MONTANA BOARD OF NURSING
PO Box 200513 (301 S Park, 4th Floor)
Helena, MT 59620-0513
LICENSING PHONE: (406) 444-5711
EMAIL: nurse@mt.gov **WEBSITE:** www.nurse.mt.gov

Application to Retake NCLEX Examination for (check one):

☐ **Registered Nurse** - $50.00 ☐ **Practical Nurse** - $50.00

If it has been more than 1 year since your original application for licensure by exam, you must fill out the complete exam application rather than this re-exam application.

PLEASE PRINT OR TYPE

1. FULL NAME:_____
   First Middle Last

2. SOCIAL SECURITY NUMBER:_____

3. E-MAIL ADDRESS:_____
   (Email is the Board's primary method of communication)

4. MAILING ADDRESS: _____

   _____
   City State Zip Code

5. TELEPHONE Home: _____ Mobile: _____

☐ I understand that I will not be able to schedule a retake of the NCLEX within 45 days of my previous attempt.

☐ I have included payment for this Re-Examination Application in the amount of $50.00 made payable to the Montana Board of Nursing.

☐ I have re-registered with Pearson VUE to retake the exam and paid any applicable fees to Pearson VUE for administering the re-examination.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE YOUR INITIAL LICENSURE BY EXAMINATION IN MONTANA?

☐ **Yes** If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

☐ **No**

_____ _____
Legal Signature of Applicant Date