REQUEST FOR APPROVAL TO TAKE/RE-TAKE THE NCLEX

Board of Nursing Rules indicate that graduates who do not take (i.e., pass) the licensure examination within twelve (12) months following graduation from the nursing education program may be required to follow specific remedial measures as prescribed by the Board before being scheduled to take the examination (IDAPA 23.01.01.220.04). Approval to test/retest is conditioned on acceptance of a test readiness plan. Please provide the information requested, indicating your plan, and return directly to the Board office at the following address or FAX.

POST OFFICE BOX 83720, BOISE ID 83720-0061 (FAX: 208/334-3262)

If you have any questions regarding this form, please call the Board of Nursing (208/334-3110, ext. 2478).

NAME & ADDRESS: _____

_____

_____

I am seeking approval to take/re-take: ☐ NCLEX-RN ☐ NCLEX-PN

I graduated from the following school of nursing in the indicated year:_____
(Graduation Year)

_____
Name of School of Nursing and Location (City & State)

1. Describe the nursing concept/content learning needs you have identified based upon your knowledge of your success in your nursing education program and/or the NCLEX Diagnostic Profile resulting from previous NCLEX failure(s).

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2. Describe the general concept/content learning needs you have identified (e.g., math, pathophysiology, reading) based upon your knowledge of your academic success.

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3. Describe other functional needs you have identified (e.g., test anxiety, test-taking strategies, time management) based upon past test-taking experience.

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4. Describe how you have addressed the needs identified in #1, #2 and #3 above.

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(Attach additional pages as necessary)