



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

Instructions for Students Applying for Nurse Apprenticeship

1. Application Form

- a. Complete all information requested on the enclosed application (page 2 of this document).
- b. Have the Affidavit on the bottom of the application form notarized. You must sign the application in the presence of the notary public.
- c. Submit your application to: info@ibn.idaho.gov

2. Verification of Academic Standing

The Verification of Academic Standing form must be completed, signed, and submitted directly by a faculty member of your nursing school to: info@ibn.idaho.gov

It will not be accepted if it is submitted by the student.

3. Application Fee

Submit the \$10.00 non-refundable application fee by calling the office or in the form of a check made payable to Idaho Board of Nursing. No processing of the application will be done until the fee is received.

4. Issuance of Approval Letter

Upon approval of the application, a Nurse Apprenticeship approval letter will be issued. The letter is valid while the Nurse Apprenticeship is currently enrolled and maintains good academic standing in a nursing education program and up until three months after graduation. Should the Nurse Apprenticeship withdraw, no longer be in good academic standing, or graduate and be out of the nursing education program for more than three months the Nurse Apprenticeship approval is automatically voided.



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Nurse Apprentice: Student Application

1. Name: _____ Date of Birth: _____
Last
First
Middle
Maiden
2. Mailing Address: _____
City, State, and Zip Code
3. Preferred Phone Number: _____ Email Address: _____
4. Name of School Attending: _____
Name
City and State
5. Type of Nursing Program (check one): Practical Nursing (PN) Registered Nursing (RN)
6. Anticipated Graduation Date: _____
7. Facility/Agency Where You Plan To Be Employed: _____
Name
City and State

Your Signature affixed to this application will grant consent for us to release information to potential employers.

The Affidavit below must be completed in order for the application to be valid.

A F F I D A V I T

State of _____ }
} s.s.
 County of _____ }

I, _____, being duly sworn, declare that I have no mental or physical disabilities that would preclude me from giving safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; 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 _____

My Commission expires _____

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



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Nurse Apprentice: Verification of Academic Standing

Student Name: _____

Student Contact: Phone: _____ Email: _____

This is to verify that the above-named student has satisfactorily completed:

- A Basic Fundamentals of Nursing Course, and
- Is currently enrolled in good academic standing in the PN or RN program, and
- Has demonstrated satisfactory performance of the following skills:
 - Communication/Interpersonal Skills Promoting Patients' Independence
 - Infection Prevention Respecting Patients' Rights
 - Safety/Emergency Procedures Personal Care Skills
 - Basic Nursing Skills
(as approved for nursing assistants)

By my signature, I verify that the above-named student meets the academic requirements for the Nurse Apprentice authorization and I validate the successful demonstration of above listed skills.

 Name of Faculty Member

 Faculty Signature

 Nursing Education Program/Institution

 Date

Please note that this form must be submitted directly to: info@ibn.idaho.gov

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