



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



BRAD LITTLE - GOVERNOR
RUSSELL S. BARRON - ADMINISTRATOR

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

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
- Notice of termination on file

[BOARD SEAL](#)