



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



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AFFIDAVIT OF GRADUATION

This form must be completed and emailed directly to the Board office by the nursing department, not the applicant.

Please complete this form and email it **directly** to the Idaho Board of Nursing at **info@ibn.idaho.gov**

I hereby certify that _____ successfully completed all
(Name of Student/Graduate)
requirements of the _____ program in
(Name of Institution or School)
_____ nursing on _____ and was/will be granted
(Registered/Practical) (Completion date)
a _____ degree/certificate on _____.
(Type) (Graduation Date)

Nursing Education Administrator or Authorized Designee

Title

Notary Public:

1. Please notarize the signature of the nursing education administrator above.
2. Please notarize the affidavit after completion of all graduation requirements from the program.

State of _____)
) s.s.
County of _____)

On the following date, _____, before me, _____
(Month/Day/Year) (Notary Public)

personally appeared _____ known or identified to me, to be the person
(Nursing Education Administrator)

whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same.

WITNESS my hand and official seal.

(Notary Public)

(Expiration Date of Notary Commission)