



IDAHO

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

- BOARD OF NURSING -



BRAD LITTLE - GOVERNOR
 RUSSELL S. BARRON - ADMINISTRATOR
 JUDY TAYLOR - BOARD CHAIR

PO Box 83720
 BOISE, ID 83720-0061
 PHONE: (208)577-2476
 FAX: (208)577-2490

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 schedule to take the examination (IDAPA 24.34.01.220.04). 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.

PO Box 83720, Boise ID 83720-0061 (FAX: 208-577-2490)

If you have any questions regarding this form, please call the Board of Nursing (208-577-2476).

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: _____

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).

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

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

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

Approved: _____

Date: _____

OFFICE LOCATED AT:
 11351 W CHINDEN BLVD
 BOISE, ID 83714