

Return Completed & Signed Form To:  
**IDAHO NURSE AIDE REGISTRY**  
**DIVISION OF LICENSING & CERTIFICATION – BUREAU OF FACILITY STANDARDS**  
**IDAHO DEPARTMENT OF HEALTH & WELFARE**  
**3232 ELDER STREET**  
**P.O. BOX 83720**  
**BOISE, ID 83720-0009**

**NURSE AIDE CERTIFICATION RENEWAL FORM**  
**(PLEASE PRINT CLEARLY)**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
CITY: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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*(Your renewal will not be processed more than 45 days prior to your expiration date)*  
*You must work at least 8 hours in a PAID CNA, nursing/nursing related position in the two years before your expiration date to be eligible to renew for another 2 years.*  
*You must sign below to authorize your employer to release employment information to the Idaho Nurse Aide Registry.*  
Please note that volunteer hours do not count as hours toward renewing your certification.  
There is NO fee required to renew your CNA certification.

Signature: \_\_\_\_\_

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**Verification of CNA, HHA, or PCS Employment**

Have your **CURRENT** or **MOST RECENT NURSE AIDE EMPLOYER** complete the section below. If you are a PCS Provider, your **CLIENT** is your **EMPLOYER** and should provide the following information.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employed FROM (mm/dd/yyyy) \_\_\_\_\_ TO: (mm/dd/yyyy) \_\_\_\_\_

Employer's Signature \_\_\_\_\_