



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 they will submit the form to the ABN. 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 _____