

**College of Eastern Idaho
PN to RN Bridge Program**

NCLEX ACKNOWLEDGEMENT

Student Acknowledgement:

I hereby agree that I will successfully complete the NCLEX licensing exam by June 1 and provide proof of license to the College of Eastern Idaho's Nursing Program. I understand that my acceptance into the PN to RN Bridge program will be conditional upon completion of this requirement.

Student Name (printed): _____

Signature: _____

Date: _____

CEI Student #: _____