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STATE OF DELAWARE
BOARD OF NURSING

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APPLICATION FOR NCLEX RE-EXAMINATION

INSTRUCTIONS

When to File

Use this form if you have already applied for licensure by examination in Delaware and you did not pass the examination.

Do **not** file this application in these situations:

- If your home state of residence has changed to another [compact state](#) besides Delaware, **STOP**. You are no longer eligible for licensure in Delaware. You must apply in your home state of residence.
- If five years (60 months) or more have elapsed since your graduation, **STOP**. You are no longer eligible for licensure by examination. Call the Board office.

Requirements for Re-Exam

- Submit completed, signed and notarized *Application for NCLEX Re-Examination*.
 - **Follow instructions carefully. You must answer all questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter None. Incomplete applications will be rejected.**
 - Read the AFFIDAVIT section and sign the application in front of a notary public. Forms that are unsigned or not notarized will be rejected.
- Enclose the [re-examination fee](#) by check or money order made payable to "State of Delaware." Applications submitted without this processing fee will be rejected.
- If 12 months or more have elapsed since your graduation, complete the **PETITION TO TEST** section of this application.
- If two years (24 months) or more have elapsed since your graduation, submit evidence of completing an NCLEX review course within the previous six months. To be acceptable, the course must include a test(s) and provide either a certificate or letter from the provider as proof of completion. (An email or payment receipt from the course provider is not sufficient.) Before enrolling, make sure that the course meets these requirements. To find a course, we suggest you check with your school of nursing, visit NCSBN Learning Extension at <http://learningext.com> or search on the internet.

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle Maiden
2. Social Security Number: _____
3. Has your address, phone number, or email address changed since you last applied? Yes No If yes, complete the following information:
Mailing Address: _____
City State Zip
4. Phone: _____ Email: None
daytime evening or cell

EDUCATION/EXAM INFORMATION

5. What date did you *last* take the NCLEX examination? _____

6. Enter the following information about the **nursing school** you attended:

Name of Nursing School: _____ Graduation date: _____

Type of Program: Registered Nurse Practical Nurse

PETITION TO TEST – Complete this section *only if 12 or more months have passed since your graduation date. Otherwise, skip to the DISCLOSURES section.*

7. Are you currently enrolled in a nursing program? Yes No

8. Do you have any nursing employment experience? Yes No If no, skip to the next question. **If yes, enter the following about your nursing employment experience:**

DATES (month/year to month/year)	EMPLOYER NAME AND ADDRESS	WORK PERFORMED

9. Did you take the NCLEX during the first year after graduating? Yes No **If no, briefly explain why you were unable to take the exam during that period:** _____

10. Have you completed an NCLEX review course? Yes No **If yes, enclose a copy of your completion certificate.**

11. Have you done any other remedial review work – either structured (such as coursework) or unstructured (such as home study)? Yes No **If yes, describe it:**

DISCLOSURES

12. Since your last application, have you been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, explain below and arrange for the Board office to receive a State of Delaware and Federal Bureau of Investigation criminal background check following the instructions on the *Authorization for Release of Information form.***

13. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, explain below and enclose copies of any legal documents:**

14. Are you now, or have you ever been, dependent on the use of alcohol, stimulants, or habit-forming drugs? Yes No **If yes, explain:** _____

CONTINUE TO THE AFFIDAVIT ON NEXT PAGE

AFFIDAVIT

The law regulating the practice of Nursing in Delaware, 24 Del. C. §1922 (a), "Grounds for Discipline," provides that the Board of Nursing may revoke or suspend any license to practice nursing, refuse a license or re-licensing or otherwise discipline a licensee upon proof that a licensee or former licensee is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.

The applicant, being duly sworn, says that he/she is the person referred to in the foregoing application for licensure as registered/licensed practical nurse in the State of Delaware, that he/she meets the requirements for licensure, that the statements therein contained are true and that he/she has read and understands this affidavit.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2 _____,

Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.