



Nurse Refresher Program

PHONE: (208) 367-1171 | WEB: <https://www.nurserefresher.org/>

EMAIL: nurserefresher@nurseleaders.org | MAIL: 6126 W State St, Ste 406, Boise, ID 83703-2741

Authorization Form

Participant Section

(Participant completes this section and sends it to Board of Nursing.)

Name: _____

Email: _____ Phone: _____

Address: _____

License Type: RN LPN

License Number: _____ License State: _____

License Status: Expired; not active Temporary; expires: _____
 Current active license; need to update practice standards

Board of Nursing Section

(Board of Nursing completes this section and sends it to Nurse Refresher Program.)

Contact Name: _____ Contact Title: _____

Contact Email: _____ Contact Phone: _____

Address: _____

The Board of Nursing for the State of _____ deems this participant will be eligible for licensure upon completion of the program, subject to background checks, payment of fees, and verification of good standing. This student is hereby authorized to enroll in the Nurse Refresher Program to meet the licensure requirements.

Authorizing Agent: _____ Date: _____

Send Final Report to: Email Address Mailing Address

Please return this completed form by email to nurserefresher@nurseleaders.org or by mail to Nurse Refresher Program, 6126 W State St, Ste 406, Boise, ID 83703-2741.