



State of Idaho  
Division Of Occupational and Professional Licenses  
Idaho 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

### Instructions for Students Applying for Nurse Apprentice

1. **Application Form**
  - a. Complete all information requested on the enclosed application (page 2 of this document).
  - b. Have the Affidavit on the bottom of the application form notarized. You must sign the application in the presence of the notary public.
  - c. Submit your application to: [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)
  
2. **Verification of Academic Standing**

The Verification of Academic Standing form must be completed, signed, and submitted directly by a faculty member of your nursing school to: [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)

**NOTE:** The verification will **not be accepted** if it is submitted by the student.
  
3. **Issuance of Approval Letter**

Upon approval of the application, a Nurse Apprentice approval letter will be issued. The letter is valid while the Nurse Apprentice is currently enrolled and maintains good academic standing in a nursing education program and up until three months after graduation. Should the Nurse Apprentice withdraw, no longer be in good academic standing, or graduate and be out of the nursing education program for more than three months the Nurse Apprentice approval is automatically voided.



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Nurse Apprentice: Student Application

- 1. Name: Last First Middle Maiden Date of Birth:
2. Mailing Address: City, State, and Zip Code
3. Preferred Phone Number: Email Address:
4. Name of School Attending: Name City and State
5. Type of Nursing Program (check one): Practical Nursing (PN) Registered Nursing (RN)
6. Anticipated Graduation Date:
7. Facility/Agency Where You Plan to Be Employed: Name City and State

NOTE: Your Signature affixed to this application will grant consent for us to release information to potential employers.

The Affidavit below must be completed in order for the application to be valid.

AFFIDAVIT

State of }
} s.s.
County of }

I, being duly sworn, declare that I have no mental or physical disabilities that would preclude me from providing safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit.

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.

WITNESS my hand and official seal. Notary Public

My Commission expires:



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**Nurse Apprenticeship: Verification of Academic Standing**

Student Name: \_\_\_\_\_

Student Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This is to verify that the above-named student has satisfactorily completed:

- A Basic Fundamentals of Nursing Course, and
- Is currently enrolled in good academic standing in the PN or RN program, and
- Has demonstrated satisfactory performance of the following skills:
  - Communication/Interpersonal Skills
  - Promoting Patients' Independence
  - Infection Prevention
  - Respecting Patients' Rights
  - Safety/Emergency Procedures
  - Personal Care Skills
  - Basic Nursing Skills (as approved for nursing assistants)

By my signature, I verify that the above-named student meets the academic requirements for the Nurse Apprenticeship authorization, and I validate the successful demonstration of above-listed skills.

\_\_\_\_\_  
Name of Faculty Member

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Nursing Education Program/Institution

\_\_\_\_\_  
Date

Please note that this form must be submitted directly to: [hp-licensing@dopl.idaho.gov](mailto:hp-licensing@dopl.idaho.gov)