

For Office Use Only:

Amount _____

Date Recd _____

Board of Nurse Examiners for the State of Texas

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bne.state.tx.us

For Office Use Only:

FBI HX: [] Yes [] No

Permit: [] Yes [] No

Date Deemed: _____

Staff Initials: _____

Application by NCLEX-PN® Examination for Licensed Vocational Nurses

Complete this application in its entirety. Failure to submit a complete application, fee, FBI fingerprint cards, and picture will delay the approval of your application. Your application will not be approved until **all** requirements have been met and the FBI background check has been completed and processed. Applications are processed in the order that they are received. Please type or print in ink. All errors should be stricken out with a single line and initialed by applicant. **DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS DOCUMENT.** (Rev 08/2005)

SECTION A: Applicant information

Indicate your legal name as listed on your driver's license or Picture Identification. Discrepancies in name may result in not being able to verify your identity the day of your examination.

Name(Last): _____ (First): _____ (M): _____

Previous Name(s): _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Mo Day Yr

(Address) _____ (City) _____ (State/Country) _____ (Zip/Postal Code) _____

(E-Mail Address) _____ (Phone Number) _____

Gender: [] Male [] Female **Ethnicity:** [] African American [] Asian [] Caucasian [] Hispanic [] Native American [] Other

Name of BASIC Nursing School Attended: _____ *Grad.Date: _____ / _____ / _____
Mo Yr

Location of Nursing School: _____ (City) _____ (State/Province) _____ (Country) _____

Type of Basic Education Program: [] VN/PN Program [] RN Associate Degree [] RN Baccalaureate Degree [] RN Diploma Program
[] RN Program-Enrolled Undergraduate [] Other

* If you are a student in a RN program, enter the date that you completed the nursing courses required to apply for the NCLEX-PN® examination.

SECTION B: Licensure Information

1) [] No [] Yes Have you ever taken the NCLEX-PN®?
If "Yes", indicate dates and states: _____

2) [] No [] Yes Have you ever been licensed to practice as a licensed vocational/practical nurse or registered nurse in any country, state, province or territory?
If you answered "Yes" to question 2, you must answer questions #3 and #4 in this section of the application.

3) [] No [] Yes Have you practiced as a licensed vocational/practical nurse or registered nurse?
If "Yes", indicate the date you last practiced as a licensed vocational/practical nurse or registered nurse: _____

4) [] No [] Yes Have you practiced as a licensed vocational/practical nurse or registered nurse for a minimum of two (2) years after receiving licensure in your original country?

Applicant's Signature: _____ Date: _____ / _____ / _____ Page 1 of 2

Applicant's Name (PRINT): _____ Social Security # _____

SECTION C: Eligibility Questions

- 1) No Yes Have you been convicted, adjudged guilty by a court, plead guilty, no contest or nolo contendere to any crime in any state, territory or country, whether or not a sentence was imposed, including any pending criminal charges or unresolved arrest (excluding minor traffic violations)? This includes expunged offenses and deferred adjudications with or without prejudice of guilt. Please note that DUI's, DWI's, PI's must be reported and are not considered minor traffic violations. **(One time minor in possession [MIP] or minor in consumption [MIC] do not need to be disclosed, therefore, you may answer "No". If you have two or more MIP's or MIC's, you must answer "Yes".)**
- 2) No Yes Do you have any criminal charges pending, including unresolved arrests?
- 3) No Yes Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- 4) No Yes Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
- 5) No Yes Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?
- If "YES" indicate the condition: schizophrenia and/or psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, borderline personality disorder

If you answered "YES" to any of the questions listed above, attach a letter of explanation that is dated and signed indicating the circumstance(s) you are reporting to the Board.

SECTION D: Nurse Compact Declaration

In accordance with the Nursing Practice Act, TAC, Sec. 304.001 and 22 TAC §220.2, I declare the State of _____ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)

Upon licensure in Texas, in which state(s) do you intend to practice? _____

No Yes Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

SECTION E: Affidavit

I, the undersigned Applicant, being duly sworn, depose and say that I am the person referred to in this Application by NCLEX-PN® Examination for Licensed Vocational Nurses in the State of Texas, that the statements herein contained in this document are true and correct in every respect; and that I consent to the release of confidential information to the Board of Nurse Examiners and authorize the Board to use said information as needed for the evaluation and disposition of my application. I attest that I have read and understand the Board of Nurse Examiners' eligibility requirements as specified in Sections 301.252, 301.253, 301.452, 301.453, 301.454, and 304.001 of the Nursing Practice Act; 22 TAC §§213.27, 213.28, 213.29, 213.30; 22 TAC §§217.11 and 217.12; and the instructions provided by the Board of Nurse Examiners with the request for licensure. I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at anytime after signing this affidavit I no longer meet the eligibility requirements.

Signature of Applicant: _____

Sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public/Barrister: _____ My Commission Expires: _____

in and for the Country/State/Province/Territory of _____.

Board of Nurse Examiners for the State of Texas

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
Phone: 512-305-7400 -- Web Site: www.bne.state.tx.us

Office Use Only

Rcd Date:

Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs

This portion of the application must be completed by the Director of the Nursing Program **only**. The signature of other persons such as associate deans, program coordinators, or faculty members will not be accepted unless the Board has received official notification from the governing institution's administration that another nurse on the faculty has been given the authority to sign for the director, the length of time that the signature authority is valid, and a sample of the authorized person's signature.

This affidavit verifies that the applicant named below successfully completed all requirements for completion of graduation from an approved vocational nursing program as stated in Rule 214.9 of the Rules of the Board of Nurse Examiners. **Please note, this portion of the application cannot be notarized prior to the date of completion/graduation date.**

Pursuant to Rule 214.6 (h)(3), I hereby certify that:

First Name

Middle Name/Maiden Name

Last Name

Social Security Number: _____ - _____ - _____ entered the _____

Name of School of Vocational Nursing

located in _____ on the date of _____ / _____ / _____

City

State

Enrollment Date (month/day/year)

and has completed requirements for graduation on the date of _____ / _____ / _____.

Graduation Date (month/day/year)

Program Code: _____ - _____

Note: Director must sign the Affidavit of Graduation after the Applicant Has Completed All Requirements for Graduation.

I, being duly sworn, depose and say that I am the Director of the Vocational Nursing School listed above and that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct.

Name of Affiant _____
Print or type name of Director

Signature of Affiant _____ Date: _____
Signature of Director

(Notary or School Seal)

Sworn to before me this _____ day of _____, 20_____.

Notary Public Signature _____

State of _____ My Commission Expires _____.

Board of Nurse Examiners for the State of Texas

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944
 Phone: 512-305-7400 -- Web Site: www.bne.state.tx.us

Director Affidavit (Out-of-State and US Territories PN/VN Graduates and RN Under-Grads ONLY)

This form is required for individuals who are requesting to take the NCLEX-PN® examination based on educational preparation. This form applies to individuals who have attended and have not met requirements for graduation from an ADN/BSN nursing program, individuals who have failed the NCLEX-RN® examination and PN/VN graduates from other states and US Territories.

Directions: The Dean/Director of the nursing program must complete, sign, and notarize this document. ***THE AFFIDAVIT MUST BE SENT DIRECTLY TO THE BOARD OFFICE FROM THE NURSING PROGRAM FOR THE AFFIDAVIT TO ACCEPTED.***

Name: _____ DOB: _____ / _____ / _____
First Name Middle Initial Last Name Mo Day Yr

Social Security #: _____ - _____ - _____ Admission Date: _____ / _____ / _____ Graduation Date: _____ / _____ / _____
Mo Day Yr Mo Day Yr

Dates of attendance: _____ to _____. **(For RN Under-Grads ONLY)**
Mo/Yr Mo/Yr

Numerical grading scale for the "C" is= _____ **Only courses with a Minimum Grade of "C" may be counted.**

Required Board Course	Course Number/Name	Theory Clock Hours	Lab/Clinical Clock Hours
Personal & Vocational Adjustments			
Vocational Nursing Skills			
Pediatrics			
Maternal/Newborn			
Mental Illness/Mental Health			
Geriatrics			
Adult Medical/Surgical Nursing			
Pharmacology			
Growth and Development			
Anatomy & Physiology (THEORY HOURS ONLY)			
Microbiology (THEORY HOURS ONLY)			
Nutrition			
TOTALS			

I, being duly sworn, depose and say that I am the Director of the Nursing program listed below and that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct.

(Notary Seal)

 Signature of Dean/Director Date

THIS DOCUMENT MUST BEAR SCHOOL SEAL OR BE OFFICIALLY NOTARIZED

 Name of Nursing Program

Board of Nurse Examiners for the State of Texas

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944, USA

Phone: 512-305-7400 -- Web Site: www.bne.state.tx.us

VERIFICATION OF LICENSURE FOR NCLEX-PN EXAMINATION for Graduates outside of the USA and US Territories

SECTION A: APPLICANT PORTION - To be completed by the applicant and forwarded to the ALL appropriate licensure authorities that the applicants has been licensed as a professional registered nurse or licensed vocational/practical nurse in the applicable country, state, province, and/or territory.

Name (First, Middle, Last)	All Previous Name(s) used	
Mother's Maiden Name	Date of Birth(month/day/year)	License Number
Name as appears on original license (First, Middle, Last)	Issuance Date of Original Licensure	Name of Country/Province/Territory Issued

Basic Nursing Education Program- Type of Basic Nursing Program

Vocational/Practical Program Diploma Associate Degree Baccalaureate Degree Master's Degree

LICENSING AUTHORITY PORTION: Only to be completed by the licensing authority

Licensing Agency: The above named individual has applied for Licensure as a licensed vocational nurse in the State of Texas. Please complete the information below in its entirety and return this form to the Board's address listed above. **DO NOT USE WHITE OUT ON THIS DOCUMENT. PLEASE TYPE OR PRINT IN BLACK INK.**

This is to verify _____
First Name Middle Name Maiden Name Last Name

was issued # _____ to practice as a (circle one) RN / LVN nurse on _____ / _____ / _____
month day year

The license expires on _____ / _____ / _____ or issued for life.
month day year

Licensure status: Active Lapsed Inactive Encumbered*

* If license has ever been revoked, suspended, restricted, limited or placed on probation, please attach a letter of explanation.

Was the applicant originally licensed in your country? YES NO

If "NO", what country did the applicant originally receive recognition as a nurse? _____

Nursing program name: _____

Location of program: _____
City Country

Type of Basic Nursing Education Program: Vocational/Practical Program Diploma Associate Degree
 Baccalaureate Degree Master's Degree

Was this program conducted in English? YES NO *Date of Graduation _____ / _____ / _____ (Month/Day/Year)
*If UNABLE to provide month/day/year of graduation, please attach a letter of explanation.

(AFFIX NOTARY SEAL HERE)

Signed _____
Must be original signature-Stamped signatures not accepted

Title _____

Country/State/Province/Territory _____

Date Signed _____ / _____ / _____
Month Day Year

Board of Nurse Examiners for the State of Texas

Address: 333 Guadalupe, Ste. 3-460, Austin, TX 78701

Phone: 512-305-7400 Fax: 512-305-7401

Instructions for the Application by NCLEX-PN® Examination for Licensed Vocational Nurses

GENERAL INFORMATION

- **Please read all application instructions before completing your application.** Please note, by signing the Application by NCLEX-PN® Examination, you are also acknowledging that you have read and understood the Texas Nurse Practice Act (NPA) and the Rules and Regulations that govern licensure in the State of Texas. To obtain a copy of the NPA and the Rules and Regulations, visit the Board web site at www.bne.state.tx.us.
- **The application is not complete until all required documentation and fees are received.** An incomplete application will delay final approval of the application. **All documents become a permanent part of your file and will not be returned.** Applications are reviewed in date order received. Be sure to answer all questions honestly. The Board of Nurse Examiners may deny your application if you provide false information on your application.
- The Board **will not** accept faxed or photocopies of the Application by NCLEX-PN® Examination, Director Affidavit or Verification of Licensure. All forms submitted to the Board must bear the original information typed or printed in ink. All forms must be notarized by a notary public and bear an official notary seal. The date the document is notarized must be indicated by month/day/year of notarization. Incomplete forms will not be accepted.
- Any errors made on the Application by NCLEX-PN® Examination must be corrected only by the applicant by drawing a single line through the error, inserting the correct information above the error, and initialing the correction. **WHITE OUT OR CORRECTION TAPE WILL RENDER THE ENTIRE APPLICATION INVALID.** Any changes made to the application that are not initialed by the candidate will not be accepted.
- Any errors made on the Director Affidavit must be corrected only by the Director by drawing a single line through the error, inserting the correct information above the error, and initialing the correction. **WHITE OUT OR CORRECTION TAPE WILL RENDER THE ENTIRE AFFIDAVIT INVALID.** Any changes made to the Director Affidavit that are not initialed by the Director will not be accepted.

FEES

- The Application by NCLEX-PN® Examination and FBI fingerprint cards **will not** be processed until all fees are submitted to the Board. **ALL FEES ARE NON-REFUNDABLE.**
- Remit **\$139.00** (U.S. cashier check, U.S. money order, Canadian post money order in US dollars only, or personal check drawn from a U.S. bank) for the application and FBI background fee and affix it to the top left corner of the application with a paperclip. A \$30.00 fee will be charged for returned checks. **BULK PAYMENTS FROM NURSING PROGRAMS OR NURSE RECRUITERS WILL NOT BE ACCEPTED.** If you have had an FBI criminal background history within the past year through the Board, then you are only required to pay a \$100.00 application fee. All fees should be made payable to the Board of Nurse Examiners (BNE).

FBI FINGERPRINT CARDS

- All applicants requesting initial licensure by examination must submit two (2) FBI fingerprint cards with the Application by NCLEX-PN® Examination form. FBI cards **will not** be accepted without receipt of the Application by NCLEX-PN® Examination form and all appropriate fees. A social security number is not required; however, receipt of the FBI criminal history report will take longer for the candidates who do not have this identifying information.
- Fingerprinting should be conducted by a person who is appropriately trained to collect them. Identix Identification Services (www.identix.com/iis) offers Live Scan locations in Texas. Scheduling an appointment can be completed online or by phone at 1-888-467-2080. **Applicants using Identix need to request Option B - Fingerprint Cards or "Print and Go"** Upon request, Identix will provide blank Fingerprint cards for individuals who do not possess the required two Fingerprint cards provided by the Board. Outside the State of Texas, your local law enforcement agency should be willing to assist you.
- **The applicant will not be approved to take the NCLEX-PN® examination or be issued a GVN permit (if eligible) without a valid criminal history report.** The criminal background report is only valid for one year (12 months) from the date of the report. If the criminal history report is older than one year (12 months), then the FBI fingerprint process must be repeated.

ELIGIBILITY ISSUES

- If you answer “**YES**” to any questions in Section C, you must attach a letter of explanation indicating the circumstance(s) you are reporting to the Board of Nurse Examiners (BNE). The document must be signed and dated. If it is determined that the issue being reported to the BNE meets the criteria for opening a case according to our current rules, you will be required to pay a \$150.00 review fee. Once we have a complete application, required documents and the fee (if applicable), your file will be transferred to our Enforcement Department for review. This review may take a minimum of three months. The BNE **will not** approve an applicant to take the NCLEX-PN® or issue a GVN Permit until a decision has been rendered by our Enforcement Department.

PHOTO

- The 2 “ x 2 “ passport photo is only valid for one (1) year from the date of the photo being taken. The photo must bear the signature of the applicant on the back and list the date the photo was taken. At least ½ of the photo must show frontal view of your face. Staple photo to the back of the upper right corner of the first page of the application. The Board is not responsible for damaged, lost, or misdirected photos.

REGISTRATION FOR NCLEX-PN® EXAMINATION

- **The Board will not approve you to take the examination unless you have paid the \$200.00 NCLEX-PN® registration fee to NCS Pearson.** The Board recommends that you register with NCS Pearson **one (1) month prior** to graduation or applying to the Board to take the NCLEX-PN® examination. Three registration options are available:

- (1) Register online by visiting www.vue.com/nclex and using a VISA, MasterCard, or American Express credit card; or
- (2) Register over the phone by calling NCS Pearson 1-866-496-2539, Monday-Friday, 7 am to 7 pm, U.S. Central Standard time; or
- (3) Register by mail with a certified check, cashier's check, or money order.

**Please make sure you registered to take the NCLEX-PN® Examination. Registering for the wrong test type will significantly delay testing.

- The Authorization To Test (ATT) letter (once approved by the Board) will come directly from the testing service. The ATT letter is only valid for 75 days and will not be extended under any circumstance. If you do not receive your ATT letter after you have been approved to take the exam, you must contact NCS Pearson/VUE to request a duplicate copy.

FIRST TIME TEST TAKERS

- A completed, notarized Application by NCLEX-PN® Examination, all fees, and two (2) FBI fingerprint cards must be submitted to the Board **90 days prior to your graduation date.** Once the information is received and complete, the Board will send the FBI fingerprint cards to the Texas Department of Public Safety to begin the criminal history report process. Incomplete applications or fingerprint cards will not be processed until a complete form and fee is submitted.
- The Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs form must be completed by the Director of your nursing program. **The document must be notarized on or after the date of graduation.** The signatures of other persons such as associate deans, program coordinators, or faculty members will not be accepted. Affidavits notarized prior to graduation date **will not** be accepted.
- GVN permits **will not** be issued until the Board receives the FBI criminal history report. Individuals are strongly encouraged to submit the Application by NCLEX-PN® Examination, fee of \$139.00, two (2) FBI fingerprint cards, and photo 90 days prior to graduation. Applicants that choose not to submit their Application by NCLEX-PN® Examination, fee, FBI fingerprint cards, and photo 90 days prior to graduation may experience a delay in receiving a GVN permit, if eligible.
- Verification of GVN permits may be performed online, using the Boards web site www.bne.state.tx.us, Online Verifications option.

FIRST TIME TEST TAKERS (Out-of-State and US Territories PN/VN Graduates and RN Under-Grads ONLY)

- Applicants completing PN/VN programs outside of Texas or RN Under-Grads must complete the Director Affidavit verifying your educational preparation. The affidavit must be mailed directly to the Board's office from the Nursing Program.

FOREIGN APPLICANTS EDUCATED OUTSIDE THE USA AND US TERRITORIES

- Before the Board can approve you to take the NCLEX-PN® examination, we must receive an Application by NCLEX-PN® Examination, all fees, two (2) FBI cards, a 2" x 2" signed/dated passport photo, proof of passing scores of English Proficiency exam (if program was not conducted in English), an original Credential Evaluation Service (CES) Full Education course-by-course report, sent directly from an approved organization and a Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have

held a license. The VOL must come directly from the licensing authority and must bear the authorities official seal. *Note: the CES Full Education course-by-course report will contain your original country of licensure's VOL.

- The Board accepts the CES from the Commission on Graduates of Foreign Nursing Schools (CGFNS), the Educational Records Evaluation Service, Inc. (ERES) or the International Education Research Foundation, Inc. (IERF). The CES must be dated within one year of issuance by the certification organization. You may access this service by going to one of the following websites: www.cgfns.org, www.eres.com or www.ierf.org.
- If your nursing program was conducted in a Language other than English, you must provide proof of English Proficiency. The Board accepts:
 - 1) the Test of English as a Foreign Language (TOEFL) with a passing score of 560 paper based or 220 computer based, or;
 - 2) the Test of English as a Foreign Language (TOEFL) internet based test (iBT) with a minimum passing score of 83.
 - 3) receipt of both the Test of Spoken English (TSE) with a minimum score of 50 and the Test of Written English (TWE) with a minimum score of 40, or;
 - 4) the International English Language Testing System (IELTS) with a passing standard of an overall score of 6.5 with a minimum of 6.0 in any one of the four modules.
- All foreign applicants must demonstrate working in nursing for a period totaling two (2) years (i.e. 24 months) at anytime after graduation from a nursing program.
- If you have not worked at least two (2) years as a first level or second level, general nurse within the four (4) years preceding the filing of the application, you will not be licensed until you complete a Foreign Educated Nurse (FENS) refresher course consisting of 120 hours of classroom instruction and 120 hours of clinical practice under direct supervision of a Licensed Nurse. The applicant required to take the FENS refresher will be given a six (6) month permit to complete the refresher course.

APPLICANTS RE-WRITING THE NCLEX-PN® EXAMINATION

- All applicants must take and pass the NCLEX-PN® examination within four (4) years of graduation (U.S. graduates) or receipt of the first licensure fee received by the Board (for applicants educated outside of the U.S.). All applicants will receive unlimited testing attempts within the four (4) year period. Applicants nearing the end of their four (4) year eligibility period must apply and be approved to take the NCLEX-PN® examination on/or before 90 days prior to the last day of eligibility. If your last day of eligibility is within 90 days, you will not be approved to take the NCLEX-PN® examination and must reeducate by completing an entire nursing program. NO EXCEPTIONS WILL BE MADE.
- To be approved to take the examination, you must submit a new Application by NCLEX-PN® Examination, application fee, photo (if original photo submitted to the Board is over one (1) year old), two (2) new FBI fingerprint cards (if criminal history report is over one (1) year old), and Verification of Licensure if expired (**VOL only valid for one (1) year from the date of notarization**). Candidates will not be approved to re-take the examination until all required information is received.

NAME/ADDRESS INFORMATION

- Indicate your legal name on the Application by NCLEX-PN® Examination form as listed on your Driver's License or Picture Identification (i.e. passport). Discrepancies in name may result in not being able to verify your identity the day of your examination. If your Driver's License or Picture Identification indicates John L. Doe, and your Authorization to Test (ATT) letter indicates John Lawrence Doe the testing service will ask for a secondary form of identification with a signature for verification. The name indicated on the Application by NCLEX-PN® Examination form will be the name indicated on the LVN license with the State of Texas upon receiving a passing score.
- Name changes must be submitted to the Board in writing with a copy of the official document reflecting the name change (i.e. marriage certificate, divorce decree). Applicants may fax a written statement to the Board including the official name change document, you must indicate your name, social security number, and make the written statement to ATTN: Examination. The Board has ten (10) business days to process any request received by an applicant. To receive a duplicate ATT letter reflective of the name change, you must contact NCS Pearson directly to request another ATT letter.
- Address changes may be submitted in writing to the Board either via mail, email or fax. Please indicate name, social security number, and new address to the ATTN: Examination. The Board makes every attempt to process requests within ten (10) business days of receipt. To receive a duplicate ATT letter reflective of the address change, you must contact NCS Pearson directly to request another ATT letter.

SPECIAL ACCOMMODATIONS FOR THE NCLEX-PN® EXAM

- In compliance with the Americans with Disabilities Act (ADA), the Board of Nurse Examiners provides reasonable accommodations for candidates with disabilities that may interfere with their performance on the National Council Licensure Examination for Practical Nurses (NCLEX-PN®). **Disability** is defined in the Americans with Disabilities Act as a "physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment." **Major life activities** means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing,

learning, working." (28CFR35.104 - Nondiscrimination on the Basis of Disability in State and Local Government). If you feel you may qualify to receive special accommodations for testing, download the "Special Accommodations" form off the web site at www.bne.state.tx.us/forms.htm. **Please note**, that candidates requesting accommodations will not be approved to take the NCLEX-PN® or receive a GVN permit until the special accommodations for testing have been approved by the Board.

NURSE LICENSURE COMPACT

- All graduates must declare their primary state of residence. **Please note, if your primary state of residence is a member of the Nurse Licensure Compact, we will discontinue processing your application and advise you to apply with the state you indicated.** For a complete listing of the compact states, please visit the National Council web site at: www.ncsbn.org/nlc/index.asp

EXAMINATION RESULTS

- **Results WILL NOT be released over the telephone or via email to the applicant until the full 21 days from the examination date has lapsed. NO EXCEPTIONS WILL BE MADE.** If you have not received your results within 21 days of the date you took NCLEX-PN® examination, contact the Board to request the results be re-mailed.
- Applicants may call the automated line to verify Licensure at 512/305-7400 or access this information located on our web site at www.bne.state.tx.us. Licensure information is updated weekly. If a license has not been issued, this does not necessarily mean you have failed the exam.

CHECK LISTS

The following must be received by the Board for your application to be complete. The Board will be unable to approve applicants to take the NCLEX-PN® unless the following information is submitted to the Board. Please keep in mind that some documentation provided to the Board to approve your application is time sensitive and will expire after a period of time.

First Time Test Takers

- Application by NCLEX-PN® Examination
- Two (2) FBI fingerprint cards.
- Fee of \$139.00** made payable to the Board of Nurse Examiners (BNE) in the form of a personal check, cashier's check or money order
- Texas PN/VN applicants submit the Affidavit of Graduation for Graduates of Texas Approved Vocational Nursing Programs. Out-of-State and US Territories PN/VN Graduates and RN Under-Grads submit the Directors Affidavit verifying educational preparation. (Form must be completed by the Dean/Director and will not be accepted if notarized prior to graduation).
- 2" x 2" passport photo with your signature and date the photo was taken on the back.
- Registration with NCS Pearson/VUE to take NCLEX-PN® examination. (DO NOT SEND \$200.00 NCLEX-RN® FEE TO THE BOARD)

Foreign Educated Applicants

- Application by NCLEX-PN® Examination
- Two (2) FBI fingerprint cards.
- Fee of \$139.00** made payable to the Board of Nurse Examiners (BNE) in the form of a personal check, cashier's check or money order
- 2" x 2" passport photo with your signature and date the photo was taken on the back.
- Verification of Licensure (VOL) form from all countries, states, provinces and/or territories you hold or have held a license as a first-level, general nurse. **(Expires after one (1) year of notarization)**
- CES Full Education course-by-course report.
- Proof of English Proficiency scores, if applicable.
- Registration with NCS Pearson/VUE to take NCLEX-PN® examination. (DO NOT SEND \$200.00 NCLEX-RN® FEE TO THE BOARD)

Rewriting the NCLEX-PN®

- Application by NCLEX-PN® Examination
- Fee of \$100.00** made payable to the Board of Nurse Examiners (BNE) in the form of a personal check, cashier's check or money order
- Registration with NCS Pearson/VUE to take NCLEX-PN® examination. (DO NOT SEND \$200.00 NCLEX-RN® FEE TO THE BOARD)

If it has been over one (1) year since submitting your original application, you are required to re-submit new FBI cards, a new 2" x 2" passport photo with your signature and date the photo was taken on the back and the fee of \$139.00.