Print Form

**Return Signed and Completed Form To:**
**IDAHO DEPARTMENT OF HEALTH & WELFARE**
**DIVISION OF MEDICAID - BUREUA OF FACILITY STANDARDS**
**IDAHO NURSE AIDE REGISTRY**
**PO BOX 83720**
**3232 W ELDER STREET**
**BOISE ID 83720-0036**

# Nurse Aide Certification Renewal Form

(Please Type or Print Clearly)

**Name**

**Address**

**City** **State** **Zip Code**

**Social Security Number:** **Date of Birth:**

**Phone Number** **Certification Expiration Date:**

***Do not submit this form more than 45 days before the Certification Expiration Date.***

**Are you currently employed by:**

- ☐ Nursing Home
- ☐ Home Health Agency
- ☐ Hospital
- ☐ Personal Care Services (PCS)
- ☐ Not currently employed in Nursing*

* If you marked "Not currently employed in Nursing", indicate in the space below the date you last worked as a CNA.

*Month/Day/Year

**You must sign below to authorize your employer to release employment verification information to the Nurse Aide Registry.**

**Date**

Signed By

**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 Code**

Employed **FROM** (mm/dd/yy) **TO:** (mm/dd/yy)

**Date:**

**Signed By**

**Telephone (208) 334-6620 Toll Free (800) 748-2480 Fax: (208) 334-6629**