

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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REQUEST FORM
LICENSURE APPLICATIONS AND EXAM REGISTRATION
 Revised April, 2011

Fax or mail your request for the above forms **ONE MONTH** before your class is scheduled to graduate. You **MUST** use a copy of this form for that purpose. **DO NOT** send a letter listing names of students who have completed your program. **DO NOT** send more than one class on a single sheet. Students are tracked using this form along with admission/completion dates. If you have one or more students who are not ready to complete with the other class members, provide a detailed explanation on a separate sheet of paper as to why the student is not completing and include the expected completion date. When the student does complete, send a copy of your original request with the application and highlight the name/names. It is **IMPERATIVE** that you include the graduates' social security numbers with your request form. Place a check mark in the columns to the right if applicable. (A "rollback" student is one that has continued in your program, moving from one class to another without being dropped or terminated).

FROM (NAME OF SCHOOL CAMPUS): _____
DATE (OF REQUEST): _____

THE CLASS THAT WAS ADMITTED ON (DATE): _____
IS SCHEDULED TO COMPLETE ON (DATE): _____
NUMBER OF EXPECTED GRADUATES: _____

Below is the **ALPHABETIZED** list of names & SS numbers of our graduates. (Use 2nd page if needed.)

(Use "arrow" keys to navigate between cells.)

	NAME	SOCIAL SECURITY NUMBER	AS/TRANSFER STUDENT	ROLLBACK STUDENT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

#	NAME	SOCIAL SECURITY NUMBER	AS/TRANSFER STUDENT	ROLLBACK STUDENT
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