

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
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**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto: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:**  Registered Nurse (RN)  Licensed Practical Nurse (LPN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name First Name MI Former/Maiden Name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address (street) (city) (state) (zip code)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth (mm/dd/yyyy)

<input type="text"/>
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Application Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number (Voluntary-for use by school to locate your records)

**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](http://license.wi.gov). You will need the application number shown above.

<input type="text"/>
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Name of School

<input type="text"/>	<input type="text"/>
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Location of School (city) (state)

**The above-named applicant has graduated from, or has completed:** (check a box below)

- a registered nursing (RN) program (BSN/ADN/BA/DIP/Other)  
 the portion of the RN graduate program needed to obtain a certificate of completion in registered nursing (Direct Entry/graduate RN program)

**OR**

- a licensed practical nursing program, or  
 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?  Yes  No

<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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Signature (If unable to provide a digital signature, please print and sign form.)

<input type="text"/>
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Printed Name and Title