



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 **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**



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 details?

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden 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 *Change of name* in the *Information and definitions* 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

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'.

NCSBN ID

5. What is your NCLEX-RN exam date?

NCLEX-RN exam date
 / /



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/Building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory/International province **Postcode/ZIP**

Country

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.

Consent

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.

Name of applicant

Date
 / /

Signature of applicant

SIGN HERE



SECTION F: Payment

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

Your required fee is detailed below:

Application fee:	=	Amount payable:
\$250		\$250
		Applicants must pay 100% of the stated fee at the time of submitting the application.

 **Refund rules**
The application fee is non-refundable.

Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

Name on card

Cardholder's signature

 SIGN HERE



SECTION G: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input checked="" type="checkbox"/>
<i>Payment</i>		
	Application fee	<input checked="" type="checkbox"/>



Do not email this form.

Please return the 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

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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**
- 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, 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 in hard copy by mail or in person (not by fax, email, etc). 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**

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.