



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