

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
	<input type="checkbox"/> Iqaluit, NU	(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): _____
_____	_____

I certify that the information I have provided on this form is true and acknowledge that my application for the NCLEX-RN writing may be denied if I have provided any inaccurate information.

Print Name: _____

Signature: _____ **Date:** _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM:

- ✓ **RNANT/NU NCLEX-RN Payment Authorization Form**
- ✓ **Copy of valid Government-issued (Federal/Territorial) photo ID (must include signature)**