

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov>
Website: <http://dps.wi.gov>

BOARD OF NURSING

CERTIFICATE OF APPROVAL TO TAKE EXAMINATION EARLY

APPLICANT: For Wisconsin Board of Nursing eligibility to take the NCLEX before receiving your diploma complete the “Applicant” section of the form. Then forward the form to the school of nursing where you will receive your basic nursing education. Ask the school to complete the “School” section and return the form directly to the Department before you schedule your test.

Type of Degree: Registered Nurse (RN) Licensed Practical Nurse (LPN)

Last Name **First Name** **MI** **Former / Maiden Name(s)**

Address (street) **(city)** **(state)** **(zip code)**

Social Security Number (voluntary-for use in locating your records) --
Date of Birth //

Application Number
PAR-

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the school named below to provide the Department with the information requested below.

//
Applicant Signature (Provide a digital signature or print and sign form.) **Date**

SCHOOL: This form is for purposes of providing approval to take the NCLEX examination prior to graduation/completion. Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term “Third-Party” refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

Name of School

Location of School (number/street) **(city)** **(state)** **(zip code)**

The above-named applicant is attending the following program: (Check a box below.)

- a Registered Nursing (RN) Program (BSN/ADN/BA/DIP/Other)
 a Licensed Practical Nursing (LPN) Program (LPN/TPN)

Continued on next page.

Wisconsin Department of Safety and Professional Services

School completion, continued.

Was this school of nursing WI board-approved at the time of graduation or completion? Yes No

The school approves the applicant to take the NCLEX examination. Yes No

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

 / /

Signature of Dean or Department Head

Date

(Provide a digital signature or print and sign form.)

 - - **Ext** _____

Printed Name

Phone

Title

