IDAHO DEPARTMENT OF HEALTH & WELFARE

Revised 9.7.2023

IDAHO NURSE AIDE RENEWAL FORM

- Send your renewal form in the SAME month of expiration date.
- You MUST work at least 8 hours as a PAID CNA in the two (2) years before your expiration date to be eligible to renew.
- Volunteer hours DO NOT count as hours towards renewing your certification.
- There is NO fee required to renew your CNA certification.

PRINT CLEARLY AND LEGIBILY

Name_____ Social Security # _____

Street Address_____ Date of Birth_____

City_____ Expiration Date_____

State/Zip_____ Phone Number_____

Email Address: _____

You MUST SIGN below to authorize your employer
to release employment information to the Idaho Nurse Aide Registry.

CNA Signature_____

VERIFICATION OF EMPLOYMENT

Have your CURRENT or MOST RECENT CNA, Home Health Aide, or Personal Care services EMPLOYER complete the section below.

Employer_____ Phone Number_____

Street Address_____

City_____ State_____ Zip: _____

Start Date: (mm/dd/yy)_____ End Date: (mm/dd/yy)_____

Employer's Name Printed_____ Signature_____

*If you provided personal care services you MUST include proof of payment for your work (checks or paystubs) in addition to the employer signature.

Send completed forms to:

Fax: (208) 334-6629 or Email: IDNAP@dhw.idaho.gov

or mail to: ATTN: IDHW Idaho Nurse Aide Registry
Licensing & Certification–Bureau of Facility Standards
P.O. Box 83720, PTC 7th Floor
Boise ID 83720-0009

Idaho Nurse Aide Registry Website

Check your Registry Status