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Temporary Reactivation of Nursing License Application

This application is to request the temporary reactivation of an Idaho license 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 ---

Name: _____

Last First Middle Former Last Name

Last name originally licensed under: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Email Address: _____

SS# :_____ DOB: _____

School of Nursing: _____ Date of Graduation: _____

Please select:

☐ Previous PN License ☐ Previous RN License ☐ Previous APRN License

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

- I previously held an unencumbered Idaho nursing license.
- I have completed a nursing education program that resulted in the previous license selected above.
- I have no mental or physical disabilities that presently interfere with my ability to competently and safely practice nursing.
- 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.

_____

Signature/Electronic Signature of Applicant Date

For Internal IBN Use Only:

☐ Verification of Inactive Unencumbered Idaho Nursing License

☐ Verification of Inactive or Active Unencumbered Nursing License in Another State

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