRENCE(S): _____

IN YOUR OWN WORDS, EXPLAIN IN DETAIL WHY YOU ANSWERED "YES" (i.e. what led to event, the event itself, your level of involvement, your age at the time of the incident):

WHAT WAS THE FINAL OUTCOME (i.e. court/board action, terms of order/sentence, probation):

PLEASE EXPLAIN YOUR REASON FOR DISCREPANCY ON YOUR APPLICATION IN WHICH YOU ANSWERED "NO" TO ANY PREVIOUS CRIMINAL OFFENSES

ADDITIONAL INFORMATION

1. Are you currently subject to court/oversight (probation/parole, restitution payments) and/or board oversight (agreement, monitoring, etc):

2. Time elapsed since completion of terms above: _____

3. Other: _____

APPROVED _____

DATE _____

Please Use Additional Page(s) If Needed



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 _____

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 tele-nursing) 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 another Compact state as my state of residence.
- 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.

Signature _____ Date _____

Address: _____

AFFIDAVIT ATTESTING TO VALIDITY OF COPY

I hereby certify that the attached is a direct photocopy of: (please check the appropriate box)

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

State of _____)

County of _____) s.s.

_____)

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

AFF 3/15

My Commission Expires

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.

WITNESS my hand and official seal.

(NOTARY PUBLIC)

(EXPIRATION DATE OF NOTARY COMMISSION)

**IDAHO BOARD OF NURSING
Professional Nurse (RN)
CENSUS QUESTIONNAIRE**

NAME _____

Birth Date	Social Security No.	Gender	County of Residence	County of Employment
/ /	- -			
Ethnicity* (Optional) Caucasian(1) African American/Black(2) Hispanic(3) Am. Indian/Alaska Native(4) Asian/Pacific Islander(5) Multi-Racial(6) Other(99)_____				
(*Voluntary disclosure information – response optional)				

PLEASE MARK ONLY ONE ANSWER IN THE BOX FOR EACH QUESTION

NOTE: If you are working as a nursing assistant or nurse apprentice, indicate that you are employed outside of nursing.

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
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
NOTE: If you answered 1 or 2 to the above question, please continue. If you answered 3 - 7, please stop here.		
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
TYPE OF POSITION		
	1. Staff or General Duty 2. Case Manager/Discharge Planner 3. Administrator/Supervisor 6. Quality Assurance/Outcomes Management	7. Consultant/Researcher 8. Charge/Lead Nurse/Team Leader 9. 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) _____

Information provided is for statistical purposes only.



Where do I send my paperwork?

To Idaho Board of Nursing

- Application Form
- Picture
- Census Questionnaire
- Fingerprint Card
- Idaho State Police Privacy Statement
- Appropriate Fee
 - \$90 RN Licensure
 - \$25 Temporary Licensure (optional)
 - \$42 Fingerprint Card

To NCLEX Operations/Pearson VUE

- \$200 Cashier's Check or Money Order

Questions?

Idaho Board of Nursing 208-334-3110 ext 2478 or Pearson VUE 1-866-496-2539

FREQUENTLY ASKED QUESTIONS

CAN YOU HOLD TWO LICENSES AT ONCE (LPN & GRADUATE NURSE TEMPORARY)?

You may hold a LPN license and Graduate Nurse Temporary license at the same time because Idaho Code states that a nurse may not hold two renewable licenses at the same time and a GN Temporary License is not a renewable license. When the renewable RN license is issued the LPN license will become void.

WHY DOES THE APPLICATION HAVE TO BE NOTARIZED?

The affidavit on the 2nd page of the application must be notarized because this verifies that you are the person that has agreed to the statement above your signature. This signature may also be used by the Board if there is a question of fraudulent use of your license.

WHY CAN'T TEMPORARY LICENSES BE ISSUED BEFORE THE AFFIDAVIT OF GRADUATION IS RECEIVED?

The Affidavit of Graduation verifies to the Board that you have completed the education required for licensure. All applicants for licensure must meet the required education requirements before the temporary license can be issued.

HOW LONG DOES IT TAKE FOR TEMPORARY LICENSES TO BE ISSUED?

Temporary Licenses may be issued when the Board has received your completed application (all information including notarized signature), fee, and valid Affidavit of Graduation.

CAN I GET VERIFICATION OF MY TEMPORARY LICENSE TO MY EMPLOYER?

You may request verification of your temporary license be faxed to your employer by contacting the Board office. Your employer may also contact the Board for a phone or printed verification.

WHAT IS THE CENSUS QUESTIONNAIRE FOR?

The Census Questionnaire is for the Board to report certain statistical information. This information is reported annually to the Board. Ethnicity is optional and does not require a response.

WHAT IS DIRECT SUPERVISION WITH REGARDS TO THE RESTRICTION ON A TEMPORARY GRADUATE LICENSE?

Direct Supervision, as stated in the Rules of the Board, requires the supervisor to be physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, directions, and periodic evaluation.

WHO SENDS OUT THE AUTHORIZATION TO TEST (ATT) NUMBER?

Pearson VUE will send your ATT to the postal address and/or email address you provided when registering after the Board notifies Pearson VUE of your eligibility to test.

IS A GRADUATE PRACTICAL NURSE/GRADUATE NURSE TEMPORARY LICENSE VALID IN ANOTHER STATE?

Idaho graduate temporary licenses are not valid in any other state. You may work only in Idaho on your graduate temporary license.

HOW CLOSE DOES MY ID HAVE TO MATCH THE ATT LETTER?

Your first and last names must match exactly what the ATT letter states. Your middle name is not required and may be missing on one and stated on another-this is ok.

HOW LONG UNTIL I WILL KNOW MY RESULTS OF THE NCLEX?

The Board of Nursing will notify you by mail within 7-10 days after taking the examination. Please do not call the Board for results as they CANNOT be released over the phone due to confidentiality and cannot be given to your employer over the phone.

AFTER I PASS WHEN CAN MY EMPLOYER VERIFY MY LICENSE?

License numbers are not released by phone to newly licensed graduates or their employers until 10 days after the license is issued. Your employer may verify your license at anytime after it is issued by using our automated system (option 1) at 1-208-334-3110, or through the Boards website- www.ibn.idaho.gov – click on “NATIONAL LICENSE SEARCH”.

HOW SOON AFTER I GRADUATE UNTIL I WILL BE ABLE TO TAKE THE NCLEX?

When Pearson VUE sends your ATT, you will be able to schedule a test date using your ATT. Test dates are based on availability and depending how many other graduates are requesting to take the NCLEX at that time.

Still have questions?

Consult your Candidate Bulletin and Application Instructions or Contact the Idaho Board of Nursing at (208) 334-3110 ext 2478

2/2015

RESOURCES FOR NCLEX REVIEW

The Idaho Board of Nursing is not affiliated with any of the companies listed below and does not recommend one over the other. Please contact each company directly for more information.

NCSBN Learning Extension
www.learningext.com

Kaplan Nursing
www.kaptest.com/NCLEX

Assessment Technologies Institute
www.atitesting.com

Lippincott Williams & Wilkins
www.lww.com

Chicago Review Press
www.ipgbook.com

Review for Nurses
www.reviewfornurses.com

Elsevier Health Sciences
www.us.elsevierhealth.com

Nursing Education Consultants
www.nursinged.com

F.A. Davis
www.fadavis.com

2/2015



FINGERPRINT-BASED BACKGROUND CHECKS – RELATED FEES

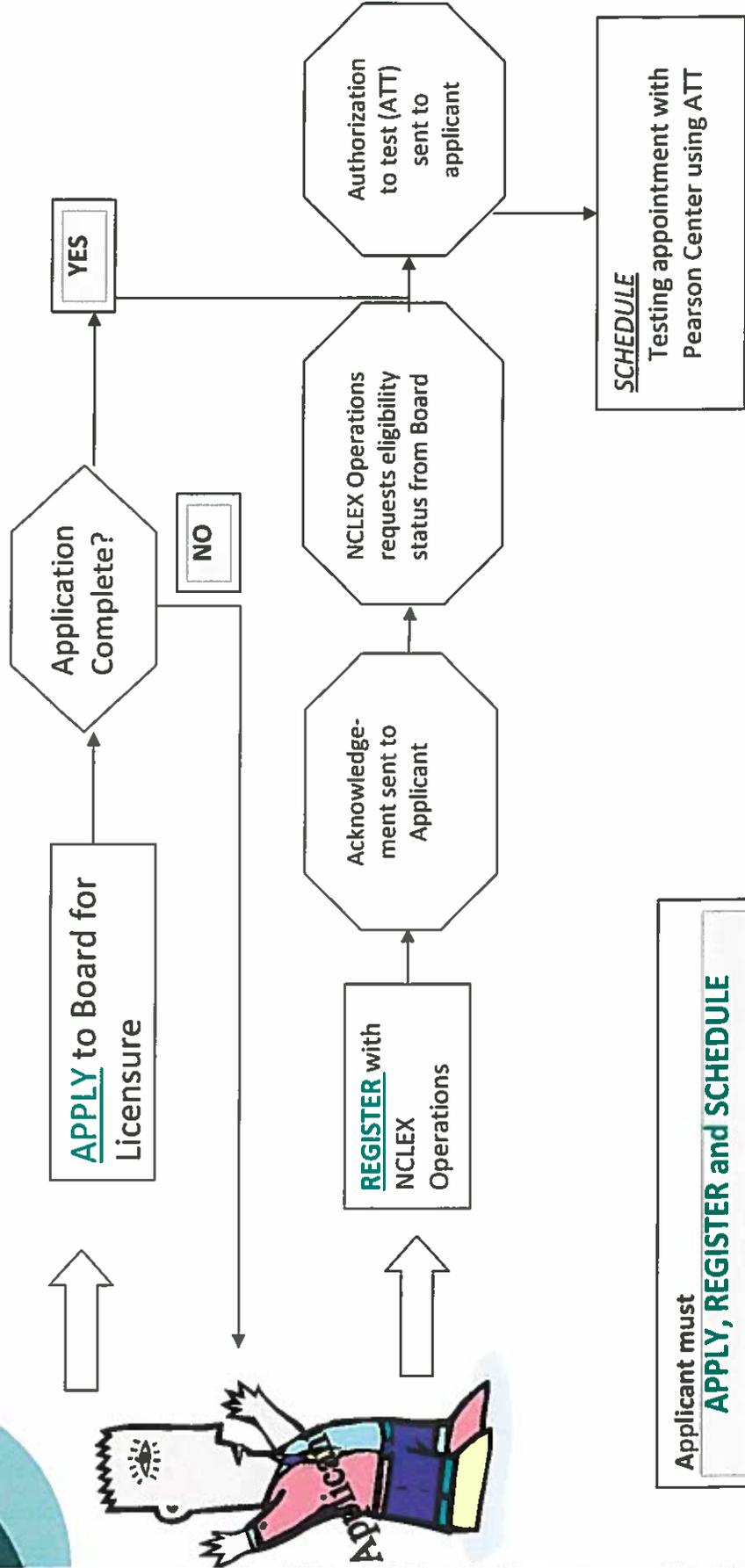
Licensure applications must be accompanied by the enclosed, completed fingerprint card. IF you are printing the form yourself, contact the Board of Nursing to have a fingerprint card mailed to you. The fees listed below include the fingerprint processing fee of \$42.00. You must complete and return the enclosed “Non-Criminal Justice Applicant Privacy Statement” to the Board office before your license can be issued.

ITEM REQUESTED	TOTAL FEE TO SUBMIT
RN Examination with graduate temporary license	\$157.00
RN Examination only	\$132.00

If you have questions concerning the fingerprint card requirement, contact the Board office at (208) 334-3110 ext 2488.

To obtain and challenge your FBI Identification Record – go to:
www.fbi.gov/hq/cjisd/fprequest.htm

NCLEX REGISTRATION PROCESS



Applicant must

APPLY, REGISTER and SCHEDULE