



OUT-OF-STATE REPEAT EXAMINATION ATTACHMENT

APPLICANT INSTRUCTION: Complete Part I of this form and send this form along with a self-addressed stamped envelope to the state or province where you originally took the licensure examination following graduation. That Board will complete the information in Part II and return this form to you. You may need to ask the respective Board if a fee is charged for completion of this form.

PART I (TO BE COMPLETED BY APPLICANT)

LEGAL NAME _____

Last
First
Middle
Maiden

PERMANENT STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF GRADUATION _____

NURSING PROGRAM COMPLETED _____

School of Nursing
City
State

I hereby give authority to the Board to release the requested information below:

Applicant's Signature

PART II (TO BE COMPLETED BY THE STATE BOARD OF NURSING WHERE APPLICANT ORIGINALLY APPLIED FOR LICENSURE BY EXAMINATION)

1.	Has this individual ever written the licensure examination (SBTP or NCLEX) in your state? If YES, when?	YES <input type="radio"/> NO <input type="radio"/>
2.	Is there any reason (i.e. state regulation, disciplinary, etc.) why this applicant would not be eligible to rewrite the NCLEX in your state? If YES, please state the reason?	YES <input type="radio"/> NO <input type="radio"/>
3.	Does your state have limitations on the number of times applicants can test and/or the length of time since graduation? If YES, please state specific number and/or time frames.	YES <input type="radio"/> NO <input type="radio"/>

AFFIX BOARD SEAL HERE	Signature _____
	Title _____
	State Board _____
	Date _____