



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

CNA REGISTRY
BUREAU OF FACILITY STANDARDS
3232 Elder Street
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OUT OF STATE CREDENTIAL VERIFICATION FORM

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 _____

Nurse Aide: Do NOT 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. These are the states that will NOT provide written verification of registry status: AZ, CA, CO, IL, KY, MO, NC. You will need to go to the public verification websites for these states and print a current copy of your status. Send that back to the Idaho Nurse Aide Registry with the completed Out of State Verification form to the PO Box address found at the top of this form.

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 _____