

**BOARD OF NURSING**  
**National Life Bldg., North, FL2, Montpelier, VT 05620-3402**  
**802-828-2396**  
**EXAMINATION RETAKE APPLICATION**  
**\$30.00 application fee**

Please check one of the following: \_\_\_\_\_ Registered Nurse      \_\_\_\_\_ Practical Nurse

**INSTRUCTIONS:**

**If you have taken and failed the NCLEX exam one time:**  
**Please complete this form and return it to our Office with a \$30.00 fee.**

**If you have taken and failed the NCLEX exam 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 score for the course along with the retake application and \$30.00 fee.**

**If you have taken and failed the NCLEX exam three times or more:**  
**Please contact the Vermont Board of Nursing Office for information.**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former Name</b>		
<b>Mailing Address – Street</b>		<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>
<b>Telephone:</b>		<b>E-Mail:</b>		<b>Date of Birth</b>	

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

**Please circle “yes” or “no” to the following questions. If you answer “yes” to any of the questions you must provide the specific information as requested.**

1. Has any state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? Yes    No

2. Has any state or federal licensing authority 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? Yes    No

*If the answer to question 1 or 2 is “yes” provide a copy of the order or official notification of Board action.*

3. Have you ever been convicted of a crime other than a minor traffic violation? Yes    No

*If the answer to question 3 is “yes” attach a copy of the court documents.*

**QUESTIONS 4,5, AND 6 ARE NOT SUBJECT TO PUBLIC DISCLOSURE**

4. Do you have a physical, mental, or psychological condition or disorder which in any way impairs your ability to practice (nursing) with reasonable skill and safety? Yes    No

*If the answer to question 4 is “yes”, provide a physician’s statement or medical confirmation of the disability.*

5. Are you currently addicted to, or in any way dependent on the use of alcohol or habit forming drugs? Yes    No

6. 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? Yes    No

*If the answer to question 6 is “yes”, provide the contract/stipulation under which you are practicing.*

<b>I have practiced nursing as defined in 26 V.S.A. § 1576, for at least (check the appropriate statement):</b>			
<input type="checkbox"/>	<b>120 days (960 hours) in the last 5 years</b>	<input type="checkbox"/>	<b>50 days (400 hours) in the last 2 years</b>
<b>Place of Employment</b>	<b>City</b>	<b>State</b>	<b>Country</b>
<b>Dates of Employment:</b>	<b>From:</b>	<b>To:</b>	

**Applicant's Statements Regarding Child Support**

**Answer This Question:**

<b>1. I am subject to an order to pay child support.</b>	<b>YES</b>	<b>NO</b>
If you answered "Yes", proceed to question 2. If "No", proceed to question 3.		

<b>2. I am in full compliance with a plan to pay any and all child support due to the State of Vermont</b>	<b>YES</b>	<b>NO</b>
If you answered "Yes", proceed to question 3. If "No", you must contact the Office.		

**Applicant's Statements Regarding Taxes, Unemployment Compensation Contributions**

**Answer This Question:**

<b>3. I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont</b>	<b>YES</b>	<b>NO</b>
If you answered "Yes", proceed to question 4. If "No", you must contact the Office.		

**Answer This Question:**

<b>4. I am in good standing with respect to or in full compliance with a plan to pay any and all unemployment contributions due to the State of Vermont.</b>	<b>YES</b>	<b>NO</b>
If you answered "Yes", proceed to complete the renewal. If "No", you must contact the Office.		

**A Social Security Number is NOT required if you are not a U.S. citizen.**

<b>Social Security #</b> _____ / _____ / _____
<small>* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. YOUR SOCIAL SECURITY NUMBER IS NOT SUBJECT TO DISCLOSURE AS PART OF A PUBLIC RECORDS REQUEST.</small>

**A Passport Number IS required if you are not a U.S. citizen.**

<b>Passport #:</b> _____ <b>Country of Issue:</b> _____
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**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:**