NCLEX (National Council Licensure Examination)
Pass Notice Results

Candidate may request that their NCLEX scores be transferred from one jurisdiction (state) to another, via National Council of State Boards of Nursing (NCSBN), should they not be eligible for licensure in the jurisdiction (state) where they originally tested.

Candidate must provide a formal request letter addressed to <u>only</u> the original board of nursing requesting results to be transferred to the desired board of nursing. A sample template is provided below. Candidate must mail the formal request to the original state board of nursing that made candidate eligible. The original board of nursing provides NCSBN with formal request for the transfer from the candidate which is addressed and sent to the board to which he/she desires to transfer. Once the transfer is approved, the candidate's result is transferred to the candidate's desired board.

Should you have any questions, please contact National Council of State Boards of Nursing (NCSBN), Examination Department at 866-293-9600.

<u>IMPORTANT</u>:
Prior to initiating an NCLEX score transfer request:
1. Review the application and requirements for licensure by examination of the desired board of nursing.
2. Contact your original board of nursing to determine the appropriate process to request an NCLEX score transfer.

*SAMPLE TEMPLATE

[Insert date]

[Original Board of Nursing]
Address

[Desired Board of Nursing]
Address

To whom it may concern:

I, [insert name], was made eligible to take the NCLEX-[RN/PN]® licensing examination through the state of [Original Board of Nursing] and have successfully passed that examination. I am requesting that my NCLEX-[RN/PN]® Examination Pass Notice Results be transferred from the state of [Original Board of Nursing] to the state of [Desired Board of Nursing] for the purposes of applying for licensure by examination. The following is my information:

Full Name: [insert name]
Date of Birth: [insert date of birth]
Candidate ID Number: [insert candidate ID number]

[Signature of Applicant/Date]