

Office of Professional Regulation
 Vermont Board of Nursing
NCLEX-RN Retake Application

| | |
|--|--------------------------|
| 2x2 Recent Photo- Paste Here | Application Fee: \$30.00 |
| Passport sized photo of head and shoulders taken within the last 6 months. | Office Use Only |

Directions:

Enclose a check or money order in the amount indicated, payable to “Office of the Secretary of State”. **This application fee is non-refundable.**

If you have taken and failed the NCLEX **one** time:
 Complete this form and return it to the Board of Nursing.

If you have taken and failed the NCLEX **two** times:
 You must complete a formal NCLEX review course. Please submit the curriculum plan (published description of the course), your certificate of completion and a final overall (readiness) score for the course along with the retake application.

If you have taken and failed the NCLEX **three** or **four** times:
 You must complete a different formal NCLEX review course. Please submit the curriculum plan (published description of the course), your certificate of completion and a final overall (readiness) score for the course along with the retake application. You must ALSO submit a letter describing to the Board of Nursing what you have done to ensure your success on the NCLEX in order to be considered for possible approval to test.

If you have taken and failed the NCLEX **five** times:
 Contact the Board of Nursing Office for information.

When space is insufficient, attach additional sheets.

| Last Name/Surname/Family Name (As on Passport or Driver’s License) | First Name | Middle | Former/Maiden |
|---|------------|---------|-----------------|
| | | | |
| Mailing Address – Street or PO Box | | | |
| | | | |
| City | State | Country | Postal/Zip Code |
| | | | |

| Agency – If applicable list Agency Name and Address | E-Mail: | | |
|---|---------|-------|-------------|
| | | | |
| Address | City | State | Postal Code |
| | | | |

If your 911 address is different from your mailing address, please indicate the 911 address here:

Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State’s Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).

| | | | | |
|---|------------|------------|------------|------------|
| Number of times you have taken the NCLEX: _____ | | | | |
| <u>Dates Taken:</u> | _____ | _____ | _____ | _____ |
| | Month/Year | Month/Year | Month/Year | Month/Year |

| | |
|--|--|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (mmddyyyy) _____ |
| Social Security # _____ - _____ - _____ | Place of Birth(city,state,country) _____ |

*** Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, Labor and the Judiciary in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request.

A Passport Number IS required if you do not have a Social Security Number.

| | | |
|-------------------|-------------------------|------------------------|
| Passport #: _____ | Country of Issue: _____ | Expiration Date: _____ |
|-------------------|-------------------------|------------------------|

| | |
|-----------------------------|---------------------------|
| Home Telephone:_(____)_____ | Cell Phone:_(____)_____ |
| Work Phone:_(____)_____ | Email address:_____@_____ |

Section B:

Please answer yes or no to each of these questions. If the answer is yes please follow the provided instructions.

| | | |
|--|-----|----|
| Have you ever committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes", provide a detailed written explanation and attach all related documents.</i> | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever denied your application for a license, certificate, or registration in any profession or occupation? <i>If "Yes", attach an official copy of the order or official notification of the action.</i> | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes", provide an official copy of the order or official notification of the action.</i> | Yes | No |
|--|-----|----|

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| Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes", provide a detailed written explanation.</i> | Yes | No |
|--|-----|----|

| | | |
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| Are you currently under investigation by another licensing authority? <i>If "Yes", provide a detailed written explanation and a copy of any available information from the licensing authority.</i> | Yes | No |
|---|-----|----|

| | | |
|---|-----|----|
| Have you ever been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are <u>not</u> minor) <i>If "Yes", provide a detailed written explanation and attach the official certified court documents.</i> | Yes | No |
|---|-----|----|

| | | |
|---|-----|----|
| Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes", provide a detailed written explanation and attach a copy of the charges.</i> | Yes | No |
|---|-----|----|

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| Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes", please have your provider submit a detailed statement explaining how you are able to practice safely.</i> | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes", provide a detailed written explanation.</i> | Yes | No |
|--|-----|----|

| | | |
|---|-----|----|
| Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes", provide a detailed written explanation.</i> | Yes | No |
|---|-----|----|

| | | |
|---|-----|----|
| Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If "Yes", please provide the contract/stipulation under which you are practicing.</i> | Yes | No |
|---|-----|----|

Note: It is unprofessional conduct for a licensee to fail to report to the Office of Professional Regulation a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days (3 V.S.A. § 129a(a)(11).

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Section C:

CHILD SUPPORT:

Child Support Orders (15 V.S.A. § 795)

As of the date of this application: (you must check one)

- I am not subject to a child support order; OR
- I am subject to a child support order and am in good standing* or in full compliance with a plan to pay
- I am not in good standing or in full compliance with a plan to pay.**

TAXES:

Tax Compliance (32 V.S.A. § 3113(b)):

As of the date of this application: (you must check one)

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
- no taxes are due and payable and all required returns have been filed; OR
- the liability for any taxes due and payable is on appeal; OR
- I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
- I am not in good standing* or in full compliance with a plan to pay.**

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)):

As of the date of this application: (you must check one)

- This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR
- No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
- I am not in good standing* or in full compliance with a plan to pay.**

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(c))

As of the date of this application: (you must check one)

- I do not have any unpaid judgments.
- I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.
- I am not in good standing.*

* "Good standing" is defined by various laws cited above. For more information, refer to the statute or consult the "information for applicants" on the Office of Professional Regulation web page. (www.vtprofessionals.org)

** You may request that the licensing authority find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. This form is available on the Office of Professional Regulation web page.

Section D: Enclosures

1. Graduates of International nursing schools must provide a copy of their passport, a copy of their current nursing license and the completed Practice Requirement Form.
2. All applicants who have failed the NCLEX more than two times must include review course documents (see Directions).
3. All applicants are required to submit the Re-take Verification of Licensure Form for both original and current (if different) out of country nursing licenses.

Statement of Applicant

I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.

Signature:

Date:

Please send completed application and fee to:
Attn: Board of Nursing
Office of Professional Regulation
National Life Building, North, Floor 2
Montpelier, VT 05620-3402

End of Application

Vermont State Board of Nursing
Practice Requirement Form – Re-take Enclosure

PLEASE PRINT CLEARLY

| Last Name/Surname/Family Name | First Name | MI | Former/Maiden |
|-------------------------------|------------|----|---------------|
| | | | |

| | | |
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| I graduated from my nursing educational program within the last five years. | Yes | No |
| If "Yes", date of graduation _____ Name of Nursing Program _____ | | |

| | | | |
|---|--|--------------------------|---|
| I have practiced nursing as defined in 26 V.S.A. § 1576, for at least (check the appropriate statement): | | | |
| <input type="checkbox"/> | 120 days (960 hours) in the last 5 years | <input type="checkbox"/> | 50 days (400 hours) in the last 2 years |

| Position #1 (most recent) | | | |
|-----------------------------|-------|--------------------|---------|
| Employer (Institution Name) | City | State | Country |
| | | | |
| Dates of Employment: | From: | To: | |
| Full Time or Part Time? | | Paid or Volunteer? | |
| Job Title: | | | |

| Position #2 | | | |
|-----------------------------|-------|--------------------|---------|
| Employer (Institution Name) | City | State | Country |
| | | | |
| Dates of Employment: | From: | To: | |
| Full Time or Part Time? | | Paid or Volunteer? | |
| Job Title: | | | |

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have not worked as a nurse in the last 2 or 5 years. (check the box if this statement applies to you) |
|--------------------------|---|

You must have either worked as a nurse as stated above or have graduated within the last 5 years in order to qualify to sit for the NCLEX through the State of Vermont.

| Statement of Applicant | |
|--|-------|
| <p>I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure or further disciplinary sanction.</p> | |
| Signature: | Date: |

Please send with completed application and fee to:
Attn: Board of Nursing
Office of Professional Regulation
National Life Building, North, Floor 2
Montpelier, VT 05620-3402

www.vtprofessionals.org/opr1/nurses

End of Application

Vermont Board of Nursing
Verification of International Registered Nursing Licensure – Re-Take Enclosure

APPLICANT: Complete the applicant section of this form and forward it to the licensing authority in the country in which you obtained your license. Please print. **MOST LICENSING AUTHORITIES CHARGE A FEE TO COMPLETE THIS FORM.**

Name _____
(Last) (First) (Middle) (Former)

Address _____
(Street) (City) (State) (Country) (Post Code)

Date of Birth: _____ License# _____ Date Issued _____

I hereby authorize the Licensing Authority in the Country of _____ to furnish to the Vermont Board of Nursing the information requested below.

Applicant Signature _____ Date _____
=====

COUNTRY LICENSING AUTHORITY: Please complete the bottom of this form and return to: Vermont Board of Nursing, National Life Bldg., North, FL2, Montpelier, VT 05620-3402.

License Number _____ Country _____ Date Issued _____ Date Expired _____

If licensed/certified by endorsement please indicate state or country endorsed from: _____

Licensed By: () Examination () Endorsement/Reciprocity () Waiver (If Yes, Please Explain) () Other

License Status: () Active () Inactive () Lapsed () Other

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation, etc.)? () Yes () No If yes, attach a copy of the decision.

List name of exam taken: _____

Number of times applicant wrote the examination? _____

Name of Nursing Education Program Completed _____

Location (City and State) _____ Year Graduated _____

Was the nursing program accredited or government approved? _____ YES _____ NO

By what accrediting body or government agency? _____

(OFFICIAL SEAL)

Name of Licensing Agency

Signature of Person Completing Form

Title

Date

Please send to:
Attn: Board of Nursing
Office of Professional Regulation
National Life Building, North, Floor 2
Montpelier, VT 05620-3402

www.vtprofessionals.org/opr1/nurses