



State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Nursing

**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233  
dopl.idaho.gov

**AFFIDAVIT OF GRADUATION**

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

Please complete this form and email it **directly** to the Idaho Board of Nursing at [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)

I hereby certify that \_\_\_\_\_ successfully completed all requirements of  
Student/Graduate Name  
the \_\_\_\_\_ program in \_\_\_\_\_ nursing on  
Institution or School Registered/Practical  
\_\_\_\_\_ and granted a \_\_\_\_\_ degree/certificate on \_\_\_\_\_.  
Completion Date Type ADN/BSN 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 \_\_\_\_\_)

County of \_\_\_\_\_)

On the following date, \_\_\_\_\_, before me, \_\_\_\_\_, a notary public  
Month/Day/Year Notary Public

personally appeared \_\_\_\_\_ known or identified to me, to be the person  
Education Administrator

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

WITNESS my hand and official seal.

S  
E  
A  
L

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date of Notary Commission