

Iowa Nurse Assistance Program (INAP)

Offered by the Iowa Board of Nursing
400 SW 8th St, Suite B
Des Moines, Iowa 50309-4685
Phone: 515 725 4008
Fax: 515 725 4017
Email: INAP@iowa.gov



CHANGE OF HOME ADDRESS OR EMPLOYER

Name (print): _____

Date: _____

NOTIFICATION OF ADDRESS CHANGE(S)

It is the participant's responsibility to keep INAP and the Board informed of their current address and phone number. Participants should complete applicable information below and submit to INAP.

CHANGE OF HOME ADDRESS:

Effective Date: _____

New Phone Number: _____

New Address: _____
HOUSE/APT. NUMBER STREET CITY STATE ZIP CODE

NOTIFICATION OF NURSING EMPLOYER CHANGE(S) OR JOB CHANGE

Participants should notify INAP prior to making any changes in employment or change in nursing position. Participants should complete applicable information below and submit to INAP.

CHANGE OF EMPLOYMENT/SUPERVISOR/POSITION:

Effective Date: _____

Employer: _____

Mailing Address: _____
UNIT NUMBER STREET CITY STATE ZIP CODE

Immediate Supervisor: _____

Phone Number: _____

New Position: _____

Unit: _____ Shift: _____

My supervisor was informed of my INAP participation on: _____
DATE

My last day at previous employment: _____
DATE

For more information about INAP or to download forms, please visit our website:

<https://nursing.iowa.gov/iowa-nurse-assistance-program>