



**BOARD OF REGISTERED NURSING**  
 P.O. Box 944210, Sacramento, CA 94244-2100  
 P (916) 322-3350 | www.rn.ca.gov  
**Louise Bailey, M.Ed., 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**

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

**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]

