



Bureau of Professional Licensing  
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[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
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## NCLEX SCORE TRANSFER REQUEST

Authority: 1978 PA 368

**THIS FORM IS ONLY REQUIRED FOR APPLICANTS WHO HAVE PASSED THE NCLEX BUT HAVE NOT HELD A LICENSE IN ANOTHER STATE.**

This form **MUST** be submitted to both the state that granted NCLEX eligibility and the state of Michigan. Please **e-mail** a signed copy of this form to [bpldata@michigan.gov](mailto:bpldata@michigan.gov).

**Print or Type**

Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
State NCLEX Eligibility was Granted	NCLEX Type (RN/PN)	NCLEX Candidate ID Number

### REQUEST AND SIGNATURE

I am requesting that my NCLEX Examination Pass Notice Results be transferred to the state of Michigan for the purposes of applying for licensure by examination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date