

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/>
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

BOARD OF NURSING

WI BOARD APPROVED STATEMENT OF GRADUATION OR COMPLETION

(from WI Board of Nursing approved school)

APPLICANT: Complete this section and submit it to the school of nursing in which you received your basic nursing education. Form must be returned directly from the school of nursing to the Department. Approval to take the NCLEX is authorized by the Wisconsin Board of Nursing once all required documents are received and reviewed.

TYPE OF DEGREE or EDUCATION: Registered Nurse (RN) Licensed Practical Nurse (LPN)

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

Address (number/street)	(city)	(state)	(zip code)

Date of Birth	Application Number	Social Security Number (voluntary-for school use to locate your records)
_ / _ / _		_ - _ - _

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.

Applicant Signature (If unable to provide a digital signature, please print and sign form.)	Date
	_ / _ / _

WI BOARD-APPROVED SCHOOL: 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 credential application.)

Name of School	City	State

The above-named applicant has graduated from, or has completed (Check one box below.):

<input type="checkbox"/>	(RN) a registered nursing (RN) program (BSN/ADN/BA/DIP/Other), or
<input type="checkbox"/>	(RN) the portion of the RN graduate program needed to obtain a certificate of completion in registered nursing (Direct Entry/graduate RN program), or
<input type="checkbox"/>	(LPN) a licensed practical nursing program, or
<input type="checkbox"/>	(LPN) the portion of the RN program needed to obtain a certificate of completion in practical nursing.

Date of graduation or completion	Was this school of nursing WI board-approved at the time of graduation or completion?
_ / _ / _	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Printed Name	Title	
Organization Name	Email Address	
School Signature	Date	Phone Number
	_ / _ / _	_ - _ - _

(If unable to provide a digital signature, please print and sign form.)