

**Instructions for Students
Applying for the Nurse Apprentice and
Nurse Intern Programs**

Students may apply for authorization as a nurse apprentice, as a nurse intern, or as both. To be eligible to work as a nurse intern, the student must be enrolled in an approved Registered Nursing (RN) program, must be entering his or her final year of study, and must work for an approved acute healthcare facility. If granted authorization to work as a nurse intern, the student will be issued only a letter of authorization as a nurse intern, not as a nurse apprentice, even if he or she applies for both. Should that nurse intern be unable to find employment in an approved acute healthcare facility, he or she may still work as a nurse apprentice using the nurse intern authorization letter.

1. Student Application Form

- a. Complete all information requested on the enclosed application (p.2 of this packet);
- b. For nurse intern applicants, review the enclosed qualifications and limitations on practice of nurse interns (p.3 of this packet);
- c. Submit your application to: 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.

The verification will not be accepted if it is submitted by the student.

3. Issuance of Approval Letter

Upon approval of the application, the appropriate Nurse Apprentice/Nurse Intern approval letter will be issued. The letter is valid while the student is currently enrolled and maintains good academic standing in a nursing education program and up until three months after graduation. Should the Nurse Apprentice/Nurse Intern 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/Nurse Intern approval will be automatically canceled.

Student Application for Nurse Apprenticeship and Nurse Intern Programs

I am applying for a letter of authorization as a (check one): Nurse Apprenticeship Nurse Intern

By submitting this signed application, I grant my consent for the Idaho Board of Nursing to release information to potential employers.

Name: _____ Date of Birth: _____
Last First Middle Maiden

Mailing Address: _____

Phone Number: _____ Email Address: _____

School of Attendance: _____

City and State: _____

Type of Nursing Program (check one): Practical Nursing (PN) Registered Nursing (RN)
Only students enrolled in an approved RN program are eligible for the Nurse Intern program.

Anticipated Graduation Date: _____

I attest 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 will limit my practice to the scope of practice authorized by the Board of Nursing.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

For nurse intern applicants only:

I further attest that I am entering the final year of my registered nursing (RN) education program; that I have read and understand the attached qualifications and limitations on practice of nurse interns; and that I specifically agree that I will comply with those limitations.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Qualifications and Limitations on Practice of Nurse Interns

Qualifications

A nurse intern is a registered nursing student who, in addition to his or her student role, is employed for remuneration in a non-licensed capacity by a healthcare facility which has adopted a Board-approved nursing educational plan. To become a nurse intern, the applicant must first meet all requirements of the nurse apprentice program. Those requirements are:

1. Be enrolled in an accredited/approved nursing education program that is substantially equivalent to Idaho's approved programs for practical/registered nursing.
2. Be in good academic standing at the time of application and notify the Board of any change in academic standing.
3. Satisfactorily complete a basic nursing fundamentals course.
4. Complete an application on a board approved form.

In addition to those requirements, the applicant must also be entering the final year of his or her accredited registered nursing education program. An individual whose application is approved as a nurse intern will be issued a letter identifying the individual as such for a designated time-period.

Limitations on Practice

Nurse interns are only permitted to work in an acute care setting.

Under general supervision, a nurse intern may perform all functions of a nurse apprentice.

Subject to the exceptions specifically listed below, under the direct supervision of a licensed registered nurse in good standing, a nurse intern may perform all nursing procedures for which the intern has received proper training from the supervising nurse, validated in a clinical setting.

Under no circumstances shall a nurse intern be permitted to:

1. Administer blood or blood products;
2. Carry out procedures on central lines;
3. Perform intrathecal or epidural procedures;
4. Administer chemotherapy, intravenous medications, or controlled substances; or
5. Delegate the performance of nursing procedures to other nurse interns or nurse apprentices.

Verification of Academic Standing for Nurse Apprentice or Nurse Intern Program

Student Name: _____

Phone: _____ Email: _____

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

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

Select one of the following:

- By my signature, I verify that the above-named student meets **only** the academic requirements for the Nurse Apprentice authorization and validate the successful demonstration of the above-listed skills.
- By my signature, I verify that the above-named student meets **both** the academic requirements for the Nurse Apprentice authorization and validate the successful demonstration of the above-listed skills, **and** that the student is entering the final year of his or her registered nursing (RN) education program.

Signature of Faculty Member _____ Date _____

Printed Name of Faculty Member _____

Nursing Education Program/Institution _____

Please note that this form must be submitted directly to: hp-licensing@dopl.idaho.gov