Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

BOARD OF NURSING

NOTIFICATION OF RN EXAM RESULTS

The Wisconsin Board of Nursing regrets to inform you that you were unsuccessful on the National Council Licensure Examination for Licensed Registered Nurses (NCLEX-RN). Your test results are enclosed.

TO REAPPLY FOR EXAMINATION: Complete and return to the appropriate offices the enclosed 1) "Retake Application" (Form #1055), 2) **the $15.00 retake fee** and 3) ETS Registration form with fee. Follow all instructions carefully!!

PLEASE NOTE: BASED ON THE NEED TO PREVENT OVEREXPOSURE OF ITEMS, THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING WILL NOT ALLOW CANDIDATES TO TAKE THE NCLEX MORE THAN ONCE EVERY 45 DAYS.

Please return your temporary permit (if one was issued) to the Board of Nursing office immediately upon receipt of this notice. You are no longer eligible for a permit since you have been unsuccessful on the examination. **PLEASE NOTIFY YOUR EMPLOYER OF YOUR CHANGE IN STATUS.**

You may request to review your examination and challenge the accuracy of questions and answers. Procedures for facilitating review and challenge have been developed by the National Council of State Boards of Nursing. The fee for a review is $358.00. The fee for a challenge is $200.00 plus $110.00 for each item challenged. Candidate reviews take place at The Sylvan Technology Centers. If you wish to request a review of your examination, please contact the Board of Nursing office and ask to be transferred to Casey Brown, (608) 266-2112.

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BOARD OF NURSING

PROFESSIONAL NURSE RETAKE APPLICATION FOR LICENSURE BY EXAMINATION

Applicants who have previously taken the licensure examination in Wisconsin and are reapplying for admission to the examination must:

A. Complete/notarize this application and return directly to the Board of Nursing at the above address **along with the $15.00 Wisconsin retake fee**.

B. Complete the NCLEX Registration Form according to the instructions outlined in the Candidate Bulletin and *send with the $200.00 fee (certified check, cashier's check or money order only) directly to NCLEX in the envelope provided.

*If you wish to register with NCLEX by telephone using VISA or MasterCard and pay an additional service fee of $12.00 (total $212.00), follow the instructions on page 3 of the Candidate Bulletin.

C. If you have requested exam modifications for past exams, you must indicate below that you are requesting modifications again. You will not be made eligible until the modifications have been approved or denied.

Are you requesting exam modifications? ☐ Yes ☐ No

YOU ARE ENCOURAGED TO MAIL BOTH APPLICATIONS AT THE SAME TIME. BE SURE YOU ARE SENDING THE APPLICATIONS TO THE APPROPRIATE OFFICES.

PLEASE TYPE OR PRINT IN INK

NAME _____ **DATE OF BIRTH** _____

ADDRESS _____
(number, street, city, state, zip)

1. SINCE THE TIME YOU LAST APPLIED FOR LICENSURE IN WISCONSIN BY EXAMINATION, HAS ANY STATE NURSING BOARD DENIED YOU LICENSURE OR ADMISSION TO A LICENSURE EXAMINATION?

YES ☐ NO ☐ If yes, where?

A "YES" ANSWER TO THE FOLLOWING QUESTION DOES NOT RESULT IN AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR ARREST/CONVICTION RECORD.

2. SINCE THE TIME YOU LAST APPLIED FOR LICENSURE IN WISCONSIN BY EXAMINATION, HAVE YOU BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE? (excluding minor traffic violations)

YES ☐ NO ☐

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Board of Nursing or the Department of Regulation and Licensing will be cause for disciplinary action.

Subscribed and sworn to before me
this _____ day of _____ , 19____ .

_____
Applicant's Signature

_____
Notary Public

_____
Date

My Commission: _____

_____
Daytime Telephone Number (voluntary)

#1055 (Rev. 4/04)
Ch. 441, Stats.