



BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer

**INDIVIDUAL CANDIDATE ROSTER
 DIRECTOR APPROVAL**

The following form must be completed and submitted to the Board for a candidate to be eligible for the NCLEX-RN and an interim permit prior to the Board receiving final official transcripts. This form must be sent directly from the school of nursing **NO SOONER THAN FOUR WEEKS PRIOR TO GRADUATION OR COMPLETION OF NURSING REQUIREMENTS.**

PRINT OR TYPE

LAST NAME:		FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH: (mm/dd/yyyy)	SOCIAL SECURITY NUMBER:	PREVIOUS NAMES (INCLUDING MAIDEN):	
SCHOOL OF NURSING:			

THE FOLLOWING SECTION MUST BE COMPLETED BY THE NURSING PROGRAM DIRECTOR

(An individual candidate worksheet is available on the reverse side of this form)

I certify that _____ has completed educational requirements for
 _____ Candidate's Name
 the NCLEX-RN based on the following status: **(check only one)**

- Graduate** (completed all degree and nursing requirements)
 Graduation date: _____
 (Month / Date / Year)
- Already has a previous degree** (A.A., B.S., etc. and completed all nursing requirements)
 Completion date of nursing requirements: _____
 (Month / Date / Year)
 Previous degree: _____ Graduation Date: _____
 (Month / Date / Year) (Month / Date / Year)
- Non-Graduate** (completed nursing requirements only)
 Completion date: _____
 (Month / Date / Year)
- LVN 30-Unit Option** (Licensed LVN – has completed 30 semester units or 45 quarter units)
 Completion date: _____
 (Month / Date / Year)
- Entry Level Master's Program** - Baccalaureate Degree in another field (completed pre-licensure requirements)
 Completion date of nursing requirements: _____
 (Month / Date / Year)
 Previous degree: _____ Graduation Date: _____
 (Month / Date / Year)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Nursing Director: _____ Date: _____

[SCHOOL SEAL]

