



Phone: (867) 873-2745 / Fax: (867) 873-2336 / Email: [info@rnanntnu.ca](mailto:info@rnanntnu.ca)

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

## 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: It is advised to use a personal email address rather than a work email address.		
Phone number:		
Work: (       )		Cell or Home: (       )
Date of Birth: (YYYY/MM/DD)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Primary Residence: City/Town/Province <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)
---

### Nursing Education

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

### Accommodations

<b>Do you require any accommodations to assist you with writing the NLCEX-RN?</b>	
<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:	
<b>Day:</b> _____	<b>Month:</b> _____	<b>Year:</b> _____	<input type="checkbox"/> English <input type="checkbox"/> French
<b>Location:</b>	<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 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 RNANT/NU:**

- ✓ NCLEX-RN application form;
- ✓ NCLEX-RN payment authorization form;
- ✓ Government-issued identification (must include photo, signature, valid expiry date, & in be presented in color).
- ✓ Completed RNANT/NU "Recommendation form Graduate Nurse" from the Dean/Chair of the School of Nursing.