Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

BOARD OF NURSING

WI BOARD APPROVED STATEMENT OF GRADUATION OR COMPLETION
(from WI board-approved school)

APPLICANT: Complete this section and forward to the school of nursing in which you received your basic nursing education. Approval to take the NCLEX is authorized by the WI Board of Nursing once all required documents are received and reviewed.

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

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

Address (street, city, state, zip)

__ __ / __ __ / __ __ __ __ Date of Birth

__ __ __ - __ __ - __ __ __ __ Social Security # (Voluntary-for use by school to locate your records)

WI BOARD-APPROVED SCHOOL: Complete this section to certify graduation from or completion of a nursing program **only** and return Form (#259) to DSPS at the address listed above.
You may fax or email this form with a cover sheet/letter to: (608) 251-3036 or DSPSCredNursing@wisconsin.gov.

Name of School

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

_____ Date __ __ / __ __ / __ __ __ __
Signature

Title

#259 (Rev. 6/15)
Ch. 441, Stats.

Committed to Equal Opportunity in Employment and Licensing