



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

PETITION FOR PERMISSION TO TAKE NCLEX MORE THAN ONE YEAR AFTER GRADUATION

INSTRUCTIONS

During the 12 months after graduating from an approved nursing program, you may take the NCLEX up to eight times at 45-day intervals. **After the first 12 months**, you must petition the Board of Nursing for permission to take the NCLEX if *either* of these situations applies to you:

- You took and failed the NCLEX at least once during the first 12 months, or
- You have never taken the NCLEX.

To petition the Board of Nursing in the situation described above, complete and sign this form and submit it to the Board office at the address above. **Do not use this form if you graduated within the past 12 months.**

- You must file a new petition each time you wish to re-test.
- You may petition the Board for up to **five years (60 months) after graduating.**
- The Board may grant the petition upon showing of good cause to allow further examination.

If the Board approves your petition, the Board office will notify Pearson Vue that you are eligible to test provided you have registered with Pearson Vue.

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.

1. Full Name: _____
Last First Middle Maiden

2. Name of Nursing Program Attended: _____
Month/Day/Year You Graduated: _____ Are you currently enrolled in a nursing program? Yes No

3. Enter the following about your employment experience:

DATES (month/year to month/year)	EMPLOYER NAME AND ADDRESS	WORK PERFORMED

4. Did you take the NCLEX during the first year after graduating? Yes No **If no, briefly explain why you were unable to test during that period:** _____

5. Have you completed an NCLEX review course? Yes No **If yes, enclose a copy of your completion certificate.**

6. Describe any other remedial review work – either structured (such as coursework) or unstructured (such as home study) – that you have completed.

I hereby petition the Board of Nursing for permission to take or re-take the NCLEX.

Signature: _____ **Date:** _____