PETITION FOR PERMISSION TO TEST OR RETEST

Please print or type

Name: _____________________________________________________________________________

Address: ___________________________ D.O.B. ___________ Phone: (____)_____-________

City: ___________________________ State: _______ Zip ______________

Email address:  _______________________________________________________

Name of Nursing Program: ___________________________________________

Program Address: __________________________________________________

Date of Graduation: Month: _________ Year ________

Degree Obtained (circle one): BSN   ADN   PN

Indicate the NCLEX test you are petitioning to take: RN   PN
Do you currently hold a Kansas LPN License: YES   NO

LPN license number: ______________________________________________________

Total number of times NCLEX-RN taken: ________   NCLEX-PN: ________

Dates of examinations: RN 1._________ 4._________ PN 1._________ 4._________

2._________ 5._________ 2._________ 5._________

3._________ 6._________ 3._________ 6._________

If you have taken NCLEX more than 6 times please list all the dates on a separate paper.

I declare under penalty of perjury under the laws of the state of Kansas that the information I have provided is true and correct to the best of my knowledge.

Signature: ________________________________________  Date: ____________________

For Office Use Only
Petition ___ Approved with conditions listed below ___ Referred for Board Action

Conditions applied to approval: (check applicable)

o Complete study plan as submitted

o Successful completion of formal review course with predictability score

o _____ total hours of observational clinical for all unsuccessful areas of exam

o Audit nursing classes in all unsuccessful areas

Comments: ________________________________________________________________________________

__________________________________________________________________________________________

_____________________________________ __________

Education Specialist              Date

Rev. 2/2012, 7/2012, 6/2014, 6/2016  1
Petition Instructions:

- An applicant requesting to take/retake the NCLEX must petition the Board for permission to test/retest the NCLEX when it has been within 2 – 5 years after graduation.
- When it has been more than 5 years after graduation, the applicant will not be given permission to test/retest the NCLEX until the applicant retakes a nursing program.
- Your completed petition must be received by the Kansas State Board of Nursing no later than 30 days prior to the scheduled Board meeting. Board meeting dates can be found at [www.ksbn.org/Board Meeting Packets/Board Meeting Schedule](http://www.ksbn.org/Board Meeting Packets/Board Meeting Schedule).
- If the petition request is approved by the Board the petitioner is given twelve months to complete the conditions applied to the petition. If the conditions are not completed within twelve months after the petition is approved, the petition is considered abandoned and the petitioner must submit another petition to take/retake the NCLEX.
- Each approved petition is good for one NCLEX attempt.
- Your petition for permission to take/retake the NCLEX must contain the following information:
  - Completed page 1 of this document
  - Study plan – developed as per [Study Plan Instructions included on page 2 of this document](#).
  - Candidate Reports for each unsuccessful NCLEX testing attempt – refer to [Candidate Report Instructions included on page 4 of this document](#).
  - Question #1 answered – refer to [Question #1 Instructions included on page 4 of this document](#).
  - Question #2 answered – refer to [Question #2 Instructions included on page 4 of this document](#).
  - Scope of Practice Paper – refer to [Scope of Practice Paper Instructions included on page 5 of this document](#).
  - Formal NCLEX Review Course – refer to [Formal NCLEX Review Course Instructions included on page 6 of this document](#).

Study Plan Instructions:

All applicants must submit a formal study plan with the petition for permission to test/retest. No handwritten study plans will be accepted – must be typed/word processed. A study plan should contain the following:

1. A specific content outline for all of the areas not successfully passed (below or near passing scores) on the diagnostic profile from the last unsuccessful test attempt. All eight areas should be covered for any applicant who has not taken the NCLEX before.
2. Methods of study, including the following:
   a. self-study
   b. study groups
   c. tutors; or
   d. any other methods approved by the board
3. A schedule for study that meets the following requirements:
   a. 30 hours for each area not successfully passed (below or near passing scores or all eight areas of the NCLEX for any applicant who has not taken the NCLEX before)
   b. a start date; and
   c. completion date (within twelve months)
4. Learning resources identified to be used in the study that meet these requirements:
   a. a written bibliography in a standard documentation format, with resources no more than five years old; and
   b. Four types for each low performance area selected from the list as follows:
      i. textbooks
      ii. journals
iii. review books
iv. audiovisuals
v. computer-assisted instructions; or
vi. computer review programs

c. The formal NCLEX Review Course hours cannot count toward the study plan hours, so should not be listed as a reference on the study plan

5. The name and contact information for the RN designated to oversee the completion of the study plan.

Use a column format as illustrated in the Sample Study Plan table below. Each area of unsuccessful passing (below or near passing score) from the last diagnostic profile should be included on the plan. If the petition is approved, the applicant should complete the study plan as written. After completion of the study plan, verification of completion is required by the designated RN and should be sent to the Education Specialist at the Board office.

SAMPLE STUDY PLAN

NAME of Petitioner: Mary Roe
ADDRESS: 123 Lane
Sunflower, Kansas 66666

VERIFICATION BY:
NAME: Ann Doe, RN
ADDRESS: 234 Lane
Sunflower, Kansas 66666
PHONE NUMBER: (913) 222-5555
email:

BEGINNING DATE: (Month & Year)       PROPOSED COMPLETION DATE: (Month & Year)

<table>
<thead>
<tr>
<th>Study Plan</th>
<th>Method</th>
<th>Schedule</th>
<th>Resources</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Performance Report</td>
<td>Content Outline</td>
<td>Safe, effective care environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Patient advocacy.</td>
<td></td>
<td>2. Protecting clients from hazards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Continuity of care.</td>
<td></td>
<td>3. Role of nurse in identifying a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Study</td>
<td></td>
<td>4. Tutor. To review case studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Computer: Interactive Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 hour/day Monday-Friday beginning week of</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>October 8, for a total of 20 hours</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Total Hours: ______________________</td>
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<td></td>
</tr>
</tbody>
</table>
| Safety & infection control.                      | Tutor. To review| 1 hour/day Monday-Friday beginning week of    | Adler, J., & Adler, K. (Year).  
| control.                                        | case studies    | October 8, for a total of 20 hours            | Respiratory nursing care. [video].  
| 1. Protecting clients from hazards              | Computer:       | To complete study plan                         | New York: American 
|                                                  | Interactive     | February, 1998                                | Journal of                                   |
| 2. Role of nurse in identifying a                | Program         |                                               |                                               |                                               |
|                                                   |                  |                                               |                                               |                                               |
|                                                   |                  |                                               |                                               | Jane Doe will give a quiz on content on      |
|                                                   |                  |                                               |                                               | November 1, 1998.                            |
Sample Reference List (references no more than 5 years old)

Textbooks:

Journals:

Computer Software

Video/Filmstrip/Audio Cassette

**Candidate Report Instructions:**
Submit a copy of all Candidate Reports with this application. **There should be a Candidate Report for each unsuccessful testing attempt.** If you do not have a Candidate Report for each NCLEX attempt use the *Information Request Form* on the KSBN website (www.ksbn.org). This form can be located under the forms link in the blue box in the upper left corner.

**Question #1 Instructions:**
What nursing content in your low performance categories have you studied since the last attempt to take the licensure examination? Please be specific and include the following information:
- content studied
- time studying in clock hours,
- method of study,
- teaching assistance, and
- text books, journals, audiovisuals and computer software used
Answer to this question must be typed/word processed, no handwritten answers will be accepted.

**Question #2 Instructions:**
Have you worked as an aide or technician or licensed practical nurse in the last two years?
Please be specific and include the following information:
- the nature of your clinical experience,
- number of hours per week,
- self-evaluation of your performance in the last two years and
- relate how the clinical experience addresses your categories of low performance

Answer to this question must be typed/word processed, now handwritten answers will be accepted. If you have not worked as an aide or technician or LPN in the last two years, please include this information.

**Scope of Practice Paper Instructions:**
All applicants petitioning to take the NCLEX must write a paper addressing:

*Differences in Scope of Practice for RN and LPN*

Paper requirements:

<table>
<thead>
<tr>
<th>The Paper Addresses…</th>
<th>Addressed thoroughly</th>
<th>Addressed partially</th>
<th>Did not address</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Differences 65-1113 (from Kansas Nurse Practice Act)</td>
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<tr>
<td>Educational Preparation 65-1115 (from Kansas Nurse Practice Act)</td>
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<td></td>
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<tr>
<td>IV Therapy 65-1136 (from Kansas Nurse Practice Act)</td>
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<td></td>
<td></td>
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<tr>
<td>Delegation 65-1165 (from Kansas Nurse Practice Act)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose and focus of the writing are clear. Sequencing of ideas makes writer’s points easy to follow.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sentence Structure/ Grammar</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sentences are structured and words are chosen to communicate ideas clearly. No grammatical errors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>References</strong></td>
<td></td>
<td></td>
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<tr>
<td>At least 3 to 6 references including current version of KS Nurse Practice Act (available on <a href="http://www.ksbn.org">www.ksbn.org</a>). Other references &lt; 5 years old. Utilizes APA format.</td>
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</tr>
</tbody>
</table>

**Acceptable paper criteria:**
Address thoroughly all of the content section and address thoroughly or partially the organization of the paper, sentence structure/grammar and references. Word processed using the style format requested.

**Unacceptable paper criteria (paper must be revised and resubmitted):**
Address partially any of the content section, regardless of scores in other areas. Not word processed, or
style doesn’t meet requirements.

**Formal NCLEX Review Course Instructions:**
You are not required to have completed a formal NCLEX Review Course before submission of your petition request. If you have completed a formal NCLEX Review Course prior to submission of this petition request include the following information:
- Name of formal review course
- Dates attended
- Proof of successful completion (certificate of completion, etc)

**Frequently Asked Questions re: the Petition process:**
1. **What happens to my petition after I submit it to KSBN?** Your petition is reviewed by the Education Specialist to ensure it is complete (all information submitted). It will then be prepared for the Board to review and approve with conditions or deny. You will receive a letter from the Education Specialist after the Board meeting outlining the Board’s decision re: your petition request. The next steps you have to complete will be included in this letter.

2. **What conditions may be applied to my petition if it is approved by the Board?** The following guidelines will be utilized by KSBN when reviewing the petition for approval to test. These guidelines do not need to be included on the petition submission. The KSBN Education Specialist will notify the applicant regarding the conditions of the petition approval after the Board reviews the petitions. After approval of petition, any conditions applied to the approval must be completed within twelve months of the petition approval or the petition is considered abandoned.

**Petition for Permission to Test/Retest NCLEX Guidelines**

<table>
<thead>
<tr>
<th>Years Since Graduation</th>
<th>Number times written exam</th>
<th>Number of areas unsuccessful</th>
<th>Number months since completion of study plan</th>
<th>Number of months since completion of review course with predictability score</th>
<th>Conditions for petition approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 years</td>
<td>5 or less</td>
<td>5 or less</td>
<td>3 or less</td>
<td>6 or less</td>
<td>Study Plan: 30 hours of study for each unsuccessful area on exam K.A.R. 60-3-106 (f) (4) (A) Clinical: Total of 15 hours of observational clinical for all unsuccessful areas of exam K.A.R. 60-3-106 (h)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Not completed yet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3 years</td>
<td>&gt;5</td>
<td>&gt;5</td>
<td>&gt;3</td>
<td>&gt;6 or not completed formal review course</td>
<td>Study Plan: 30 hours of study for each unsuccessful area on exam K.A.R. 60-3-106 (f) (4) (A) 10 additional hours of study for each Unsuccessful area on exam K.A.R. 60-3-106 (h) Clinical: Total of 15 hours of observational clinical for all unsuccessful areas of exam K.A.R. 60-3-106 (h) Review Course: Successful completion of formal Review Course with predictability score K.A.R. 60-3-106 (h)</td>
</tr>
<tr>
<td>3-4 years</td>
<td>5 or less</td>
<td>5 or less</td>
<td>3 or less</td>
<td>6 or less</td>
<td>Study Plan: 30 hours of study for each unsuccessful area on exam K.A.R. 60-3-106 (f) (4) (A)</td>
</tr>
</tbody>
</table>
### Conditions for petition approval

K.A.R. 60-3-106 (e) (f) (g) (h)

<table>
<thead>
<tr>
<th>Years Since Graduation</th>
<th>Number times written exam</th>
<th>Number of areas unsuccessful</th>
<th>Number months since completion of study plan</th>
<th>Number of months since completion of review course with predictability score</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 years</td>
<td>&gt;5</td>
<td>&gt;5</td>
<td>&gt;3</td>
<td>&gt;6 or not completed formal review course</td>
</tr>
<tr>
<td>Over 5 years</td>
<td></td>
<td></td>
<td></td>
<td>20 additional hours of study for each unsuccessful area on exam K.A.R. 60-3-106</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinical: Total of 30 hours of observational clinical for all unsuccessful areas of exam. K.A.R. 60-3-106 (h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Retake Nursing Content: Audit nursing classes in all unsuccessful areas K.A.R. 60-3-106 (h)</td>
</tr>
</tbody>
</table>

3. **What happens if I cannot complete the conditions of my petition within the twelve month period?**
   - You will have to submit another petition if you are requesting to take/retake the NCLEX and you are still within the 2 to 5 year period after graduation. No extensions will be given to the twelve month time period.

4. **Who can I contact if I have questions after reviewing all this information?**
   - You can contact the KSBN Education Specialist at 785-296-5036/ or via email at: carol.moreland@ksbn.state.ks.us

5. **Where do I send my petition when it is complete?**
   - You should mail all the information needed at the same time to: Kansas State Board of Nursing, Landon State Office Building, 900 SW Jackson, Suite 1051, Topeka, KS 66612-1230.

6. **What happens to my petition if I forget to submit some of the information listed in the instructions?**
   - Your petition will be incomplete if all the information is not received and it will not be prepared for the Board to review. If your petition is incomplete, you will receive a letter stating what information is missing. This could delay your petition being reviewed by the Board. Refer to the Checklist for Petition Submission that follows to ensure you have submitted all the necessary information.

#### Checklist for Petition Submission

Utilize this checklist to ensure all required information is submitted. Incomplete petitions will not be reviewed.

_____ Completed petition (including signature) – must be received by KSBN no later than 30 days prior to
the next scheduled Board Meeting

_____ Develop and submit formal study plan as per instructions

_____ RN for Study Plan verification identified

_____ References for Study Plan no more than 5 years old

_____ Candidate Report for each unsuccessful NCLEX testing attempt (if you have not attempted the NCLEX you will have no Candidate Reports to submit)

_____ Question #1 answered as per instructions

_____ Question #2 answered as per instructions

_____ Scope of Practice paper as per instruction

_____ Submit formal review course information (if already completed)
   Name of formal review course
   Dates attended
   Proof of successful completion