



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

Instruction for Facilities Employing Nurse Apprentices

1. Application Form

- a. Complete all information requested on the enclosed application (page 2 of this document).
- b. Submit your application to: hp-licensing@dopl.idaho.gov

2. Job Description

Attach a copy of the Nurse Apprentice job description.

3. Orientation and Skill Validation

Attach a written plan for the Nurse Apprentice orientation and skill validation.

4. Statement of Assurance

Submit a statement of assurance that a fully licensed registered nurse is present on-site when a nurse apprentice is working.

5. Written Procedure

Attach the written procedure that describes the process to be followed when a nurse apprentice, who is asked to perform a task that could jeopardize a patient, declines to perform the task.

6. Fee

Submit a \$100.00 non-refundable fee, in the form of a cashier's check, money order, or company check, payable to DOPL Board of Nursing. No processing of the application will be done until the fee is received.

7. Issuance of Approval Letter

A letter granting the health care agency approval to employ Nurse Apprentices shall be issued for a period of up to one year upon application review and approval by the Board of Nursing.

At any time, if the employing agency fails to inform the Idaho Board of Nursing of changes in conditions upon which approval was based or otherwise fails to comply with established requirements, the Board may notify the agency of withdrawal of approval.



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

Nurse Apprentice: Facility Application

1. Name of Facility: _____

2. Address: _____

3. Phone Number: _____ Email address: _____

4. Type of Facility: Acute Care
 Long-Term Care
 Other (Please Specify): _____

Number of beds/clients: _____

Approval/Accreditation Status: _____

Name of Approving Body: _____

Date of most recent approval/accreditation: _____

5. Name of Chief Executive Officer: _____

6. Name of Director of Nursing Service: _____

7. Licensed Professional Nurse (R.N.) who shall be accountable and responsible for the coordination/
management of the Nurse Apprentice program:



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

8. Attach copy of job description for Nurse Apprentice.
9. Attach plan for orientation and skill validation of Nurse Apprentice.
10. Attach copy of written statement of assurance that a fully licensed registered nurse will be present on-site to provide supervision when a nurse apprentice is working.
11. Attach copy of written procedure for the nurse apprentice who is asked to perform a task that could jeopardize a patient and who declines to perform the task.

Signature of Chief Executive Officer

Signature of Nursing Administrator

Date