

Return Completed & Signed Form To:
IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF MEDICAID – BUREAU OF FACILITY STANDARDS
IDAHO NURSE AIDE REGISTRY
P.O. BOX 83720
3232 ELDER STREET
BOISE, ID 83720-0036

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 as a PAID CNA 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/yy) _____ TO: (mm/dd/yy) _____

Employer's Signature _____