C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director

CNA REGISTRY
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6620
FAX: (208) 334-6629
E-mail: IDNAP@DHW.IDAHO.GOV

OUT OF STATE CREDENTIAL VERIFICATION FORM

Complete the top portion then mail this form to the state you are coming from. They will return it to the Idaho State Department of Health and Welfare.

Part I: To Be Completed By Applicant
I am listed on the Nurse Aide Registry in the state of
under the name of
and my registration number is
Social Security Number Date of Birth
Telephone Number
Mailing Address
☐ I completed a nursing assistant training program at
☐ I completed a competency examination on
☐ I became a nursing assistant by waiver or deeming.
☐ I am applying in Idaho under the name of
Nurse Aide: Do <u>Not</u> return this form to the Idaho Nurse Aide Registry. After you have completed the information requested above, it is your responsibility to send this form to the state agency you are transferring FROM .
Part II: To Be Completed By State Agency
The information on this form is accurate and the above-named person is on the nursing assistant registry in our state.
☐ The above-named person is not on the nursing assistant registry in our state.
Date of Registration/Certification Number
This Nurse Aide successfully completed a training course whose curriculum meets OBRA of 1987/1989. □Yes □No
Date of Expiration of Registration/Certification
Has Registrant had any type of disciplinary action? □Yes □No
If yes, please explain:
Is Registrant currently under investigation? Yes No
Signature Date
Title State