

THE STATE of ALASKA

ASKA Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Board of Nursing

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Website: ProfessionalLicense.Alaska.Gov/BoardOfNursing

NCLEX Exam Request

PART I Personal Information			
Full Legal Name:			
License Number:		Date of Birth:	
	☐ I would like to reschedule my NCLEX exam.		
Signature:		Date Signed:	