

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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Madison, WI 53703

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Website: <http://dsps.wi.gov>

## BOARD OF NURSING

### INFORMATION FOR REGISTERED NURSE/LICENSED PRACTICAL NURSE LICENSURE BY EXAMINATION

#### REQUIREMENTS FOR EXAMINATION CANDIDATES

An applicant is eligible for the examination for registered nurse or licensed practical nurse if the applicant has either graduated from or completed a board-approved school of professional/practical nursing program; has graduated from high school (2 years required for LPN) or its equivalent; and, does not have an arrest or conviction record, subject to the Fair Employment Act. (*See Convictions and Pending Charges-DSPS Form #2252.*)

The NCLEX is being administered year-round via Computerized Adaptive Testing (CAT). Your eligibility for examination will be determined by the Board of Nursing upon receipt of a completed application and all supporting documents in the board office.

#### INSTRUCTIONS FOR COMPLETING THE APPLICATION

- 1. Application (DSPS Form #739):** Complete the application and attach the appropriate fee. When completing page 1 of the application form, you must indicate what type of degree received or program completed on the space provided. List the graduation or completion of program date and indicate one of the following: BSN, ADN, BA, DIP, Pre-MSN Registered Nursing Program Requirements (Direct Entry), LPN/TPN or other. If other is listed please describe further. Make check payable to "Department of Safety and Professional Services". Mail to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. *See page 2 of the application (DSPS Form #739) for other required documents.*
- 2. Statement of Graduation or Completion (DSPS Form #259)** ("Board-approved school" U.S. or U.S. territory): Complete and forward to your board-approved school of nursing. *This Form must be returned directly from your school* to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. Forms received from the applicant will be rejected by the board. This Form should not be completed by your school of nursing until you have actually graduated from or completed the board-approved school of professional nursing program. Anticipated dates of graduation or completion of the board-approved school of professional nursing program will not be accepted. *Official transcripts are not required as they do not contain the information we require.* If the school from which you graduated or completed this program is closed, contact the Department of Public Instruction in the state from which you graduated or completed this program to determine where the records for the closed school were transferred. If you are applying for RN licensure by examination through completion of the Pre-MSN basic nursing requirements, there is no guarantee that you will be eligible for a RN license in other states.
- 3. Statement of Foreign Nursing Education (DSPS Form #1006)** (RN/LPN Foreign graduates only, including Canada): Complete and forward to your board-approved school of nursing. *This Form must be returned directly* to the Board of Nursing at P.O. Box 8935, Madison, WI 53708-8935. Forms received from the applicant will be rejected by the board. *This Form should not be completed by your school of nursing until you have actually graduated from or completed the nursing education program.* Anticipated dates of graduation from or completion of the program will not be accepted. NOTE: Certified copies of original CGFNS documents of graduation from or completion of the program are acceptable in lieu of DSPS Form #1006.

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4. **CGFNS Certificate Required** (*RN Foreign graduates only*): Contact the “Commission of Foreign Nursing Schools” at 3600 Market St., Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 to request a valid certificate be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935. Certificates received from the applicant will be rejected by the board. **EXEMPTION:** If you have graduated from or completed the nursing education program of an English speaking school in Canada you are exempt from CGFNS.

**Credential Evaluation Services (CES) Report Required** (*Foreign graduates only*): Contact the “Commission of Foreign Nursing Schools” at 3600 Market St., Suite 400, Philadelphia, PA 19104-2651, (215) 349-8767 to request a valid CES report to be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935. Reports received from the applicant will be rejected by the board. **TOEFL Report Required** (*Foreign graduates only*): Contact the “Test of English as a Foreign Language” at P.O. Box 6151, Princeton, NJ 08541-6151 to request a copy of test result scores be sent directly to the Board of Nursing, P.O. Box 8935, Madison, WI 53708-8935. **Certificates received from the applicant will be rejected by the board.** **EXEMPTION:** If you have graduated from or completed the nursing education program of an English speaking school in Canada you are exempt.

5. **Temporary Permit (DSPS Form #2433) (optional)**: In addition to completing the RN exam application (DSPS Form #739) with the required fee, complete the top portion of DSPS Form #2433. The bottom portion must be completed by your R.N. supervisor. Return this form to the board office with your application and the additional \$10.00 temporary permit fee. If more than one temporary permit is desired, complete additional Form 2433 and \$10.00 permit fee for each supervising RN.

If you do not have a supervising RN at this time, you can submit DSPS Form #2433 when you have a supervising RN.

6. **NCLEX Registration**: To register for the NCLEX examination you must go online at <http://www.vue.com> and follow the NCLEX Registration Instructions.

## **TEMPORARY PERMIT (optional)**

An applicant for R.N./L.P.N. licensure who has graduated from or completed a board-approved school of professional/practical nursing program may be eligible for a temporary permit upon submission of a completed application (DSPS Form #2433), supporting documents, credential fee, exam fee, and temporary permit fee. To maintain eligibility, an applicant shall schedule and take the examination prior to the expiration date of the temporary permit. An applicant who has failed a licensing examination in any state may apply for admission to take the NCLEX in Wisconsin, but shall not be eligible for a temporary permit.

A temporary permit is valid for a period of 90 days or until the holder receives notification of failing the NCLEX. If an applicant fails NCLEX, the applicant is required to return the permit immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit. Temporary permits are non-renewable and non-refundable.

An applicant for R.N./L.P.N. licensure who holds a valid permit under this Temporary Permit section or Wis. Admin. Code sec. N 3.05(4)(a), may use the title “graduate nurse/graduate practical nurse” or the letters “G.N./GPN” and shall not practice beyond the scope of the license the holder is seeking to obtain. The holder is required to practice under the direct supervision of a R.N. (The supervisor must be on-site and immediately available at all times.)

**You may not practice as a registered nurse/licensed practical nurse in Wisconsin unless you have either a permanent license or temporary permit.**

## **AMERICANS WITH DISABILITIES ACT**

The department complies with the Americans With Disabilities Act of 1990. The department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

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## **REQUESTS FOR EXAMINATION MODIFICATIONS FOR PERSONS WITH DISABILITIES**

**Candidates must indicate at the time of application to the department that modifications are being requested.** Requests must include a specific description by the candidate of requested modifications, a letter of diagnosis of specific disability from a qualified professional, and a letter from the nursing education program indicating what modifications were granted by the program. Request forms are available at (608) 266-2852 or TTY at (608) 267-2416.

## **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

## **MAILING INSTRUCTIONS**

Mail the application, the appropriate fee, and supporting documentation to the following address:

U.S. Postal Service:                      DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
BOARD OF NURSING  
P.O. BOX 8935  
MADISON, WI 53708-8935

Expedited Delivery Services:        DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
(i.e. Fed Ex, UPS, etc.)                      1400 E. WASHINGTON AVENUE  
MADISON, WI 53703