



Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 241-0199
www.michigan.gov/bpl
BPL-nursecert@michigan.gov

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 First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)
Street 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