IDAHO
BOARD OF NURSING

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Temporary Nurse Apprentice Application

This application is to request temporary nurse apprentice authorization by the Idaho Board of Nursing in response to the Idaho State of Emergency declared on March 13, 2020. There is no application fee.

--- Please submit application via email to info@ibn.idaho.gov ---

1. Name:_____
   Last First Middle Former Last Name

2. Mailing address: _____

   City: _____ State: _____ Zip code: _____

3. Phone #: _____ Email Address: _____

4. Date of Birth: _____

5. Name of School Attending:_____

   Location (City and State):_____

   Type of Nursing Program (check one): ☐ LPN Program ☐ RN Program

By affixing my signature/electronic signature to this application, I attest to the following:

- I have no mental or physical disabilities that presently interfere with my ability to competently and safely practice as a nurse apprentice.
- I agree to adhere to the Idaho Nursing Practice Act and related rules and policies.
- I grant consent for the information contained in this application to be released to potential employers.

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 this application, that I have personally completed this application, and that the information given in this application is true, correct, and complete.

My signature/electronic signature affixed to this application attests to my understanding of the information included in this application, your confirmation to adhere, and will grant consent for information to be released to potential employers.

_____

Signature/Electronic Signature of Applicant Date

For Internal IBN Use Only:
☐ Verification of Good Academic Standing from Nursing School Authority
☐ Verification of Satisfactory Completion of Basic Nursing Fundamental Course

THE MISSION OF THE IDAHO BOARD OF NURSING IS TO REGULATE NURSING PRACTICE AND EDUCATION FOR THE PURPOSE OF SAFEGUARDING THE PUBLIC HEALTH, SAFETY, AND WELFARE