**Candidate Level Information Post Examination Correction Form**

**Submit Completed Form to** rnboard@wv.gov

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Candidate Name** | **Candidate ID** | **Test Date** | **Incorrect Information Type** | **Incorrect**  | **Correct**  |
| first name last name | 8 digit | mm/dd/yyyy | Program Code | US######## | US######## |
| first name last name | 8 digit | mm/dd/yyyy | Graduation Date | mm/yyyy | mm/yyyy |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |