



NMI BOARD OF NURSING

P. O. Box 501458, CK
Saipan, MP 96950
Telephone: (670) 233-2263
Email: contact@nmibon.info

**REINSTATEMENT CHECKLIST FOR LICENSED REGISTERED NURSE /
LICENSED PRACTICAL NURSE**

RETEST

1. _____ **Application:** Applicant must complete NCLEX Retake Application.
2. _____ **Pictures:** Upload an original U.S. passport type (2"x2" size) photo with white background taken within the past 6 months and must have a visible signature on the front bottom portion of the photo. Colored background will NOT be accepted.
3. _____ **Eligibility:** Must contact NMI BON so that accommodations may be made with PearsonVue to allow for the retest