

COMMISSION ON GRADUATES OF
FOREIGN NURSING SCHOOLS

2004

Annual Report



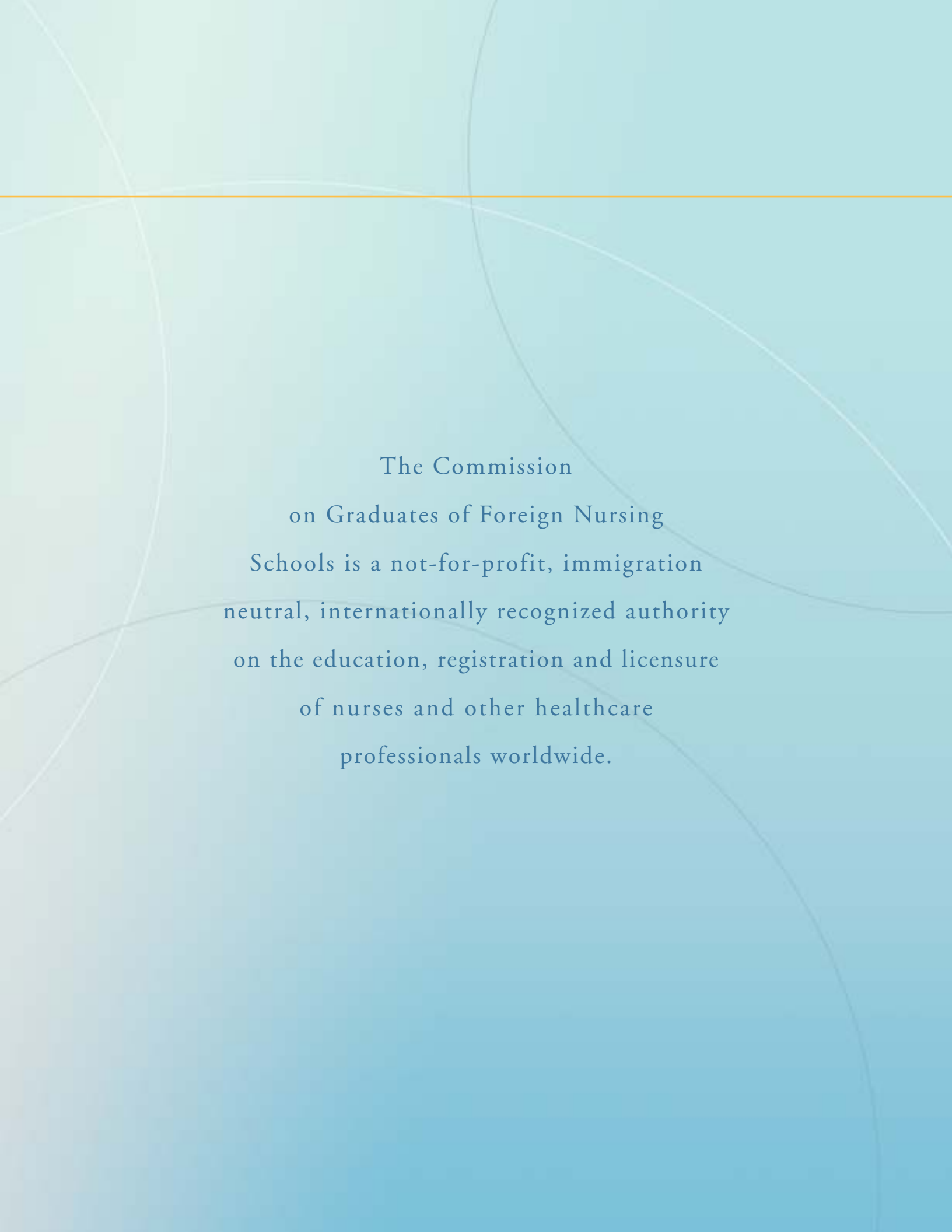
Global Connections

Global



Connections





The Commission
on Graduates of Foreign Nursing
Schools is a not-for-profit, immigration
neutral, internationally recognized authority
on the education, registration and licensure
of nurses and other healthcare
professionals worldwide.



C. Alicia Georges
EdD, RN, FAAN
President

Message from the President

Connections. This is a word we at the Commission on Graduates of Foreign Nursing Schools (CGFNS) have taken to heart. What does this word mean to us? Of course, it means networks of human relationships; links to government, professional, and other institutions; webs of formal and informal partnerships of all kinds. More than that, though, to us it means how we view and act through those partnerships.

We want to work with our partners, not tell them what they need to do. We want to assist them in fulfilling their missions, not do their jobs for them. We want to help them use the wealth of data and experience we have collected over the past 27 years so that they can move forward quickly and meaningfully. In short, we want to build collegial relationships with all of our stakeholders.

It is only through this approach that we will maximize the quality and delivery of our own products and services. Our connections will make it possible for us to do the very best job we can, protecting the public and assisting nurses and other healthcare professionals as they exercise their right to migrate. It also will help

us support agencies around the world as they develop the means to fulfill similar missions to protect public welfare while attracting high-quality professionals to their healthcare systems.

We view our role as one of social responsibility. This is not a role to be taken lightly. We must do the best job possible evaluating the credentials of healthcare professionals seeking to work in the United States because every patient depends on us. We also must do the best job we can to inform and enable those healthcare professionals so that they are not cheated in their search for opportunity, and so that they and their credentials receive the respect they deserve.

As the years progress, we intend to expand and increase our global connections. We want to continue evolving through those connections and enhance our standing as the international authority on the education, registration, and licensure of healthcare professionals worldwide. In this way, we will continue to play a meaningful role in the welfare of the public and healthcare professionals all around the world.



EGYPT

The Egyptian government supports a multi-tiered health care system. The system, however, is being eroded by the pressures of a growing population. Basic health care is free and medicines are available in remote villages. Private nursing homes and specialized treatments are available only to the wealthy.

Egypt has received awards from organizations such as WHO (World Health Organization) and World Rotary for its role in providing children's vaccinations. The government is also working to improve children's health, specifically in preventing diseases such as polio, diphtheria and measles. The incidence of these has declined and the newborn mortality rate is dropping.

The government has pioneered several family planning programs, expanded mobile clinics to remote areas and encouraged the private sector to participate in the Health Insurance Authority. Egyptian hospitals are equipped with modern technology and the medical personnel are highly qualified.

The medical profession is considered a prestigious occupation. More women are becoming doctors every year. Gaining entrance into medical college is highly competitive. Some qualified surgeons and physicians have emigrated to other countries.*

During the past two years, 41 applicants for CGFNS services have come from Egypt.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.



Barbara L. Nichols
DHL, MS, RN, FAAN
Chief Executive Officer

Message from the CEO

A year of great uncertainty, 2004 reflected the increasingly global character of our environment. Regional military conflicts, the ongoing threat of terrorism, and a broadening, worldwide nursing shortage reinforced the key role the Commission on Graduates of Foreign Nursing Schools (CGFNS) plays in the global healthcare community. Our mandate could not be more critical than in today's climate. We remain dedicated to protecting the public of the United States while fostering equitable treatment of healthcare professionals around the world.

CGFNS has played its pivotal role by analyzing and validating the educational and licensure credentials of migrating health professionals. In 2004, we strengthened our performance by implementing a business-based focus, enhancing our resources, and maintaining a strong global network that enables exchange of knowledge and broadening of experience. We have taken on the task of finding new solutions and embracing new ideas in an environment of rapid and dizzying change. We are proud to say: "We are well connected nationally and internationally."

When we say we are well connected, we refer to linkages with educational, industry, and governmental bodies rising from a quarter century of validating healthcare credentials worldwide. We point to our governing members, committees, and advisory councils as they engage others in relevant conversation and debate in the pursuit of common goals. We list long relationships that help us truly understand the diverse nature of professional educational requirements and practice standards. All of these connections have taught us the value of alliances that enable collaborative ways of relating to and working with our international colleagues.

In 2004, for example, CGFNS brought together more than 100 national and international participants for a two-day "Think Tank on Building Global Alliances" that included numerous keynote presentations, panel discussions, brainstorming sessions, and roundtable idea exchanges. This conference highlighted the emergence of the global market for healthcare delivery and the globalization of the health professions. The resulting monograph further focuses on the significance of internationally educated health professionals in the global healthcare workforce.



During the year, CGFNS received a great deal of feedback about our communication and customer-service delivery that drove and shaped ongoing communication, technology, and process improvements. We understand that meaningful interaction with our stakeholders represents the dynamic configuration of all of our activities and work, and that maximizing those connections will allow us to be truly responsive to the changing needs of our constituencies.

Our message to every stakeholder as we go forward is simple and straightforward. Continue to tell us how we can better serve you. Help us shape future improvements. Allow us to better connect with you. Together, we can improve CGFNS' programs and services - now delivered across six continents, in 44 countries, and 75 cities.

As you read through the following pages, I am sure you will see the value we see in the connections we maintain and continue to build. We take pride in our achievements, and at the same time acknowledge the invaluable contributions made by all of our stakeholders to our ability to fulfill our vital mission.



UNITED STATES (HAWAII)

The United States has a two-tiered health system, with both public and private hospitals. The public system includes Medicare (a health insurance program for seniors and the disabled) and Medicaid (a health insurance plan for the very poor).

Heart disease and cancer are the leading causes of death in the United States. The average life expectancy for an American is 76.7 years. Life expectancy is lower and infant mortality rates are higher for African-Americans.

American hospitals and medical schools are famous for the quality of care they offer and the research they support. People come from around the world to receive medical training at universities such as Harvard or Johns Hopkins. The Centers for Disease Control in Atlanta, Georgia, are known internationally for their research into infectious diseases and epidemics. The Mayo Clinics are renowned for medical research and high-quality treatment.

Many Americans use alternative medicine, such as acupuncture, massage, homeopathy and chiropractic, for pain relief and the treatment of illness.*

During the past two years, 1,385 applicants for CGFNS services have come from the United States.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.

Global Realities...

Affecting the Commission, our applicants, and the global healthcare community

Shortage Presents Opportunity and Challenge

The dramatic shortage of nurses and other healthcare professionals nationally and globally continues to foster vigorous and significant change. Education, licensure, and workplace changes will affect the very nature of the profession in ways we have yet to imagine.

Migration remained an attractive alternative for nurses and other healthcare professionals around the world in 2004. Despite the political, economic, and cultural challenges facing them (or perhaps because of these realities), many of those educated outside of the United States seek opportunity away from home to expand their practices and improve their quality of life and that of their families.

In addition to enhancing their personal success, healthcare professionals' search for a better life often fuels dramatic positive change in their professions and communities at home. Nations gaining economic strength and political stability are raising the quality of care and elevating professional standards. In this way, they can better protect the public, encourage economic growth, and retain valued healthcare professionals in

a highly competitive global market. This increasing competition also affects the roles of national and international employers, recruiters, regulators, and educators.

In the case of the United States, migration has led to significant immigration regulatory changes, as the federal government intensifies vigilance to protect its citizens. Many functions of the Immigration and Naturalization Service have been integrated into the Department of Homeland Security (DHS). In 2003, the DHS issued final rules to the regulations affecting healthcare workers educated outside of the United States who seek permanent and temporary employment in the United States. These rules have led to ongoing discussion and debate about their affect on the healthcare industry in the United States.

In response to these realities, the Commission on Graduates of Foreign Nursing Schools (CGFNS) has remained a vital and proactive force. Throughout 2004, CGFNS played an active role in studying and enabling migration while continuing to fulfill its fundamental mission to protect the public in an ever-changing environment.



SWITZERLAND

Switzerland does not have a centralized health care system. Individual cantons are responsible for determining levels of service and administering and delivering health care services. The private sector also plays a significant role in providing health services.

Most hospitals in Switzerland are public institutions that receive public funding. There are also about 100 private clinics that receive little or no public funding.

Hospitals and medical home care services are highly subsidized by the municipalities and cantons. The purchase of health insurance is compulsory for all Swiss citizens. Subsidies are available for those with low incomes. Approximately 70% of the cost of a visit to a physician is covered by insurance and 30% by the patient. Nearly all dental costs are directly paid by individuals. As a result, most Swiss families spend about 10% of their budget on doctors, dentists, health insurance and medicine.

Alternative forms of health care, including acupuncture, homeopathy and Shiatsu massage are popular. People can pay an additional insurance fee to cover these services.*

During the past two years, 35 applicants for CGFNS services have come from Switzerland.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.

Facing Regulations That Affect Migration

Change Presents Opportunities for Improvement

In September 2003, the final rules related to Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 became effective. (Section 343 requires that certain foreign healthcare workers have their credentials evaluated and certified before they can work in their professions in the United States.) This presented significant change in a variety of areas:

- It eliminated the exemption for the North American Free Trade Agreement (Trade NAFTA) healthcare workers and those seeking a temporary visa.
- It required certification renewal every five years.
- It changed the English language proficiency exams accepted for certification, allowing for use of the Test of English as a Foreign Language (TOEFL), the Test of English in Communications (TOEIC) and the International English Language Testing Service (IELTS) exams.

- It designated a streamlined process for United States-educated, foreign-born healthcare workers.
- It provided a process for credentialing organizations to apply for participation, and required renewal of credentialing organizations.

Initially, the DHS set a transition-period deadline of July 2004 for those with temporary visas or Trade NAFTA status to fulfill the new rule. In July 2004, responding to the support of CGFNS and other key organizations, the DHS extended the deadline for Trade NAFTA healthcare workers to obtain their visa certifications to July 2005, provided they were licensed and employed in the United States prior to September 23, 2003. This alteration proved helpful for many communities, particularly those bordering Canada that depend on Canadian healthcare professionals.

Responding to the final rule, CGFNS made a number of significant improvements to meet the new challenges:

- We created a separate department for our *VisaScreen™* Program, redesigned its workflow, and increased staff in its customer service and credentials areas.
- We increased our use of technology and are redesigning our web site and software applications for *VisaScreen™*, *VisaScreen™* certificate renewal, and 212(r) Certified Statements (which satisfy all the requirements of Section 343 for certain nurses).
- We developed a Quality Assurance and Advocacy Department.

- We developed stronger relationships with regulatory authorities and English-language testing organizations to facilitate validations and score reporting.
- We provided two special test administrations for Trade NAFTA nurses to facilitate their compliance with the DHS deadline.
- We held Section 343 educational sessions in 12 major United States cities and Toronto, Canada.

Immigration issues will remain a priority for CGFNS in the immediate future. We continue to monitor legislation related to the nursing shortage and other health care issues. We also monitor international trade agreements to determine their effect on migrating healthcare professionals.



JAPAN

Japan has a comprehensive health care system that provides medical attention to all Japanese citizens regardless of income. Some companies run their own hospitals for employees. Doctors are often reluctant to give bad news to a patient directly. Instead they tell family members, who decide on the treatment and whether to inform the patient.

The Japanese use many alternative medical practices. Kampo is a holistic approach that treats illness while strengthening the body. Acupuncture involves inserting needles into specific areas on the body to relieve pain. Moxibustion is a treatment in which small amounts of an oriental plant called mogusa or moxa are burned on the skin to stimulate the immune system and prevent illness. Shiatsu and amma massage techniques are used to strengthen weak areas of the body. Sekkotsu therapy involves diagnosing sprains, dislocations, and fractures by touch and using massage techniques to treat the injury.

When Japanese people visit a friend or relative in hospital, they do not bring potted plants, which are considered bad luck, since the roots may suggest that the patient will become "rooted" and stay in hospital a long time.*

During the past two years, 301 applicants for CGFNS services have come from Japan.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.

Global Programs and Services...

Meeting the Needs of our Clients and Applicants

Ongoing Enhancement Raises Performance of Core Programs

In 2004, CGFNS significantly restructured its operations to focus on core programs by establishing business units for each program. Those units, charged with responding to individual customer bases, now reflect a more business-based structure for increased responsiveness and enhanced customer service. Among many improvements, we doubled the size of our credentialing and customer service staff, created a customer-service call center, and integrated scanning of key documents.

In response to requests from nurses and employers to increase access to the Certification Program's qualifying exam, the Commission re-opened its exam center in Cochin, India in late 2004. We also offered a special administration of the qualifying exam in September 2004, in seven locations.

As a result of restructuring and technological improvements that allowed us to keep pace with the Section 343 changes, the *VisaScreen™* Program doubled the number of certificates it issued over the previous year. CGFNS also responded to security concerns expressed by the DHS and State Department by adding security features

to *VisaScreen™* certificates and sending them via trackable mail to minimize opportunities for interception. *VisaScreen™* certificates now feature applicant photos for increased security.

In April 2004, CGFNS added Trinidad and Tobago to the list of countries exempt under Section 212(r) of the United States Immigration and Nationality Act. Nurses from Trinidad and Tobago have joined those from seven other countries as exempt from English language proficiency exam requirements and qualifying for a 212(r) Certified Statement from CGFNS as an alternative to a *VisaScreen™* certificate.

CGFNS has taken advantage of its long relationships with state boards of nursing and Canadian nursing organizations and licensing authorities to ensure timely *VisaScreen™* processing of Canadian Trade NAFTA nurses. We also have met with Mexican government and education representatives to address the issue of educational comparability, as more Mexicans seek to become registered nurses, thereby increasing the number of Mexican Trade NAFTA nurses.

Improvements can be seen in other programs as well. The Credentials Verification Service for New York State made a special effort in 2004 to improve

document request response times by the Ukrainian Ministry of Health and licensing authorities in India and the Philippines.

CGFNS' International Consultants of Delaware (ICD) division continues to seek opportunities for credentials evaluation in new professional areas and to expand its primary business of evaluating the credentials of physical therapists.

The Credentials Evaluation Service, which analyzes the comparability of education and licensure in terms of United States standards, continues to move toward a more streamlined version.

Improving Accessibility and Accountability

The Commission's efforts to extend its technological capabilities advanced in 2004. Our integrated Web-based system allows improved coordination of documents between programs, and speeds review, processing, and approvals. In addition, our integrated voice response system has been improved and integrated into the Web-based information system.

CGFNS has introduced several new features to its online capabilities for applicants. Applicants can now apply

for all programs online or they may download the application and return it to CGFNS. In April 2004, CGFNS launched its Online Multiple Reporting System that permits authorized third parties to access information on multiple applicants in a single report. This complimentary service suits employers, hospitals, immigration attorneys, and recruiters who are managing multiple clients. Finally, CGFNS updated its hardcopy applications for all of its services during the past year.

CGFNS, as part of its restructuring, has created a Department of Advocacy and Quality Assurance. This allows us systematically and formally to address concerns about customer service and program quality. We also established a position for a legislative and regulatory specialist to work with state boards of nursing, and an office of education to enable staff development.

Continual improvements to our internal systems will make those systems more reliable, efficient, and accurate. In addition, they will make information more accessible and visually appealing to our clients and applicants.



INDIA

India has had a long tradition of wellness practices and medical treatments through the practices of yoga and meditation, and Ayurvedic and herbal medicine. Indian doctors also knew about vaccination long before their European counterparts.

Unfortunately, India's health care system deteriorated under colonial rule, when the British suppressed the indigenous system, and in the poverty following independence. Overpopulation, unsanitary living conditions, inadequate diets and limited medical facilities continue to be major difficulties. The government has been making efforts to improve conditions. Vaccinations, water purification and pest-control programs have reduced diseases such as small pox, tuberculosis, cholera and malaria. Life expectancy has risen to 62 years from a low of 32 in 1950. India's burgeoning population is actually the result of increased health, not an increased birth rate.

Indians have three major health care options: Western-style medicine, Ayurveda and Unani. Ayurveda is a holistic system that employs herbs and oils to balance the body's humors: wind, phlegm and gall. Doctors work with their patients' diet, which is adjusted based on foods' qualities of being satvic (pure), rajasic (stimulating) or tasmasic (degrading). Unani is a holistic, ancient medicine that came to India from Arabic countries.*

During the past two years, 24,830 applicants for CGFNS services have come from India.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.

Global Research...

Sharing the Knowledge We Develop

New Surveys Reveal Telling Data

Early in 2004, CGFNS finalized the results of its Foreign Nurse Graduate Survey of licensed practical nurses (LPNs). We surveyed 732 internationally educated practical nurses who sat for licensure in the United States between 2000 and 2002. The results showed that they resemble foreign-educated registered nurses in many ways. Highlights include evidence that all of the 60 percent who passed the United States licensure exam are employed, primarily as staff LPNs in long-term-care geriatric nursing or in adult health units of hospitals.

Final results of our 2003 language and transitions survey of registered nurses indicated that understanding the United States healthcare system presents the greatest challenges. Respondents indicated they need ongoing and thorough education about the system's roles, responsibilities, and nuances. The second most noted challenge related to language, particularly the use of slang, idioms, and abbreviations. These nurses pointed to

their level of clinical skill in handling such tasks as administration of medication as their third greatest challenge.

Our recruitment and retention survey of 3,000 United States employer executives revealed similar findings, although from a different perspective. For example, employers noted that foreign-educated nurses lack understanding of the United States healthcare system. Nonetheless, they indicated that after six months of practice, these professionals reached a level of performance safety comparable to their United States-educated counterparts. Other highlights of this survey include ambivalence about the use of recruiters.

The knowledge we gained from these surveys contributes to our efforts to assist internationally educated nurses to make the transition to the United States. For example, through new and maturing partnerships and alliances with schools and universities, CGFNS has contributed to the development of programs specifically for foreign nurse graduates to assist them in their transitions and to improve their study skills.

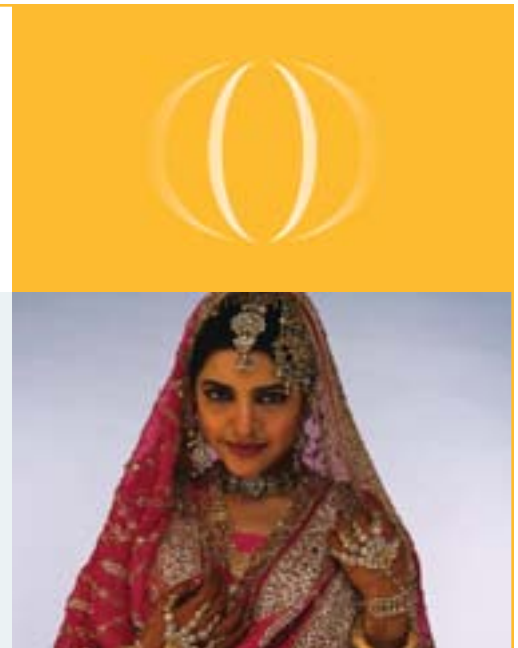
CGFNS continues to review annually the validity of its predictor exam. A recent study showed that 89 percent of those taking the Certification Program qualifying exam between April 2001, and March 2002, passed the NCLEX-RN® exam on their first attempt. To ensure our exam continues to be a meaningful predictor of NCLEX-RN exam success, we changed the qualifying exam in 2004 to reflect the NCLEX-RN exam's evolution from a purely multiple-choice format to one that includes questions with determinant answers. We further increased the number and length of our Test Writers' Workshops and expect to create

alternative strategies for obtaining exam questions through enhanced use of information technology.

CGFNS engages in educational analysis of United States degree programs examining degree requirements and course content for baccalaureate and diploma programs. Recent research in this area will contribute to our ability to compare international programs with those of the United States and will form the basis for improvements to the evaluation of international credentials. We also review articles and other manuscripts related to international nurses to identify knowledge gaps.

In 2004, CGFNS Participated in:

The American Immigration Lawyers Association Conference
The American Association of Nurse Executives Conference
The Association of Perioperative Registered Nurses Conference
The National Conference of State Legislatures
The American Association of Clinical Chemistry Conference
The National Council on State Boards of Nursing Conference
The Joint Commission Resources 2004 Conference—Healthcare
at the Crossroads: Strategies for Addressing the Nursing Crisis
Sigma Theta Tau 15th International Research Congress
Caribbean Nurses Organization 24th Biennial Conference



PAKISTAN

Health care in Pakistan is government sponsored, but over the years private health care providers have become more common. Pakistan has made great strides in reducing mortality rates. It is, however, a constant struggle to meet the health care needs of the rapidly expanding population. Pakistan is the 9th most populous country in the world.

The government's strategy is aimed at primary health care, making essential drugs for common diseases available at affordable prices. Programs of immunization against common diseases have been implemented through outreach and mobile teams. They concentrate on reducing the number of cases of malaria.

Most Pakistanis find medical help at local clinics and hospitals. Some still turn to hakims, herbalists, for traditional medicines for common illnesses. Pakistani women prefer female doctors and men prefer male doctors.*

During the past two years, 282 applicants for CGFNS services have come from Pakistan.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.

Global Profile...

Raising Awareness of Our Role in the Healthcare Community

Outstanding Events Spread the CGFNS Message

CGFNS' fourth annual International Distinguished Leadership Award Symposium and Tribute Dinner took place on December 8, 2004. The symposium focused on "Nursing Leadership: A Past to Remember. A Future to Conquer." Kirsten Stallknecht, Past President of the International Council of Nurses and Past President of the Danish Nurses Organization is the recipient of the 2004 award.

The Second Annual Golf Invitational Tournament, held at Whitemarsh Valley Country Club in late September, raised funds for the CGFNS Education and Research Fund, which provides scholarships, fellowships, and international exchange activities that focus on the global nursing shortage.

Recognizing that the Section 343 final rules presented a major challenge for healthcare providers, recruiters, and others, CGFNS provided a series of educational sessions about the new visa regulations throughout 2004 in Toronto, Canada, and 12 sites in the United States. The sessions provided critical information about the new rules, including who is covered, assessment processes for evaluating credentials and licensure, and how to avoid bureaucratic hurdles. These sessions, which focused on CGFNS' major programs, proved exceedingly popular.

Finally, in 2004, CGFNS gathered more than 100 national and international participants for a two-day invitational think tank: "Building Global Alliances II: The Evolving Health Care Migration". This in-depth session included a keynote speech, presentations, panel discussions, brainstorming sessions, and roundtable exchanges surrounding the issues of global healthcare professional migration.



CGFNS Credentials Evaluation Service Data, 2004 First, Second and Third Quarter

CGFNS Applications by Profession, 2004

Profession	January - March (N = 1330)	April - June (N = 1270)	July - September (N = 1263) ¹
Clinical Laboratory Scientist	2 (0.2%)	3 (0.2%)	2 (0.2%)
Clinical Laboratory Technician	2 (0.2%)		1 (0.1%)
Licensed Practical or Vocational Nurse	17 (1.3%)	15 (1.2%)	19 (1.5%)
Physician Assistant	1 (0.1%)		1 (0.1%)
Physical Therapist	2 (0.2%)	2 (0.2%)	4 (0.3%)
Registered Nurse	1298 (97.6%)	1246 (98.1%)	1227 (97.0%)
Dietitian	1 (0.1%)		
Midwife	2 (0.2%)	1 (0.1%)	
Physician	5 (0.4%)	1 (0.1%)	
Unknown	2 (0.2%)		7 (0.6%)

¹Out of the 1263 applicants, 43.9% are submitting educational and professional data to CGFNS, 25.1% reports have been issued, 29.2% transcript and licensure data are being reviewed by CGFNS, and 1.8% applications have been cancelled.

CGFNS Top Countries of Education by Profession: January - March, 2004

Profession	Country	Country	Country	Country	Country
Clinical Laboratory Scientist (N = 2)	Nigeria (1)	Israel (1)			
Licensed Practical or Vocational Nurse* (N = 17)	Philippines (2)	Canada (2)	Albania (1)	Australia (1)	Gambia (1)
Physician Assistant (N = 1)	Russia (1)				
Physical Therapist (N = 2)	Philippines (1)	Nigeria (1)			
Registered Nurse (N = 1298)	Philippines (554)	India (156)	Nigeria (65)	United Kingdom (59)	Canada (43)
Dietitian (N = 1)	Philippines (1)				
Midwife (N = 2)	Iran (1)	Ukraine (1)			
Physician (N = 5)	Philippines (5)				
Unknown (N = 2)	Russia (1)	Mexico (1)			

* The remainder countries of education have only one applicant each.

CGFNS Top Countries of Education by Profession: April - June (N = 1270)

Profession	Country	Country	Country	Country	Country
Clinical Laboratory Scientist (N = 3)	Nigeria (2)	South Korea (1)			
Clinical Laboratory Technician (N = 2)	China (1)	Nigeria (1)			
Licensed Practical or Vocational Nurse* (N = 15)	Philippines (4)	Canada (2)	Kenya (2)		
Physical Therapist (N = 2)	India (2)				
Registered Nurse (N = 1298)	Philippines (530)	India (116)	Nigeria (70)	Canada (40)	Colombia (39)
Midwife (N = 1)	Tanzania (1)				
Physician (N = 1)	India (1)				

* The remainder countries of education have only one applicant each.

CGFNS Top Countries of Education by Profession: July - September, 2004

Profession	Country	Country	Country	Country	Country
Clinical Laboratory Scientist (N=2)	Canada/Philippines (1)				
Clinical Laboratory Technician (N=1)	Peru (1)				
Licensed Practical or Vocational Nurse* (N=19)	Kenya (3)				
Occupational Therapist (N=1)	Philippines (1)				
Physical Therapist (N =4)	Brazil (2)	Philippines/Australia (1)			
Physician Assistant (N = 1)	Russia (1)				
Physiotherapist (N = 1)	Netherlands (1)				
Registered Nurse (N =1227)	Philippines (534)	India (160)	Nigeria (57)	Canada (46)	United Kingdom (28)
Unknown* (N = 7)	Philippines/Haiti (2)				

* The remainder countries of education have only one applicant each.

CES Reports Issued by Profession, January - September 2004

Profession	January - March (N = 689)	April - June (N = 844)	July - September (N = 1024)
Clinical Laboratory Scientist	1 (0.1%)		
Licensed Practical or Vocational Nurse	7 (1.0%)	11 (1.3%)	9 (0.9%)
Registered Nurse	679 (98.5%)	831 (98.5%)	1013 (98.9%)
Physician	2 (0.3%)	2 (0.2%)	

CGFNS Certification Program Data, 2004 First, Second and Third Quarter**CGFNS Statistics for the 2004 Certification Program Qualifying Examination**

Applicants	March 10, 2004	July 14, 2004	September 22, 2004
First time	4014 (60.8%)	4641 (64.4%)	1183 (66.0%)
Repeat	2579 (39.2%)	2561 (35.6%)	610 (34.0%)
Total	6593	7202	1793

CGFNS Certification Program Pass Rates: 2004

Applicants	March 10, 2004	July 14, 2004	September 22, 2004
First time	4014	4641	1183
Passed	1631 (40.6%)	1997 (43.0%)	472 (40.0%)
Repeaters	2579	2561	610
Passed	944 (36.6%)	1080 (42.2%)	221 (36.0%)

CGFNS Certification Program First Time Applicants: Top 5 Countries of Education

Volume	March 10, 2004	July 14, 2004	September 22, 2004
1st	Philippines 1849	Philippines 2138	India 849
2nd	India 1580	India 1930	Philippines 270
3rd	Nigeria 96	People's Republic of China 97	Nigeria 8
4th	China 94	Nigeria 84	Canada /South Korea 7
5th	Kenya 54	Kenya 40	Poland 6

CGFNS Certification Program Repeat Applicants: Top 5 Countries of Education

Volume	March 10, 2004	July 14, 2004	September 22, 2004
1st	Philippines 1649	Philippines 1677	Philippines 291
2nd	India 479	India 522	India 272
3rd	Nigeria 57	Nigeria 87	Nigeria 7
4th	Thailand 16	Kenya 25	Poland 4
5th	Poland 14	People's Republic of China 24	Romania/United Kingdom 3

VisaScreen™ Program Data, 2004 First, Second and Third Quarter**VisaScreen™ Applications by Profession, 2004**

Profession	January - March (N = 4714)	April - June (N = 5537)¹	July - September (N = 5352)
Clinical Laboratory Scientist	213 (4.5%)	278 (5.0%)	356 (6.7%)
Clinical Laboratory Technician	44 (0.9%)	18 (0.3%)	30 (0.6%)
Licensed Practical or Vocational Nurse	14 (0.3%)	36 (0.7%)	34 (0.6%)
Occupational Therapist	23 (0.5%)	26 (0.5%)	50 (0.9%)
Physician Assistant	1 (0.02%)	1 (0.02%)	8 (0.1%)
Physical Therapist	133 (2.8%)	171 (3.1%)	248 (4.6%)
Registered Nurse	4248 (90.1%)	4960 (89.6%)	4543 (84.9%)
Speech-language Pathologist/Audiologist	38 (0.8%)	47 (0.8%)	83 (1.6%)

¹Of 5537 applicants, 36.7% are certified, 34.9% are currently submitting transcript and licensure data to CGFNS, 16.5% transcript and licensure data are currently being reviewed by CGFNS, 11.0% are submitting their English language proficiency requirement and 0.9% applications have been cancelled.



VisaScreen™ Applications: Top Countries of Education by Profession, January - March 2004

Profession

Clinical Laboratory Scientist (N=213)	Philippines (103)	Canada (62)	Nigeria (21)	United States (12)	India (5)
Clinical Laboratory Technician* (N=44)	Canada (31)	Philippines (8)	United States (3)	Nigeria (1)	England (1)
Licensed Practical or Vocational Nurse* (N=14)	Philippines (3)	People's Republic of China (2)			
Occupational Therapist (N=23)	Philippines (15)	India (3)	Canada (3)		
Physician Assistant (N=1)	Canada (1)				
Physical Therapist (N=133)	Philippines (85)	India (12)	United States (10)	Canada (8)	Nigeria/Pakistan (4)
Registered Nurse (N=4248)	Philippines (1895)	Canada (1217)	India (471)	United States (159)	South Korea (77)
Speech-language Pathologist/Audiologist (N=38)	India (23)	United States (7)	Philippines (3)	Canada (3)	

* The remaining countries of education have only one applicant each.

VisaScreen™ Applications: Top Countries of Education by Profession, April- June 2004

Profession

Clinical Laboratory Scientist (N=278)	Philippines (173)	Canada (39)	Nigeria (27)	United States (23)	India (3)
Clinical Laboratory Technician* (N=18)	Canada (6)	Philippines (5)	Nigeria (3)		
Licensed Practical or Vocational Nurse* (N=36)	United States (7)	Nigeria (6)	Philippines (5)	Canada** (3)	
Occupational Therapist (N=26)	Philippines (20)	Canada (3)	United States (3)		
Physician Assistant (N=1)	Argentina (1)				
Physical Therapist (N=171)	Philippines (110)	India (18)	United States (10)	Canada (7)	Nigeria (4)
Registered Nurse (N=4960)	Philippines (2006)	Canada (1460)	India (688)	United States (167)	South Korea (149)
Speech-language Pathologist/Audiologist (N=47)	India (29)	United States (10)	Canada (3)		

* The remaining countries of education have only one applicant each.

** Other countries that include 3 applicants are Kenya and Sierra Leone.

VisaScreen™ Applications: Top Countries of Education by Profession, July - September 2004

Profession

Clinical Laboratory Scientist (N=356)	Philippines (271)	Canada (23)	United States (19)	Nigeria (12)	India (4)
Clinical Laboratory Technician* (N=30)	Philippines (16)	Nigeria (5)	Canada/ United States (2)		
Licensed Practical or Vocational Nurse* (N=34)	Nigeria (14)	Philippines/ United States (8)	Canada (1)		
Occupational Therapist* (N=50)	Philippines (40)	Canada (4)	United States (3)		
Physician Assistant (N=8)	Nigeria (5)	United States of America (3)			
Physical Therapist (N=248)	Philippines (176)	India (37)	United States (9)	Canada (8)	Nigeria (2)
Registered Nurse (N=4543)	Philippines (2010)	Canada (983)	India (704)	United States (225)	South Korea (119)
Speech-Language Pathologist/Audiologist* (N=83)	India (42)	United States (21)	Canada (11)	Philippines (3)	Argentina (2)

* The remaining countries of education have only one applicant each.

** Other countries that include 2 applicants are England, Brazil and Australia.

VisaScreen™ Certificates Issued by Profession, 2004

Profession

	January - March 2004 (N=3447)	April - June (N = 4412)	July - September (N = 4513)
Clinical Laboratory Scientist	24 (0.7%)	132 (3.0%)	219 (4.9%)
Clinical Laboratory Technician	1 (0.03%)	18 (0.4%)	11 (0.2%)
Licensed Practical or Vocational Nurse	9 (0.3%)	5 (0.1%)	17 (0.4%)
Physical Therapist	67 (1.9%)	50 (1.1%)	175 (3.9%)
Registered Nurse	3330 (96.6%)	4176 (94.7%)	3990 (88.4%)
Occupational Therapist	8 (0.2%)	4 (0.1%)	43 (1.0%)
Speech-language Pathologist/Audiologist	8 (0.2%)	25 (0.1%)	57 (1.2%)
Physician Assistant	2 (0.01%)		1 (0%)

2004 CGFNS New York Verification Service Data

New York Verification Applications by Profession, 2004

Profession	January - March (N = 1410)	April - June (N = 1637) ¹	July - September (N = 1818)
Clinical Laboratory Technician	1 (0.1%)		1 (0.1%)
Licensed Practical or Vocational Nurse	36 (2.6%)	26 (1.6%)	21 (1.2%)
Occupational Therapist	6 (0.4%)	14 (0.9%)	17 (0.9%)
Occupational Therapy Assistant	3 (0.2%)		3 (0.2%)
Physical Therapist	31 (2.2%)	21 (1.3%)	32 (1.8%)
Registered Nurse	1334 (94.6%)	1573 (96.0%)	1743 (95.7%)
Midwife	1 (0.1%)		
Unknown	1 (0.1%)		

¹Out of the 1637 applicants, 55.7% transcript and licensure data are being reviewed by CGFNS, 42.3% are submitting educational and professional data to CGFNS, 1.0% reports have been issued to New York and 1.0% applications have been cancelled.

New York Verification Service Top Countries of Education by Profession, January - March 2004

Profession	Top Countries of Education					
Clinical Laboratory Scientist	Russia (1)					
Licensed Practical or Vocational Nurse	Philippines (9)	Guyana (6)	Haiti (3)	Trinidad & Tobago (2)	Jamaica (2)	
Occupational Therapist	Philippines (5)	Canada (1)				
Physical Therapist*	Philippines (14)	South Korea (6)	India (5)	Brazil (2)		
Registered Nurse	Philippines (428)	South Korea (418)	India (141)	Nigeria (30)	Canada (29)	
Midwife	Nigeria (1)					
Unknown	Italy (1)					

* The remainder countries of education have only one applicant each.

New York Verification Service Top Countries of Education by Profession, April - June 2004

Profession	Top Countries of Education					
Licensed Practical or Vocational Nurse (N = 26)	Haiti (3)	St. Vincent & Grenadines (3)	Canada* (2)			
Occupational Therapist (N = 14)	Philippines (11)	India (2)	South Africa (1)			
Occupational Therapy Assistant (N = 3)	Philippines (2)	Colombia (1)				
Physical Therapist (N = 21)	Philippines (13)	India (6)	Egypt (1)	El Salvador (1)		
Registered Nurse (N = 1573)	South Korea (640)	Philippines (405)	India (177)	Nigeria (25)	Ukraine (20)	

*Other applicants that include 2 applicants are India, Israel and Jamaica.

New York Verification Service Top Countries of Education by Profession, July - September 2004

Profession	Top Countries of Education					
Clinical Laboratory Scientist (N = 1)	Philippines (1)					
Licensed Practical or Vocational Nurse* (N = 21)	Philippines (5)	Guyana (4)	Canada/Haiti (2)			
Occupational Therapist (N = 17*)	Philippines (6)	India (5)	Canada (3)			
Occupational Therapy Assistant (N = 3)	Philippines (3)					
Physical Therapist (N = 32*)	Philippines (19)	India (8)	South Korea (2)			
Physician Assistant (N = 1)	Ukraine (1)					
Registered Nurse (N = 1743)	South Korea (644)	Philippines (585)	India (191)	Russia (51)	Canada (24)	

*The remainder countries of education have only one applicant each.

New York Verification Service Reports Issued² by Profession, January - September 2004

Profession	January - March (N = 998)	April - June (N = 1989)*	July - September (N = 1516)
Licensed Practical or Vocational Nurse	42 (4.2%)	97 (4.9%)	56 (3.7%)
Physical Therapist	34 (3.4%)	65 (3.3%)	36 (2.4%)
Physical Therapist Assistant	1 (0.1%)		2 (0.1%)
Registered Nurse	906 (90.8%)	1797 (90.3%)	1400 (92.3%)
Occupational Therapy	14 (1.4%)	27 (1.4%)	18 (1.2%)
Occupational Therapist Assistant	1 (0.1%)	2 (0.1%)	4 (0.3%)
Physician Assistant	1 (0.1%)	0 (0%)	

²A majority of reports issued were from applications that were received in 2003.

*Due to rounding, percentages equal to over 100%.

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NOT PICTURED: John Kaiser.

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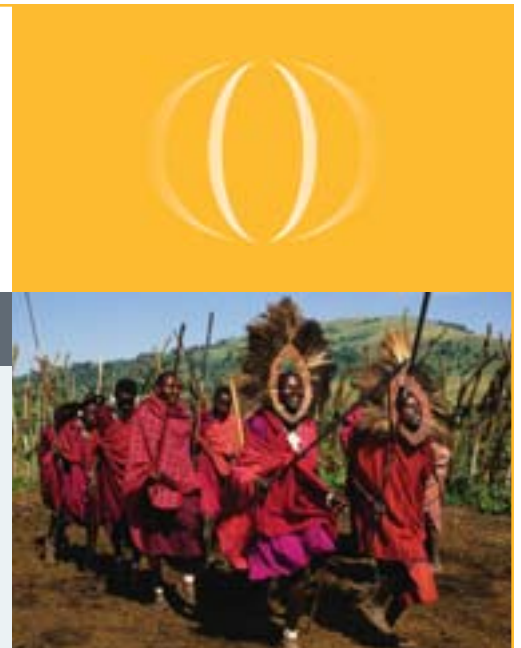
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KENYA

Health services in Kenya are provided by the government, private individuals, churches and voluntary organizations. Kenyatta National Hospital is the largest and best equipped hospital in the country.

In all but the largest centres, there is a problem with underpaid doctors and nurses and a lack of drugs. Depending on the area, the Flying Doctor service, also known as AMREF, is available to airlift patients to a hospital or to bring a doctor in to help a patient in an emergency.

Midwives usually attend a childbirth. Birthing information is passed from female family members to the mother-to-be. For the last 40 days of her pregnancy, an expectant mother is waited on and pampered.

Health care is expensive. Kenyans see a doctor only if they are extremely ill. Herbal and traditional remedies may be used for healing. Many Kenyans have used holistic medicine for years.*

During the past two years, 914 applicants for CGFNS services have come from Kenya.

Source: Citizenship and Immigration Canada, Cultural Profiles Project, www.settlement.org.

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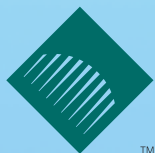
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