

# Kansas State Board of Nursing Approval to Test

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Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Name of Nursing Education Program \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (ZIP)

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## Approval to Test

This is to certify that \_\_\_\_\_, Social  
(Name of Applicant)

Security number,    -   -    , has

completed or is expected to complete all requirements for graduation on

\_\_\_\_\_  
(Date)

Please indicate the degree to be posted on the applicant's transcript.

- Baccalaureate Degree in Nursing
- Associate Degree in Nursing
- Certificate/Diploma for Practical Nursing

This form includes the fact that the applicant named above has passed or is expected to pass all courses in the curriculum as approved by the Kansas State Board of Nursing.

The student may test any time after: \_\_\_\_\_

\_\_\_\_\_  
(Dean or Director of Nursing School)

Date of Signature \_\_\_\_\_

**Please return forms to:** Kansas State Board of Nursing; 900 SW Jackson, Ste 1051; Topeka, KS 66612-1230