

PETITION FOR EXAMINATION TEST

For applicants who have taken another country or state (California or Texas PN) examination

Please print or type.

Name: _____

Address: _____

City: _____ State: ____ Zip _____

I, _____ request permission to take the National Council Licensure Examination (NCLEX)

NAME

Applying for NCLEX (Check one) RN PN

Graduated from : _____ Program Address: _____
Name of Program

Date of Graduation: Month _____ Year _____

Country/State of examination: _____ Date of examination: _____

Describe your nursing practice (work as a nurse technician, aide or practical nurse) and ongoing nursing education (continuing education, courses, degrees) for the last 5 years:

Being duly sworn, I state that all statements in this petition are true and accurate.

Signature: _____ Date: _____

For Office Use Only

Petition _____Approved _____Not Approved _____Deferred

Janette Pucci, Education Specialist

Date