



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

BRAD LITTLE - Governor  
DAVE JEPPESEN - Director

CNA REGISTRY  
BUREAU OF FACILITY STANDARDS  
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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 Certification number is \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

I completed my 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 Nurse Aide Registry you are transferring **FROM**. These are the states that will **NOT** provide written verification of registry status: AZ, CA, CO, IL, KY, MO, NC, WI. 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 Nurse Aide Registry**

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 \_\_\_\_\_