

Date Rec'd _____
 Date Replied _____

**REQUEST FOR INFORMATION
 REGARDING NOTICES OF TERMINATION
 FROM PROSPECTIVE EMPLOYERS**

Name of Licensee		
Address		
City/State/Zip		
SS# or DOB		
Type of License		Idaho License No:
Employer		
Address		
City/State/Zip		
Phone/Fax Numbers		
Name of Person Requesting Report		

I hereby swear that this request is being 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	Date
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AFFIDAVIT

State of Idaho)
) ss
 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.

S
E
A
L

 Notary Public
 My Commission Expires on _____

Complete the above information and return to the appropriate agency:

- Board of Dentistry – 708 ½ Franklin, Boise, ID 83702 Fax: 208/334-3247 msheeley@isbd.idaho.gov
- Board of Medicine – PO Box 83720, Boise, ID 83720-0058 Fax: 208/327-7005 info@bom.state.id.us
- Board of Nursing – PO Box 83720, Boise, ID 83720/0061 Fax: 208/334/3262 lcoley@ibn.idaho.gov
- Board of Pharmacy – PO Box 83720, Boise, ID 83720-0067 Fax: 208/334-3536 jan.adkinson@bop.idaho.gov
- Bureau of Occupational Licensing (Nursing Home Administrators, Optometry, Podiatry, Residential Care Facility Administrators) – 1109 Main St, Suite 220, Boise, ID 83702 Fax: 208/334-3945 rjacobsen@ibol.idaho.gov

Reply

- No Notice of Termination on File for the above requested licensee
- Notice of Termination on File – see attached.



Information provided in the Notice of Termination has not been verified by the Board.

Date Rec'd _____
Disposal Date _____

**Notice of Termination
For Reasons of
Adulteration or Misappropriation of Controlled Substances**

Reporting Employer:	
Address	
Phone/Fax	
Contact Person	

Name of Terminated Employee:		
Address		
SS# or DOB		
Type of License		Idaho License No:
Date of Termination		
Reason for Termination		
Description of Controlled Substance adulteration or misappropriation of controlled substances involved in the termination. Include: name of drug, date and time of occurrence, etc.		

In order to file a disciplinary complaint, contact the appropriate licensing board. The filing of this notice does not constitute the filing of a disciplinary complaint.

This Notice of Termination is filed and subject to disclosure pursuant to Section 37-117A, Idaho Code, and will be maintained for fifteen (15) years from the date of receipt by the professional licensing board.

If further information reveals this report was made in error, the reporting entity is responsible for submitting a retraction to the appropriate Board.

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