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P.O Box 2757, Yellowknife, NT X1A 2R1

2019 NCLEX-RN APPLICATION FORM

Identification (Please print)

Full legal name: (include middle initial or name)		Maiden or previous name:
Commonly used name: (for mailing purposes)		
Mailing Address: (City/Town, Province/Territory, Postal Code)		
Email:		
Phone numbers:		
Work: ()		Cell or Home: ()
Date of Birth: (YYYY/MM/DD)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Primary Residence <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> Other

Fee

<input type="checkbox"/> NCLEX FEE	\$42.00 = \$40.00 (Base) + \$2.00 (GST)
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Nursing Education

School of Nursing: _____	
Location: (City/ Province/ Territory) _____	Graduation Date: _____

Accommodations

Do you require any Accommodations to assist you with writing the NLCEX-RN?	
<input type="checkbox"/> Yes	Please explain: _____
<input type="checkbox"/> No	
*Note: A physician's letter may be required for exam accommodations.	



NCLEX-RN INFORMATION

Date you wish to write the NCLEX-RN:		Language for examination:	
Day: _____	Month: _____	Year: _____	<input type="checkbox"/> English <input type="checkbox"/> French
Location:	<input type="checkbox"/> Yellowknife, NT <input type="checkbox"/> Other (specify): _____		
	<input type="checkbox"/> Iqaluit, NU		
	<input type="checkbox"/> Other (specify): _____		
Have you previously written the NCLEX-RN?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please complete the following:			
Date(s):	Location(s):		
_____	_____		
_____	_____		

Consent

<input type="checkbox"/> I certify that the information I have provided on this form is true and acknowledge that my application for the NCLEX-RN writing can be denied if I have provided any inaccurate information.		
_____	_____	_____
Print Name	Signature	Date
<i>Please note: Incomplete applications will be delayed.</i>		

Candidates choosing to write the NCLEX-RN in the NT or NU must submit two applications, one to the RNANT/NU and one to Pearson Vue. Both applications must be received a minimum of 30 days before the requested examination date.

The following must be submitted to the RNANT/NU:

- ✓ NCLEX-RN application form;
- ✓ NCLEX-RN administration fee;
- ✓ Copy of current government issued identification (must include photo, signature, & valid expiry date).
- ✓ Submit a completed RNANT/NU "Recommendation form Graduate Nurse" from the Dean/Chair of the School of Nursing.