



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

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**DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure**

P.O. Box 304247

Tel: (340) 776-7397

St. Thomas, Virgin Islands 00803

Fax: (340) 777-4003

Dear NCLEX RN/PN Applicant,

Enclosed please find information about the procedure required to complete the Computer Adaptive Testing Application for the Registered Nurse (RN) & Practical Nurse (PN) NCLEX Examinations.

After the examinations are administered, Pearson Vue will score each exam and forward the score reports to the Virgin Islands Board of Nurse Licensure (VIBNL). The Board will then distribute the results to each applicant.

Note: *Your application for the NCLEX RN or PN exam processing fee will remain active for one year from the date of submission. Thereafter, you must re-apply to take the exam.*

Please comply with the following instructions forty-five (45) days prior to the month in which you wish to take the exam.

1. Complete, sign, and date the attached application.
2. Submit proof of Social Security Card.
3. Submit two (2) recent passport “2x2” photos. *Please print and sign your name on the back of each photo.*
4. Attach the following documents validating proof of education:
 - a) Legible copy of your high school diploma or the equivalent thereof.
 - b) Legible copy of your nursing school degree and an official copy of your nursing transcript. The official transcript should be received by the VIBNL forty-five (45) days before the month in which you wish to take the exam.
 - c) Foreign Educated RN or PN nurses must pass the Commission on Graduates of Foreign Nursing Schools Exam (CGFNS) before applying to take the NCLEX RN or PN Exam in the U.S. Virgin Islands. Please attach a copy of your CGFNS Certificate/Report to your application.

Note: If documents are not in English, a certified translation is required prior to the approval to take the NCLEX.

- d) Certificate of Readiness is required from all graduates scheduling to take their initial NCLEX RN in the United States Virgin Islands.

5. Submit the completed application for the NCLEX RN or PN exam with an exam processing fee of \$75.00 payable by money order or certified bank check. *Make certified checks or money orders payable to: Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, VI 00803*
6. Upon passing the NCLEX RN or PN exam, mail a copy of your score report to the VIBNL along with the licensing processing fee of **\$75.00** payable by money order or certified bank check only. *Personal checks are not accepted.*

Make certified checks or money orders payable to: Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, VI 00803.

Note: payment of fees does not ensure immediate receipt of license. Fees are non-refundable and not transferable.

PLEASE ALLOW NINETY (90) BUSINESS DAYS AFTER VIBNL RECEIPT OF ALL REQUIRED DOCUMENTS FOR THE PROCESS OF YOUR APPLICATION TO BE COMPLETED.

There is a \$40.00 processing fee for each application to repeat the NCLEX RN or PN Exam.

7. Notify the Board in writing of change of name, address, or telephone number Submit official documents to support any changes in name, (e.g. - marriage license, divorce decree with name change).

If you are eligible to sit the NCLEX RN or PN, you will receive the NCLEX Registration Booklet. You have the option to complete the NCLEX registration online. Once you have submitted the registration and the exam fee, Pearson Vue will provide you with an acknowledgment receipt. Please forward a copy of your receipt to VIBNL to complete your eligibility to take the NCLEX RN or PN exam. A letter of Authorization to Test (ATT) will be forwarded to you shortly after you are made eligible.

Please Note:

Self-disclosure of all misdemeanors, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last five (5) years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required. Failure to do so may result in a disciplinary action by the VIBNL.

Should you have questions, need clarification, or directions to the office of the VIBNL, please do not hesitate to contact the Board staff. Regular office hours are Monday-Friday, 8:30 am - 4:00 pm. Our numbers are: Phone: (340)776-7397 Fax: (340)777-4003.

Best wishes and thank you for your interest in nursing in the United States Virgin Islands.

Sincerely,
Virgin Islands Board of Nurse Licensure

Physical Address
5051 Kongens Gade Suite 1
Old Justice Complex
St. Thomas, USVI 00802-6487



Check One: Initial () Repeat ()

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COMPUTER ADAPTIVE TESTING APPLICATION FOR NCLEX RN/PN EXAMINATION

1. Name in full _____
(Print) Last First Middle Maiden
2. Mailing Address _____ Soc. Sec# _____
3. Email Address _____ Tel. # _____
4. DOB _____ Birth place _____ Marital Status: S M D W
5. Are you a US citizen? _____ Give Visa Status _____
6. How would you rate your own general (physical and mental) health? _____
7. Do you have any disability that should be reported to this Board? _____
8. Were you ever issued a License/Certificate to practice nursing within the Territory of the United States Virgin Islands? Yes () No () *If yes, please provide VI License/Certification information:*

9. Please select the Licensing Examination you desire to take: **NCLEX RN/CAT** () **NCLEX PN/CAT** ()
Have you taken this Examination in the United States Virgin Islands before? _____ *If Yes, State the date(s) and the location where the exam(s) were taken:* _____
10. **EDUCATION HISTORY:**
High School _____ Date of Graduation _____
Nursing School _____ Date of Entry _____
Nursing School Address _____ Date of Graduated _____
Did you request an Official Copy of your Nursing Transcript? _____ *Date* _____
11. Did you pass the Commission of Graduates of Foreign Nursing Schools Exam (CGFNS)? _____
If yes, please attach the Report.
12. Has there been any complaints or disciplinary action taken or pending against your professional nursing or occupational license, registration, or certification? Yes () No ()
If yes, please provide the jurisdiction(s), license(s), date(s) the action was taken, and a description of the action.
Self Disclosure of all misdemeanors, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last 5 years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required.

13. Have you been convicted of a felony, committed any misdemeanors, or entered into a plea agreements, during the past 5 years? (even if adjudication was withheld) Yes () No () *If yes, please forward supporting documents.*

14. ***My signature on this application constitutes my express authorization for the Government of the US Virgin Islands, Department of Health, Board of Nurse Licensure and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in the foregoing applications. I understand that this authorization is for the express purpose of determining that I am of good character pursuant to the Nurse Practice Act, codified in Title 27, Chapter 1, Section 91, et seq., of the Virgin Islands Code and Executive Order No. 378-1998.***
YES _____ NO _____

Applicant's Signature

Date

<u>Office use only:</u>	
Fee Received _____	
CGFNS Yes () No ()	
Approved _____ Disapproved _____	
Initial _____	Date _____