

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

CERTIFICATE OF APPROVAL TO TAKE EXAMINATION EARLY

APPLICANT: Complete this section and forward to the school of nursing in which you will receive your basic nursing education. Request the school to return the completed form for approval to take the NCLEX examination authorized by the Wisconsin Board of Nursing. Form must be returned directly from the school to the Department.

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

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 LicenseE Third-Party Upload Portal at license.wi.gov. You will need the application number shown above.

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)

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

 / /

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

Date

Printed Name and Title