



State of Idaho
 Division Of Occupational and Professional Licenses

BRAD LITTLE
 Governor
RUSSELL BARRON
 Administrator

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

Date Rec'd _____
Date Replied _____

**REQUEST FOR INFORMATION
 REGARDING NOTICES OF TERMINATION FROM PROSPECTIVE EMPLOYERS**

Name of Licensee		
Address		
City/State/Zip		
SS# or DOB		
Type of License		Idaho License No:
Employer		
Address		
City/State/Zip		
Phone/Fax Numbers		
Name of Person Requesting Report		

I hereby swear that this request is being made for the bona fide purpose of hiring and is made pursuant to the provision of Section 37-117A Idaho Code. I agree not to disclose this information to any other person or entity without the prior written approval of the health care provider or as required by law, court order or rules of civil procedure.

Signature _____ Date _____

Please submit completed form to the appropriate board:

Health Professions Bureau - HP-Licensing@dopl.idaho.gov

Board of Dentistry

Board of Medicine

Board of Nursing

Board of Optometry

Board of Pharmacy

Board of Podiatry

Occupational Licenses Bureau -

Nursing Home Administrators nha@dopl.idaho.gov

Residential Care Facility Administrators rca@dopl.idaho.gov

Reply

- No Notice of Termination on File for the above requested licensee
- Notice of Termination on File – see attached.



Information provided in the Notice of Termination has not been verified by DOPL.