

**TEXAS BOARD OF NURSING**  
 333 Guadalupe - Suite 3-460, Austin, Texas 78701  
 (512) 305-7400 – Web Site: www.bon.texas.gov

**Director Affidavit**

**For Out-of-State and US Territories PN/VN Graduates**

This form is required for individuals who are requesting to take the NCLEX-PN® examination based on educational preparation as PN/VN graduates from other states and US Territories.

**Directions:** The Dean/Director of the nursing program must complete and sign this document. **THE AFFIDAVIT MUST BE SENT DIRECTLY TO THE BOARD OFFICE FROM THE NURSING PROGRAM FOR THE AFFIDAVIT TO BE ACCEPTED.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Name Middle Initial Last Name Mo Day Yr

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Admission Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Graduation Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Numerical grading scale for the "C" is= \_\_\_\_\_ **Only courses with a Minimum Grade of "C" may be counted.**

Required Board Course	Course Number/Name	Theory Clock Hours	Lab/Clinical Clock Hours
Personal & Vocational Adjustments			
Vocational Nursing Skills			
Pediatrics			
Maternal/Newborn			
Mental Illness/Mental Health			
Geriatrics			
Adult Medical/Surgical Nursing			
Pharmacology			
Growth and Development			
Anatomy & Physiology (THEORY HOURS ONLY)			
Microbiology (THEORY HOURS ONLY)			
Nutrition			
<b>TOTALS</b>			

I am the Dean/Director for the program listed below and attest that the factual statements contained in the information provided on this affidavit are within my personal knowledge and are true and correct. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Signature of Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

(Must bear School Seal)

Name of Nursing Program: \_\_\_\_\_

\_\_\_\_\_ City State Country

NCSBN Program Code: \_\_\_\_\_ - \_\_\_\_\_  
NCLEX School Code

Contact phone number/email address \_\_\_\_\_