

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

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

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

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: _____

Dates Taken: _____ _____ _____ _____ _____

Month/Year Month/Year Month/Year Month/Year Month/Year

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security # _____ - _____ - _____	Date of Birth (mmddyyyy) _____ Place of Birth(city,state,country) _____
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*** 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:_(____)_____	Email address: _____
Work Phone:_(____)_____	_____	

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

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.**

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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)

Section D: Enclosures

Graduates of nursing schools must provide a copy of their passport or US Identification.

Section E: Requirements

1. If you have not re-taken the examination within 2 years of the initial examination you must complete a formal NCLEX review course. Please submit the certificate of completion and the final overall readiness scores.
2. If you have FAILED the NCLEX:
 - 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.

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. 13 VSA §2901.)

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