



**RN / LPN EXAMINATION AND ENDORSEMENT
PAYMENT FORM**

LEGAL NAME: _____
Last First Middle

Social Security # _____ **NM Nursing License #** _____ (may be N/A)

SELECT ONLY ONE FEE

Initial Examination Fees

_____ Registered Nurse \$ 110.00
_____ Licensed Practical Nurse \$ 110.00

Reexamination Fees

_____ Registered Nurse \$ 60.00
_____ Licensed Practical Nurse \$ 60.00

Endorsement Fees

_____ Registered Nurse \$ 110.00
_____ Licensed Practical Nurse \$ 110.00

Endorsement Fee with Temporary License

_____ Registered Nurse \$ 160.00
_____ Licensed Practical Nurse \$ 160.00

PAYMENT METHODS ACCEPTED:

Cashiers Check Money Order Demand Draft Business Check Credit Card
(MasterCard or VISA only)

SELECT CREDIT CARD: MasterCard Visa

CREDIT CARD NUMBER: _____ -- _____ -- _____ -- _____

EXPIRATION DATE: _____ / _____
MM / YYYY

LEGAL SIGNATURE:

**PAYMENT MUST BE ATTACHED TO THIS FORM (unless using credit cards).
ALL FEES ARE NONREFUNDABLE**

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REAPPLICATION FOR RN/LPN LICENSING EXAMINATION

_____ Registered Nurse \$60.00

_____ Licensed Practical Nurse \$60.00

Board of Nursing File Number _____ Date Submitted Original Exam Application _____

Date Registered with Pearson Vue _____ Candidate ID # _____

(REQUIRED: attach copy of your most current examination registration from Pearson Vue)

LEGAL NAME:

Type/Print	LAST	FIRST	MIDDLE	MAIDEN
_____	_____	_____	_____	_____

ADDRESS:

CITY: _____ STATE _____ ZIP CODE _____

Social Security Number _____ - _____ - _____ Date of Birth: _____
MM/DD/YYYY

Home Phone _____ Email Address: _____

Is this a new name or address: YES or NO: If this is a new name/name change, you must attach a notarized copy of a legal document that has been filed and/or recorded. This is mandatory with any name change.

DATE(S) NCLEX exam previously taken: _____

REQUIRED QUESTIONS: Each answer requires a YES or NO answer.

If YES, you must attach separate pages explaining the answers and submit copies of all legal documents.

1. Has disciplinary action ever been taken against your nursing license or application to take the nursing examination in any state? NO _____ YES _____
2. Is disciplinary action pending against your nursing license or application to take the nursing examination in any state? NO _____ YES _____
3. Have you been charged with or convicted (including nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended since your last application for examination? NO _____ YES _____ STATE (S) _____

NOTE: Candidates who fail the NCLEX may reapply to take the NCLEX every 90 days for a maximum of three (3) times. If the candidate fails three times a refresher course is required prior to applying for initial examination again. You must reapply to the board after one year from the original examination application.

DECLARATION OF PRIMARY STATE OF RESIDENCE IS MANDATORY FOR LICENSURE:

In accordance with the In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of _____ is my primary state of residence and that such constitutes my permanent and principle home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico, I intend to practice in the state (s) of _____

LEGAL SIGNATURE: _____ DATE: _____