

# Wisconsin Department of Safety and Professional Services

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

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### RN/LPN RETAKE APPLICATION FOR LICENSURE BY EXAMINATION

(Please allow 7 to 10 business days for processing.)

<b>APPLICANT INFORMATION:</b> (required)											
<b>Name of Applicant:</b>											
<b>Application ID# Number:</b> (if applicable)											
<b>Date of Birth</b> (dd/mm/yyyy):	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
<b>Are you requesting an exam modification*?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											

\*If you have requested modifications for past exams, you must re-apply. You will not be made eligible until the modifications have been approved or denied.

### REQUIRED PAYMENT INFORMATION:

**Check the appropriate box:**     \$15.00 Registered Nurse (RN)     \$15.00 Licensed Practical Nurse (LPN)

**Applicants who have previously taken the NCLEX exam through Wisconsin and are re-applying for admission to the NCLEX exam must:**

- Register for the exam online at <http://www.vue.com>.  
Note: You are encouraged to register for the NCLEX and submit the required DSPS retake (**Form #1055**) at the same time.
- Submit (**Form #1055**) with the completed credit card payment information listed below.

**If you are submitting payment by check/money order, do not complete the information below this point.**

<b>Cardholder's E-mail Address:</b>																			
<b>Cardholder's Daytime Phone Number:</b>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																		
<b>Cardholder's Address:</b> (number/street)	(city)	(state)	(zip code)																
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<b>Credit Card Number:</b>	<b>Expiration Date:</b>																		
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3-digit security code



4-digit security code

**Security Code:**

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**For Receipting Purposes (30/31)**

I UNDERSTAND BY SIGNING BELOW, I AUTHORIZE THE STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY CREDIT CARD FOR THE ABOVE AMOUNT.

**Total Amount to Charge: \$15.00 Examination Fee**

**Please Note:** For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

**Cardholder's Signature:**