

## IDAHO RECIPROCITY FORM OUT OF STATE CREDENTIAL VERIFICATION

Reciprocity is only granted when employment in Idaho has been offered or you are currently living in Idaho. Incomplete, missing, and illegible information/documentation will result in an automatic denial of reciprocity.

Part I: To Be Completed By CNA			
I am listed on the Nurse Aide Registry in the s	state of		
under the first and last name of			
my registration number is		Date of Birth	
Phone Number	Social Security Number		
Mailing Address	011.	State	Zip
Email Address			
I successfully completed a nursing assistant training program at			
I successfully completed one semester of Nursing school at			
I completed the competency examination on (date)			
Part II: Your Idaho Employer's Information			
Name of Idaho Employer		Start Date of Hire	
	Contact phone		
Employer Contact Email		·	
Mailing Address			
Street  Your employer will be notified of yo	City our eligibility to wor	State k in Idaho at the email listed above.	Zip
Part III: Required Documentation			
You MUST submit the following Items. All docume	nts must be in Pl	OF format. No screen shots or phot	os accepted.
Submit a printed verification from YOUR state's online Nurse Aide Registry stating you are active and in good standing (no negative findings).			
Submit your Nurse Aide NATCEP cours OR	e certificate.		
Submit your transcripts showing you successfully completed 1 semester of nursing school.			
Send completed forms to:		Idaho Nurse Aide	

Fax: (208) 334-6629 or Email: IDNAP@dhw.idaho.gov

or mail to: ATTN: IDHW Idaho Nurse Aide Registry

Licensing & Certification—Bureau of Facility Standards

P.O. Box 83720, PTC 6th Floor

Boise ID 83720-0009

Idaho Nurse Aide Registry Website



Check your Registry Status

