



Bureau of Professional Licensing
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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.

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