State of Idaho
IDAHO BOARD OF NURSING

280 North 8th Street, Suite 210
Mailing: PO Box 83720
Boise, Idaho 83720-0061

Voice: (208) 334-3110 ext. 34
Fax: (208) 334-3262
TDD Relay: (800) 377-3529

INSTRUCTIONS FOR REINSTATEMENT OF LICENSURE

Our records indicate that your Idaho nursing license has lapsed for more than one year for non-payment of renewal fees. The following documents must be on file with the Board of Nursing to determine your eligibility for reinstatement in Idaho: (All documents become the property of the Board and may be destroyed without further notification if the application is not completed within one year.) Documents requiring notarization may NOT be accepted by FAX. ***If you were not previously licensed in Idaho – STOP – contact this office for appropriate instructions***.

APPLICATION FORM. Only reinstatement applications provided by the Board, competed in ink and notarized will be accepted. Photocopies or Faxed copies of application forms will not be accepted.

1) If all information requested is not supplied, provide an explanation for the omission.
2) Sign the affidavit with your usual signature and have it notarized.
3) Attach a 2x2 identification photograph, taken within the last year. Electronically scanned photos are not acceptable; features must be clearly identifiable. Black & white or color photos are acceptable.

FEE. Enclose the appropriate reinstatement fee of $125.00 (personal checks are accepted). A temporary license is available for an additional $25.00 fee. To be eligible, you must meet one of the following criteria and complete the proper procedure:

a. A temporary license may be issued to a person whose Idaho license has lapsed for more than one year, but less than three (3) years.
b. Applicants currently licensed in another state must submit a notarized copy of the current out-of-state licensure certificate

Temporary licenses CANNOT be issued on expired, inactive, non-practicing certificates; temporary licenses from other states; or certificates not issued in your current name unless accompanied by a Change of Name Affidavit (available from this office) or a copy of your marriage license or divorce decree or other legal document indicating name change. If your name is now different from the one you were using when your Idaho license was last active, a Change of Name Affidavit or appropriate documentation must be provided. If you have any questions regarding the name on file in our office you may contact us by telephone.

CENSUS QUESTIONNAIRE. Complete the enclosed Census Questionnaire and return with your completed application.

EMPLOYMENT REFERENCE. A satisfactory nursing employment reference from the three-year period immediately preceding the application is required. The employment reference may be faxed to this office (208/334-3262) or mailed directly to the Board of Nursing by the employer. References will not be accepted from the applicant. **This form is not required to be on file in order to issue the temporary license.** See instructions on form. If you have not been employed in nursing within the last three years, do not complete the reference form. You may be required to obtain a conditional temporary license in order to update your nursing knowledge to qualify for Idaho licensure. Please contact this office if you wish to discuss this requirement further.

FINGERPRINT CARD. Complete the required Fingerprint card and submit to the Board for processing. Only cards from the Board office are acceptable - **fee for processing - $34.00.**

BE ADVISED: Licensed professional nurses and advanced practice professional nurses must renew their license(s) by August 31st of every odd-numbered year, and licensed practical nurses must renew their license by August 31st of every even-numbered year. A nurse who applies for licensure on or after March 1st of the year in which the license would normally be renewed will be issued a current license valid until the following renewal period.

THE IDAHO BOARD OF NURSING DOES NOT DISCRIMINATE OR DENY SERVICES ON THE BASIS OF AGE, RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX AND/OR DISABILITY

IDAHO BOARD OF NURSING - PO BOX 83720 - BOISE, ID 83720-0061

(208) 334-3110

APPLICATION FOR NURSE LICENSURE

For Office Use Only

License #_____

APPN #_____

Receipt#_____

Amount _____

Approval

Temp_____

Licensure_____

Check **all** categories for which application is being made:

☐ **Licensed Practical Nurse (LPN)**
- ○ Licensure by Endorsement
- ○ Licensure by Reinstatement

☐ **Licensed Professional Nurse (RN)**
- ○ Licensure by Endorsement
- ○ Licensure by Reinstatement

☐ **Advanced Practice Professional Nurse**
- ○ Certified Nurse-Midwife
- ○ Clinical Nurse Specialist
- ○ Nurse Practitioner
- ○ Registered Nurse Anesthetist

☐ **Temporary Licensure**

AFFIX A 2" X 2"

PHOTOGRAPH

HEAD AND SHOULDERS ONLY
Taken within the Year

DO NOT STAPLE

Date of photo_____

Name_____
Last First Middle Maiden

Other names used previously_____

Mailing Address_____
City State Zip Code

Telephone - Home: ( )_____Work: ( ) _____ S.S. No. _____

Birthplace_____Birth Date_____
(City & State) (Mo/Day/Year)

BASIC RN/LPN EDUCATION

Name of Practical Nursing (LPN) Education Program _____

Location_____

Month/Year Graduated_____Type of Degree/Credential_____

Name of Professional Nursing (RN) Education Program_____

Location_____

Month/Year Graduated_____Type of Degree/Credential_____

LICENSURE

1. Have you ever taken the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) in any state of the United States? ☐ Yes ☐ No ☐ RN ☐ PN
2. Have you ever been licensed or made application for licensure as an RN/LPN/APPN in Idaho prior to this date? ☐ Yes ☐ No
   If previous Idaho licensure, indicate year and name used_____
3. State and year of original RN/LPN licensure_____ License No._____
4. List all states in which you are or have ever been licensed_____
   _____

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1417, UNTIL YOU HAVE FILED AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.

EMPLOYMENT INFORMATION

LIST LAST THREE (3) YEARS OF NURSING EMPLOYMENT: (Additional information may be listed on a separate sheet.)

Name & Complete Address of Employer	Position	Employment From	Employment To

If you have not been employed in nursing within the last three years, or if there are gaps in employment, indicate your **last year of nursing employment** and explain the reason. (Supervised practice and a content update may be required if you have not engaged in nursing practice during the last three years.)_____

_____

IT IS THE DUTY OF EACH APPLICANT TO MAKE INQUIRY OF THE INDIVIDUAL LICENSING BOARDS REGARDING THE STATUS OF LICENSURE IN THAT STATE BEFORE RESPONDING TO THE QUESTIONS BELOW. Ignorance of license status or disciplinary information will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses may result in denial of your application or other appropriate action.

SCREENING QUESTIONS

PLEASE ANSWER ALL QUESTIONS (For all "yes" answers, attach a complete explanation including dates, circumstances and supporting documents if necessary.)

1. Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)? ☐Yes ☐No
2. Is any action pending against your nursing license in any state? ☐Yes ☐No
3. Have you ever had approval to practice in an advanced role denied, limited, suspended, revoked or otherwise disciplined? ☐NA ☐Yes ☐No
4. Have you ever had an application for nursing license denied? ☐Yes ☐No
5. Have you ever been denied admission to take a nursing examination by any state? ☐Yes ☐No
6. Do you have, or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five (5) years, which may impair your ability to practice nursing with reasonable skill and safety? ☐Yes ☐No
7. If yes, do you require special accommodations in order to practice? ☐NA ☐Yes ☐No
8. Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction? ☐Yes ☐No
9. Have you ever pled guilty, entered a plea of nolo contendre, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction? ☐Yes ☐No

THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

A F F I D A V I T

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

I,_____being duly sworn, declare that I understand the instructions and terms as set forth in this application form, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this form, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities (except as otherwise noted above) that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

_____
Signature of Applicant

On this _____ day of _____, in the year of _____before me _____, notary public, personally appeared _____known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

_____

My Commission expires_____

NURSING LICENSURE INTERSTATE COMPACT

Dear Applicant for Licensure by Interstate Endorsement or Reinstatement:

On July 1, 2001, Idaho became a member of the Nurse Licensure Compact. Other states include Arizona, Arkansas, Colorado (10/07), Delaware, Iowa, Kentucky (6/07), Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

Under terms of the Nurse Licensure Compact, nurses may hold a license to practice issued by their state of residence, if that state is a Compact state, and are granted the privilege to practice in other Compact states without holding separate licenses in those other states. If you reside in a Compact state, you may hold a Compact state license only in your declared state of residence; you may not be licensed in any other Compact state. If you reside in a state that is not a member of the Compact and you apply for licensure to practice in any Compact state, you will be issued a license by the individual Compact state that will be designated as valid for practice only in that state.

If you are applying for licensure in Idaho and indicating a mailing address in another Compact state, it is imperative that you inform the Idaho Board as to which scenario best suits your particular situation, to ensure that appropriate procedures are followed in issuing your Idaho license or in directing you to contact the appropriate state(s) to apply for and receive a license.

Please note, if you are in the process of moving to Idaho and declaring Idaho as your state of residence, you must provide the Idaho Board with an Idaho address within 30 days of relocating to this state. Upon notice of address change, licenses held in any other Compact state will become invalid.

More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing web site at http://www.ncsbn.org. If you have questions about your application, please contact the Board at (208) 334-3110 ext. 21.

----------Tear off and return----------

DECLARATION OF STATE OF RESIDENCE

Name _____

Address: _____

Primary state of residence is defined as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Documentation of state of residence includes a valid driver's license with a home address, voter registration card with a home address, and/or the state declared as the state of residency on the last federal tax return.

Based on the definition above, my primary state of residence is _____

I am currently practicing nursing (including telenursing) in the following states:

_____

_____

Check one:

- I am declaring Idaho as my state of residence, even though my mailing address is in another Compact state.
- I am declaring Idaho as my state of residence; my mailing address is listed below.
- I am practicing in Idaho, but am declaring another Compact state as my state of residence.
- I am practicing in Idaho, but am declaring a Non-Compact state _____ as my state of residence.
- I am a member of the armed forces and am declaring Idaho as my state of residence.
- I am in the process of moving to Idaho, but do not yet have an Idaho mailing address.

Signature _____ Date _____

Address: _____

4/07EndDeclare Ltr

For Office Use Only

Cert #_____
Rec't #_____Amt_____
Date Issued_____
? Reinstatement
? Endorsement

Licensed Practical Nurse (LPN)
2006-2008 CENSUS QUESTIONNAIRE

Please Print

NAME :_____

ADDRESS :_____

CITY & STATE :_____

Zip Code

Idaho License No.	Birth Date	Social Security No.	Gender* (Optional)	County Name	
	/ /	- -		Residence:	Employment:
Ethnicity* (Optional)	Caucasian(1)	African American/Black(2)	Hispanic(3)	Am. Indian/Alaska Native(4)	
	Asian/Pacific Islander(5)	Multi-Racial(6)	Other(99)		

(*Voluntary disclosure information – response optional)
Please choose only one answer for each question, write the appropriate number in the box to the left.

EMPLOYMENT STATUS	1. Employed in nursing full-time 2. Employed in nursing part-time 3. Employed outside nursing 4. Not Employed/Seeking Employment	5. Not Employed/Student 6. Not Employed/Not Seeking 7. Volunteer 8. Emeritus	9. Retired
PRIMARY EMPLOYER	Employer_____ Address_____		
PRIMARY EMPLOYMENT	1. Hospital 2. Nursing Home 3. Home Health/Hospice 4. Public Health 5. Occupational Health 6. Medical Office/Clinic	7. Assisted Living 9. Insurance Company 10. Jail/Prison 11. School Health 12. Outpatient Facility 99. Other (specify) _____	
TYPE OF POSITION	1. Staff or General Duty 2. Case Manager/Discharge Planner 3. Administrator/Supervisor 6. Quality Assurance/Outcomes Management	8. Charge/Lead Nurse/ Team Leader 99. Other (specify)_____	
MAJOR CLINICAL AREA	1. Geriatric 2. Gynecologic/Obstetric 3. Medical/Surgical 4. Pediatric	5. Psychiatric/Mental Health 6. Emergency 7. Community/Public Health 8. Rehabilitation/Restorative	99. Other (specify)
BASIC EDUCATION	1. PN Certificate/Diploma 2. PN Associate Degree	99. Other (specify)_____	
HIGHEST DEGREE	9. PN Certificate/Diploma 10. PN Associate Degree 99. Other (specify) _____		

I am currently taking courses toward an additional/advanced degree in nursing? Yes No
I intend to leave/retire from the practice of nursing in the next five years? Yes No
States other than Idaho in which I am practicing:_____

Information provided is for statistical purposes only.

NURSING EMPLOYMENT REFERENCE FORM

LICENSURE APPLICANT:

1. If you have been employed as a nurse at some time within the last three years, complete the release information at the top of this form and send to a registered nurse/supervisor from your current or most recent place of employment for completion of the bottom section. The form must be returned ***directly*** to the Board by the nursing employer**.**
2. If you graduated from a nursing education program *less than one year ago* ***AND*** *you have* ***not*** *been employed as a nurse for a minimum of 30 days*, complete the release information at the top of this form and send to a faculty member at your nursing education program for completion of the bottom section. The form must be returned ***directly*** to the Board office by the faculty.

TO: _____ _____

PLACE OF EMPLOYMENT (OR NURSING SCHOOL) SUPERVISOR (OR FACULTY CHAIR)

I,_____, Social Security # _____ have applied to the

(Name of Nurse Applicant)

Idaho Board of Nursing for licensure as a _____ nurse. I stated on my licensure application that

registered/practical (RN/LPN/APPN)

I was **employed/enrolled** at your institution as a _____ for the following

(circle one) (RN, LPN, RNA, NP, CNM, CNS, other)

period: _____ to _____. I hereby authorize you to

release to the Idaho Board of Nursing for licensure purposes, the information requested below.

_____ _____

DATE SIGNATURE OF NURSE APPLICANT

ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.

NURSING EMPLOYER (OR FACULTY MEMBER):

The above named person has applied for licensure as a nurse in the State of Idaho and has given your name as a reference. Please furnish the information requested below and return the completed form by mail or FAX to:

IDAHO BOARD OF NURSING, POST OFFICE BOX 83720, BOISE, ID 83720-0061 (FAX#: 208/334-3262)

(If returning the form by FAX, please DO NOT follow up with a hard copy. Thank you.)

1. The applicant was **employed/enrolled** from _____ to _____.

(circle one)

as a(n): ☐ RN ☐ CNM ☐ NP
☐ LPN ☐ CNS ☐ RNA
☐ OTHER* _____

**** If OTHER is checked, please specify job title in the blank and list job duties on the reverse side of this form.***

2. GENERAL HISTORY: Met performance requirements ☐
Performance **NOT** satisfactory ☐
(If NOT satisfactory, please explain on reverse side.)

_____ _____

DATE SIGNATURE AND TITLE

EMPLOYER OR SCHOOL: _____

MAILING ADDRESS: _____

_____

PHONE and FAX NUMBERS: _____

R 5/04

AFFIDAVIT ATTESTING TO VALIDITY OF COPY

I hereby certify that the attached is a direct photocopy of:
Please ☒ appropriate box (es).

- ☐ The certificate which shows proof of current licensure as a licensed professional nurse (RN) or licensed practical nurse (LPN)
- ☐ The certificate which shows advanced practice professional nurse national certification
- ☐ The document which verifies acceptance to take the certification examination
- ☐ The diploma from my Advanced Practice Professional Nurse educational program

Total number of documents_____ _____
Signature of Applicant

On this _____ day of _____, in the year of _____, before me
_____, a notary public, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

(Notary Seal) _____
Notary Public

_____
My Commission Expires

2007

Check List

The following items must be submitted when you file your application for **LPN/RN** licensure:

- ☐ Completed, notarized application – pages 1 and 2
- ☐ Fee(s)
- ☐ Census Questionnaire
- ☐ Declaration Form
- ☐ Fingerprint Card
- ☐ Affidavit attesting to the Validity of Copies – ***if applying for a temporary license, this form must be accompanied by a copy of your current licensure certificate or lapsed licensure certificate if you are applying for a conditional temporary license***

Be sure that you have requested your employer to complete the Employment Reference form and that you have requested your Verification of Licensure form be submitted directly to the Board of Nursing.

The following items must be submitted when you file your application for **APPN** licensure:

- ☐ Completed, notarized application – pages 1, 2 **and** 3.
- ☐ Fee – for Advanced Practice Professional Nurse licensure
- ☐ Fee – for Professional Nurse (RN) licensure if **NOT** currently licensed to practice in Idaho as an RN and NOT residing in a Compact State
- ☐ Declaration Form
- ☐ Affidavit attesting to the Validity of Copies – attach a copy of your APPN Certification card

Be sure that you have requested that an** OFFICIAL TRANSCRIPT **of your advanced practice professional nursing program be submitted directly to the Board office.

It is not necessary to return this form with your application