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.
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:
   ________________________________________________


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