



IDAHO DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES



- BOARD OF NURSING -

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EMPLOYMENT VERIFICATION FORM

Instructions

1. If you have practiced as a nurse within the last 3 years, complete this form and send it to your most recent place of employment or practice to verify the dates and hours. (Minimum of 80 hours).
2. If you have graduated from a nursing education program within less than a year, and have not yet practiced, send this form to your education program to verify clinical experience dates.
3. If you have completed mandated remediation, complete this form and have your RN supervisor verify clinical hours.

Authorization for Release of Information to the Idaho Board of Nursing -To be completed by applicant

Employer/Educational Institution

Nurse Applicant Information

Name of Organization/Institution

First, Middle, Last Name Of Nurse Applicant

Name of Supervisor/Nursing Education Administrator

Position/License Type Held

From Mo/Yr

To Mo/Yr

Phone/Email Address

I am applying to be licensed as a nurse in Idaho. As part of the process, it is necessary to verify I have practiced nursing within the last three years. I am attesting to having practiced in your organization with the license type during the time frame noted above.

By my signature, I hereby authorize release of the information requested below.

Applicant Printed Name

Applicant Signature

Date

Verification of Nursing Practice – To be completed by employer

Name of Organization/Institution

Mailing Address

Name of Supervisor/HR Representative/Nursing Education Administrator

City, State, Zip

Phone

Email

By my signature, I verify the above-named applicant was employed/enrolled with this organization in the capacity and for the dates entered below.

From Mo/Yr

To Mo/Yr

Licensed Practical Nurse (LPN)

APRN:

Licensed Registered Nurse (RN)

CNM

CNP

Student

CNS

CRNA

Title

Signature

Date

Please return this document to the Idaho Board of Nursing by using one of the below methods.

Scan and Email: IBN-Info@dopl.idaho.gov

Fax: (208) 577-2490

Note: This form will not be accepted if submitted directly from the applicant.

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