



IDAHO
DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSES
- BOARD OF NURSING -



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

PO Box 83720
 BOISE, ID 83720-0061
 PHONE: (208)577-2476
 FAX: (208)577-2490

REQUEST FOR INFORMATION REGARDING NOTICES OF TERMINATION FROM
PROSPECTIVE EMPLOYER

Name of Licensee: _____ License Type/License No: _____
 Address: _____ City/State/Zip: _____
 SS# or DOB: _____

Prospective Employer: _____ Phone/Fax No: _____

I hereby swear that this request is made for the bona fide purpose of hiring and is made pursuant to the provisions of Section 37-117A Idaho Code. I agree not to disclose this information to any other person or entity without the prior written approval of the health care provider or as required by law, court order or rules of civil procedure.

Signature: _____ E-Mail: _____ Date: _____

Affidavit

State of _____)

County of _____)

On this _____ day of _____ in the year of _____. Before me _____, a notary public, personally appeared _____ personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

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 Notary Public
 My commission Expires on: _____

No Notice of termination on file for the above requested license

[BOARD SEAL](#)

Notice of termination on file

OFFICE LOCATED AT:
 11351 W CHINDEN BLVD
 BOISE, ID 83714