**Candidate Level Information Post Examination Correction Form\***

**Submit Completed Form to** [rnboard@wv.gov](mailto:rnboard@wv.gov)

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| --- | --- | --- | --- | --- | --- |
| **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 |
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\* National Council of State Boards of Nursing (NCSBN) NCLEX-RN Program reports are available for Prelicensure Nursing Education Programs from Mountain Measurement, INC., at <https://reports.mountainmeasurement.com/nclex/> .  Submit NCLEX-RN Program Report corrections on the Candidate Level Information Post Examination Correction Form to the West Virginia Board of Registered Nurses at [rnboard@wv.gov](mailto:rnboard@wv.gov).