

DECLARATION OF PRIMARY STATE OF RESIDENCE

In order for the Idaho Board of Nursing to issue a nursing license, clarification is needed regarding the applicant's primary state of residence.

Acceptable Evidence of Primary State of Residence

In accordance with the Nurse Licensure Compact, "Primary State of Residence is defined as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile". Acceptable evidence of primary state of residence may be requested and includes, but is not limited to:

- Driver's License with an Idaho home address
- Voter Registration Card displaying an Idaho home address
- Federal income tax return declaring Idaho as the primary state of residence
- Military Form No. 2058 State of Legal Residence certificate
- W-2 from the US Government or any bureau, division or agency thereof indicating Idaho as the declared state of residence

Check one of the following

	Check one of the following	
	I am declaring Idaho as my primary state of residence as indicated by my Idaho mailing address entered below.	
	I am declaring Idaho as my primary state of residence, even though my mailing address is in another Compact state as entered below.	
	I am declaring another Compact State as my primary state of residence –	
	Tain declaring another compact state as my printary state of residence	Compact State
	I am in the process of establishing residency in Idaho and plan to claim Idaho as my primary state of residence.	
	(Notify the Board of your Idaho mailing address as soon as available.)	Moving Date
	I am declaring a non-Compact state as my primary state of residence	
		Non Compact State
	I am declaring a country other than the U.S. as my primary residence –	
		Country
	I am a member (spouse of a member) of the U.S. Armed Forces and am declaring Idaho as my primary state of residence.	

Attestation

I, being duly sworn, declare that I understand the instructions and terms as set forth in this application, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this application, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

Printed name	Signature	Date		
Mailing Address	City	State	Zip	
	o the Idaho Board of Nursing by one of	6		
Post	al service - Board of Nursing PO Box 83720,	d of Nursing PO Box 83720, Boise, ID 83720-0061		
Fax	- (208) 334.3262 Scan and Email -	- info@ibn.idaho.gov		