Print Form

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF MEDICAID - BUREAU OF FACILITY STANDARDS
IDAHO NURSE AIDE PROGRAM

3232 Elder Street
PO Box 83720
Boise, ID 83720-0036

Phone: 800-748-2480
Fax: 208-334-6629

STATE TRANSFER OF CURRENT NURSING ASSISTANT CERTIFICATION

Please enter data or print clearly using blue or black ink

Please complete the top half of this form and send it to the Idaho Nurse Aide Program.

Name of Applicant: _____

Last *First* *Middle* *Maiden*

Mailing Address: _____

Street Address *City* *State* *Zip Code*

Contact Number _____ **Contact Number** _____

Home ☐ Unlisted Telephone Number? *Work*

Email _____

Identification Information: **SSN** _____ **Date of Birth** _____

Transferring from what State? AL **Certification Number:** _____

I authorize the release of my registry status and all information requested below to the Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Facility Standards.

_____ **Date** _____

Signature of Applicant:

Stop here! Do not write below this line. Mail this form to the Idaho Nurse Aide Program at the address above.

The bottom of this form to be completed by Idaho Nurse Aide program representative.

CNA Certification Number: _____ ☐ Yes ☐ No _____

Status Current? Date of Expiration

Disciplinary Status: ☐ None ☐ Probation ☐ Restricted ☐ Warning ☐ Suspension ☐ Denied ☐ Censure ☐ Revocation

Abuse: Are there any substantiated findings of abuse? ☐ Yes ☐ No

Signature/Title _____ Date Verified: _____

State Verified for _____

Spoke with _____ ☐ On-line ☐ Automated Telephone