

Louisiana State Board of Nursing
17373 Perkins Road
Baton Rouge, Louisiana 70810
Tel: 225-755-7500 Fax: 225-755-7580
www.lsbn.state.la.us

LETTER OF REQUEST FOR RE-TAKE OF NCLEX

TO: LOUISIANA STATE BOARD OF NURSING

I, _____, graduate
(Please print full legal name)

of _____,
Name of School Location (city/state)

on _____, wish to be scheduled to retake the NCLEX-RN examination.
Mm/dd/yyyy

I am enclosing my **MONEY ORDER** in the amount of **\$100.00**, which is the Board's fee. I understand that I am not eligible to retake NCLEX-RN until 45 days after my last examination. Also, I understand that I must register with NCSBN Pearson Vue in order to complete the re-take process. A **CANDIDATE BULLETIN**, which contains the information for NCLEX registration, can be obtained by visiting www.ncsbn.org.

Since last NCLEX-RN testing in Louisiana, have you tested in any other state?

No _____ Yes _____ If yes, which state(s) _____

If tested in another state(s), you must provide a verification form for each state tested:
www.lsbn.state.la.us/Portals/1/Documents/Forms/OOSNCLEXVerificationForm.pdf

Signature: _____

Date: _____

Social Security #: _____

Telephone #: _____

Address: _____
(Street, City, State & Zip)