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Applying online also means you can

- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

Keeping in contact

We will let you know about important information to do with your registration via your secure Ahpra portal.

ATNS-40



Application to transfer a NCLEX-RN score

Profession: Nursing

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is to be completed by internationally qualified registered nurses who:

- Were authorised to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) by Ahpra as part of the Nursing and Midwifery Board of Australia's (the Board) Outcomes Based Assessment pathway, and
- Want to transfer their NCLEX-RN score to another nursing regulatory body.

This application will not be considered unless it is complete, all supporting documentation has been provided and payment has been made in full. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The information collected in this form is authorised or required under the National Law for the purposes of processing your application. Information supplied in this form may be provided to other people or agencies as specified in the National Law. Failure to provide some or all of the information requested may prevent your application from being processed. Ahpra's Privacy policy explains how your personal information will be stored, handled and used. The privacy policy outlines how you can access information Ahpra holds about you, and how you may make a complaint if you feel your privacy has been breached by Ahpra. This document can be accessed at **www.ahpra.gov.au/privacy**.

Symbols in this form



Additional information

Provides specific information about a question or section of the form. Attention

Highlights important information about the form.



Attach document(s) to this form Processing cannot occur until all required documents are received.

Signature required Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and complete all questions.
- Ensure that all pages and required attachments are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in B L O C K L E T T E R S
- Place X in all applicable boxes: 🗴
- DO NOT send original documents.

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

1.	What is your name and birth	1
	details?	

Title*	MR 🔀	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY]				
Family n	Family name*											
First give	First given name*											
Middle n	Middle name(s)*											
Previous	names know	vn by (e.g. ma	iden name)									
Date of birth DD / MM / YYYY												
If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the NMBA. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.												

2. What is your IQNM case number?

IQNM case number



Once your score is transferred to another nursing regulatory body, your IQNM case will become inactive. If your case is inactive, you are unable to continue with the OBA pathway with the Nursing and Midwifery Board of Australia. Once your case becomes inactive, if your circumstances change and you would like to continue with the OBA pathway, you can contact Ahpra to have your case reactivated.

SECTION B: Contact information

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Once registered, you can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

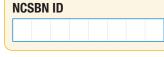
3. What are your contact details?

Provide your current contact details below – place an 🗴 next to your preferred contact phone number.									
Business hours		Mobile							
After hours									
Email									

SECTION C: NCLEX-RN details

4. What is your NCSBN ID?

Your NCSBN ID is an eight digit number starting with a '2'.



5. What is your NCLEX-RN exam date?

 NCLEX-RN exam date

 D
 /

 M
 /

 Y
 Y

SECTION D: Nursing regulatory body

6. What are the details of the nursing regulatory body you would like your NCLEX-RN score transferred to?

You can only provide the name of one regulatory body that requires the NCLEX for licensure/registration.

Nursing regulatory body:																								
Site	/Bui	ildin	a ar	nd/o	r no	sitio	on/de	enar	tme	nt (i	fan	nlica	able											
	/ Da		gui	14/0				pui				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
Add	ress	s/PO	Box	((e.	g. 12	23 J/	AMES	S AVI	ENUE	; or	UNI	T 1A	, 30	JAN	ES S	STRE	ET; (or PC) B0	X 12	34)			
City	/Sul	burb)/Tov	wn																				
Stat	te or	r ter	ritor	y/In	tern	atio	nal j	orov	ince						Pos	tcod	e/ZI	Р						
Cou	ntry	1											1											

SECTION E: Consent



Before you sign and date this form, make sure you have answered all the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

I consent to the Board and Ahpra transferring my NCLEX-RN score to the nursing regulatory body specified in this application.

I acknowledge that:

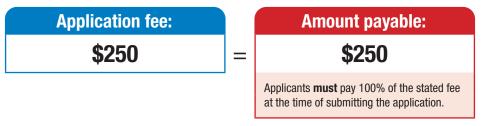
- My IQNM case will become inactive if this application is processed.
- Ahpra uses overseas cloud service providers to hold, process, and maintain personal information where this is reasonably necessary to enable Ahpra to
 perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.
 I declare that:
- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration conscientiously believing that the same to be true and by virtue of the provisions of an Act of the Parliament rendering persons making a false declaration punishable for wilful and corrupt perjury.

applicant Signature of applicant	Signature of applicant				
/ MM / Y Y Y Y					

SECTION F: Payment

You are required to pay a fee to transfer your NCLEX-RN score.



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Refund rules

The application fee is non-refundable.

Please complete the credit/debit card payment slip below.

Amount payable Amount payable Visa or Mastercard number Visa or Mastercard number Cardholder's signature Cardholder's signature Sign HERE Effective from: 6 June 2025 Page 3 of 4

SECTION G: Checklist

Have the following items been attached or arranged, if required?

Additional documentation						
Question 1 Evidence of a change of name						
Payment						
	Application fee	\times				

Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**. You may contact Ahpra on 1300 419 495

Do not email this form.

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/ registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify.aspx**
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation that you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.