

Iowa Nurse Assistance Program (INAP)

Offered by the Iowa Board of Nursing
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Des Moines, Iowa 50309-4685
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Fax: 515 725 4017
Email: INAP@iowa.gov



TRAVEL REQUEST FORM

Participants in INAP are required to notify INAP and First Source Solutions two weeks prior to travel.

Participants need to continue to call in daily with First Source and take their testing forms with them.

Participants are expected to test if selected even if approved for travel.

Today's Date: _____

Name: _____

Requested Travel Dates:

Reason for Travel:

I understand I am required to call in daily while traveling and test if selected.

I understand I need to contact INAP with any questions.

SIGNATURE OF NURSE

DATE

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

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