



IDAHO BOARD OF NURSING



BRAD LITTLE- GOVERNOR
JUDY TAYLOR- BOARD CHAIR
RUSSELL S. BARRON- EXECUTIVE DIRECTOR

280 NORTH 8TH STREET, SUITE 210
PO BOX 83720 (MAILING)
BOISE, ID 83720-0061
PHONE: (208)577-2476
FAX: (208)334-3262

Instruction for Facilities Employing Nurse Apprentices

1. **Application Form**
 - a. Complete all information requested on the enclosed application (page 2 of this document).
 - b. Submit your application to: info@ibn.idaho.gov
2. **Job Description**

Attach a copy of the Nurse Apprentice job description.
3. **Orientation and Skill Validation**

Attach a written plan for the Nurse Apprentice orientation and skill validation.
4. **Statement of Assurance**

Submit a statement of assurance that a fully licensed registered nurse is present on-site when a nurse apprentice is working.
5. **Written Procedure**

Attach the written procedure that describes the process to be followed when a nurse apprentice, who is asked to perform a task that could jeopardize a patient, declines to perform the task.
6. **Application Fee**

Submit the \$100.00 non-refundable application fee by calling the office or in the form of a check made payable to Idaho Board of Nursing. Processing of the application will not occur until the fee is received.
7. **Issuance of Approval Letter**

A letter granting the health care agency approval to employ Nurse Apprentices shall be issued for a period of up to one year upon application review and approval by the Idaho Board of Nursing.

At any time, if the employing agency fails to inform the Idaho Board of Nursing of changes in conditions upon which approval was based or otherwise fails to comply with established requirements, the Board may notify the agency of withdrawal of approval.



IDAHO BOARD OF NURSING

BRAD LITTLE- GOVERNOR
 JUDY TAYLOR- BOARD CHAIR
 RUSSELL S. BARRON- EXECUTIVE DIRECTOR

280 NORTH 8TH STREET, SUITE 210
 PO BOX 83720 (MAILING)
 BOISE, ID 83720-0061
 PHONE: (208)577-2476
 FAX: (208)334-3262

Nurse Apprentice: Facility Application

1. Name of Facility: _____

2. Address: _____

3. Type of Facility: Acute Care
 Long-Term Care
 Other (Please Specify): _____

Number of beds/clients: _____

Approval/Accreditation Status: _____

Name of Approving Body: _____

Date of most recent approval/accreditation: _____

4. Name of Chief Executive Officer: _____

5. Name of Director of Nursing Service: _____

6. Licensed Professional Nurse (R.N.) who shall be accountable and responsible for the coordination/management of the Nurse Apprentice program:

7. Attach copy of job description for Nurse Apprentice.

8. Attach plan for orientation and skill validation of Nurse Apprentice.

9. Attach copy of written statement of assurance that a fully licensed registered nurse will be present on-site to provide supervision when a nurse apprentice is working.

10. Attach copy of written procedure for the nurse apprentice who is asked to perform a task that could jeopardize a patient and who declines to perform the task.

 Signature of Chief Executive Officer

 Signature of Nursing Administrator

 Date

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