



IDAHO

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

- BOARD OF NURSING -



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Verification of Nurse Licensure in Idaho

Idaho no longer issues paper licenses and posts all LPN, RN, and APRN license records to the national database at Nursys.com. The Idaho Board of Nursing considers the records accessed at Nursys.com to be Primary Source Verification. These records are updated multiple times daily and contain the most current information available regarding nursing licenses issued by the Idaho Board of Nursing.

Acknowledging there are occasional circumstances where the Nursys.com database cannot be consulted or cannot be accepted, this form, if signed by an Idaho Board of Nursing representative and stamped with the Idaho Board of Nursing Seal, constitutes an accurate and official record of the Idaho licensure status of the named individual on the date it was signed.

Applicant: Submit this completed form to the Board of Nursing in the state in which you are requesting verification from.

Name: _____ Previous Names: _____

Social Security #: _____

Current Address: _____

Street or P.O. Box

City _____ State _____ Zip _____ Country _____

Nursing Education Program Completed: _____ Year Graduated: _____

Type of License: LPN RN APRN Date Issued: _____ Original License Number: _____

I hereby authorize the _____ Board of Nursing to release the information requested below to the Idaho Board of Nursing:

Signature: _____ Date: _____

License Verification

LPN or RN Licensure

Type of License: LPN RN License Number: _____ Active: _____ Expiration Date: _____
Yes or No

Multi State Single State Original Issue Date: _____

Discipline on License or Permission to Practice*: _____

Advanced Practice Registered Nurse (APRN) Licensure

APRN License Number: _____ Active: _____ Expiration Date: _____
Yes or No

Type of APRN License (Specialty): _____

APRN Original Issue Date: _____ Prescriptive Authority: _____

Discipline on License or Permission to Practice*: _____

*If yes, contact the nurse for details.

I attest all information included on this Verification of Nurse Licensure Form is true and correct on this day.

Signature: _____ Date: _____

Board Representative



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