

Applicant Handbook

The State of New York requires that if you are applying for licensure as a registered nurse, licensed practical nurse, physical therapist, physical therapy assistant, occupational therapist or occupational therapy assistant in the State of New York, you must have your educational and licensure credentials verified by CGFNS the Credential Verification Service for New York State (CVS).

Through the CVS Program, CGFNS independently collects and verifies the authenticity of an applicant's educational and licensure/registration credentials. Once verified, the credentials are forwarded to the New York State Education Department to be evaluated as part of the applicant's licensure application.

CGFNS has verified the credentials of approximately 40,000 internationally-educated healthcare workers for New York State from 2001-2007.

Internationally-educated:

- occupational therapists
- occupational therapy assistants
- physical therapists
- physical therapy assistants
- licensed practical nurses
- registered nurses

seeking licensure in New York State



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Introduction to CGFNS Credential Verification Service for New York State (CVS)

Every year, thousands of registered nurses, licensed practical nurses, physical therapists, physical therapy assistants, occupational therapists and occupational therapy assistants from around the world decide that they would like to practice in the United States (U.S.) in the State of New York. The Commission on Graduates of Foreign Nursing Schools (CGFNS International) can help you work toward your goal if you are one of these professionals.

The CVS program verifies the authenticity of foreign educational and licensure credentials. In order to perform this verification, the applicant must provide a completed authorization form to CGFNS that contains the name of the professional school attended and another authorization form with the name of the initial licensure authority that licensed the applicant. One form is needed for each professional school and licensing authority. CGFNS then contacts each named professional school and licensure authority directly, sending them the authorization and validation/verification forms to request verification of the applicant's attendance and licensure. These validation forms must be mailed from the school and licensure authority DIRECTLY to CGFNS. After CGFNS receives the validation forms and other required documents from the school and licensure authorities, CGFNS prepares a report and sends it to the New York State Education Department. This is a report on the authenticity of the documents only. CGFNS neither makes an analysis or determination of the comparability or sufficiency of the applicant's education according to U.S. standards, nor of the applicant's satisfaction of licensure requirements. The applicant does **not** receive a copy of this report.

The Credential Verification Service for New York State Applicant Handbook describes how to apply to have your credentials verified for New York State. There are many steps (see Chart 1). Please read this entire handbook before completing any of the application forms. The detailed description of each step will help you to understand the process.

CGFNS processes all applications at its headquarters in Philadelphia, PA, USA. If you have any questions or concerns as you proceed through the Credential Verification Service for New York State, please contact the CGFNS Customer Service Department. Refer to page 5 for guidelines on communicating with CGFNS. For more information on CGFNS and its services, please visit our website at www.cgfns.org.

What This Handbook Contains

1. Information on the Credential Verification Service Program for New York State, who needs to apply, and the process
2. Application instructions
3. Guidelines for communication with CGFNS
4. Related CGFNS Services *VisaScreen*®: Visa Credentials Assessment, administered by the International Commission on Healthcare Professions (ICHP) a division of CGFNS
5. Application, Authorization forms for registration/license and academic records (transcripts), Authorization to Release Information form and optional Payment by Credit Card form

Chart 1: Overview of the CGFNS Credential Verification Service for New York State Application Process

Actions You Take	Actions CGFNS Takes
Complete an Application Form and send the original form to CGFNS with full payment.	CGFNS sends you an identification number.
Complete the Authorization for Validation of Registration/License Forms and send them to CGFNS.	CGFNS sends the Forms to the licensing authority where you were first registered. For Canadian applicants, CGFNS mails request letters to the licensing authorities every 30 days. For all other countries, CGFNS mails request letters to the licensing authorities every 60 days.
Complete the Authorization for Academic Records (Transcripts) Forms and send them to CGFNS.	CGFNS sends the Forms to the educational institutions that you attended. For Canadian applicants, CGFNS mails request letters to the educational institutions every 30 days. For all other countries, CGFNS mails request letters to the educational institutions every 60 days.
Check your status online at www.cgfns.org or through the automated phone system (215) 599-6200 using your CGFNS identification number and date of birth. You must respond to any correspondence from CGFNS regarding missing items.	After CGFNS receives all required documents, or after the timeframe allowed has expired, CGFNS sends a report to the New York State Education Department for evaluation. The New York State Education Department will contact you with more information about your eligibility.

For Canadian applicants, the process is limited to 90 days. For all other countries, the process is limited to 180 days. **The process time begins when CGFNS sends the first request letters to your school and/or licensing authority. Request letters will not be sent until CGFNS receives payment in full, a completed application and all authorization forms.** If CGFNS does not receive the required documents on time, CGFNS sends a report to the New York State Education Department noting any deficiencies.

How to Apply

The most convenient way for you to apply is online at www.cgfns.org. Completing the application online may speed up your application process. You can download a printable version of the Application for the CGFNS Credential Verification Service for New York State at www.cgfns.org. You can also find an application form in the back of this handbook. Please follow the instructions exactly and completely.

If you apply online, you must still mail in certain documents, for example, authorization forms and notarized statement

How to Complete the Application

Mark the box next to your profession: registered nurse, licensed practical nurse, physical therapist, occupational therapist, physical therapy assistant, occupational therapy assistant. If you wish to apply under more than one professional title, you must complete a separate application for each title and submit a separate fee. We will send a separate report to the New York Education Department for each profession.

Items 1 and 2. Preliminary Information and Your Name

CGFNS offers several different services; the CVS program is one of these services. If you have previously applied to CGFNS and CGFNS received your school transcripts and or licensure information, these documents cannot be used for the CVS program. The New York State Education Department requires that transcripts and licensure validation be verified through the CVS program.

1. a. If you have previously applied to CGFNS, place a check in the Yes box. If this is your first time applying to CGFNS, place a check in the No box.
 - b. If you answered Yes to 1a., please fill in your CGFNS ID number in the boxes provided.
 - c. Fill in the name of the state or states where you plan to practice.
 - d. Fill in the name of the country where you worked, your profession and the number of years you worked in this profession.
2. List your name on the CVS application form the way you want it to appear on the CVS report that is sent to the New York Education Department.

Item 3. Other Names

Please supply all names you have used in the past. Any variation of your name should be entered in this space. This would include your birth name as well as different spellings, informal variations or abbreviations. Include with your application any legal documentation or notarized affidavit(s) verifying your name change. For instance, if married, a marriage certificate or notarized affidavit should be attached.

Item 4. Birth Date

Enter the month, day, and year of your birth. The month should be spelled out, not listed as a number.

Item 5. Gender and Marital Status

Mark whether you are male or female. Indicate your marital status.

Item 6. Citizenship

Please list your country of birth and country of current citizenship. Please provide a citizenship identification number or identification number from country of birth, if applicable.

Item 7. U.S. Social Security Number and/or New York State Assigned Number

The U.S. Social Security Number is an identification number issued by the U.S. Government. The New York State Assigned Number is a number given to you by the New York State Education Department after you have applied for licensure in the State of New York. Please enter these numbers, if applicable.

Item 8. Addresses

- a. Enter the address where you reside.
- b. Enter the address where you want to receive all mail from CGFNS. If you authorize someone else to receive your mail from CGFNS, all correspondence will go to that person's address.

If your address changes at any time during the application process, you must notify CGFNS in writing (e-mail will not be accepted); or, make changes to your contact information on the CGFNS On-Line Application System at www.cgfns.org.

Item 9. Telephone Number, Cell Phone Number, Fax Number & Email Address

Please enter contact information where you can be reached. Please answer the questions regarding cell phone and text messaging contact by CGFNS.

Item 10. Education/Institutions Attended

Please list all primary, secondary, and professional education (not related to the profession of this application), in addition to the professional education related to the profession of this application. Include all schools, whether you completed the program of study or not, beginning with your primary school, then secondary school and professional school. Name the school where you earned your professional degree. Explain any gaps in your educational history. If your school has closed or merged, provide the name and address where your records are now located, if known. Licensed Practical Nurses must provide a copy of a secondary school credential, such as: a secondary school diploma, results of an external exam, or General Education Development (GED) certificate. Please indicate the month and year when supplying your dates of attendance. Check whether or not your education resulted in a degree.

Item 11. Registration/License

Please mark in the box or boxes (A-C) which are true for you. List your registration titles. For each title listed, answer yes or no to indicate whether or not you are currently registered with that title.

Item 12. Application Fee

Please refer to the fee schedule online at www.cgfns.org or the fee insert enclosed in the Credential Verification Service for New York State Applicant Handbook.

The Application fee can be paid for by:

- Credit card — CGFNS accepts Visa, MasterCard and Discover/Novus (CGFNS does not accept American Express).
- International money orders or certified bank checks made payable to “CGFNS”.

Personal checks are not accepted.

Do not send cash in the mail.

All fees must be paid in U.S. dollars drawn on a U.S. bank.

The full application fee must be paid before your application will be processed. Note that any money submitted to CGFNS will first be applied to any unpaid balances from previously ordered products or services before new orders are processed.

The fee covers:

- The expense of processing your application;
- All fees associated with obtaining academic records and license validation of registration/license; and preparing the report and the associated documents for the New York State Education Department.

Item 13. Liability Statement

CGFNS is not evaluating your education; we are verifying the authenticity of your documents.

Item 14. Terms and Conditions of the CGFNS Credential Verification Service for New York State

This is a summary of the responsibilities of the applicant and CGFNS.

Item 15. Attestation

The attestation in Item 15 creates a contract between you and CGFNS. It explains the terms under which CGFNS will review your application. After reading it carefully, sign and date the document in the presence of a Notary Public. By signing the form, you certify that no portion of the documents submitted to CGFNS on your behalf is falsified, altered or tampered with by any person. CGFNS and others will rely on this application and on the documents and information submitted. If any portion of the application or documents submitted is falsified, altered or tampered with, or if you alter a CGFNS Report or misrepresent a copy as an original, CGFNS may take any disciplinary action against you that it deems appropriate, including barring you from participation in any CGFNS programs. The consequences could adversely affect your professional license, immigration status, employment and other matters.

Signature and Notarization

Sign the Application Form with the same name you indicated in Item 2 of the application. You will be required to use the same signature each time you correspond with CGFNS or when CGFNS asks for your signature. The Application Form must be notarized so sign and date your application in the presence of a notary. The notary must sign, date and affix the notary stamp and/or seal on the application. The date that you and the notary sign the application must be the same or your application will be incomplete.

If You Choose to Mail Your Application

After you complete your Application and Authorization Forms, send them to CGFNS along with the required fee. Send your application materials to the following address:

Commission on Graduates of Foreign Nursing Schools
Attn: Credential Verification Service for New York State
P.O. Box 8628
Philadelphia, PA 19101-8628 USA

Chart 2: Checklist To Prevent Common Application Form Problems

Check Each Item Below to Ensure that You Avoid Common Application Problems

Before signing and mailing your application, check to see that you have:

- entered a response to every item
- included, in Item 3, every form of your name that appears on your application documents and any necessary proof of your other names
- completed the enclosed Authorization for Validation of Registration/License Forms and included them with your application
- completed the enclosed Authorization for Academic Records (Transcripts) Forms and included them with your application
- signed the application and have had your signature notarized
- included credit card payment, international money order or certified bank check for the full application fee in U.S. dollars, drawn on a U.S. bank, payable to "CGFNS." **DO NOT SEND CASH.**
- applied to New York State Education Department

Please do not contact your school(s) or license authority in connection with the Credential Verification Service for New York State. Documents not requested by CGFNS will be rejected. CGFNS will not return any of the documents that are part of your completed application.

Falsified or Altered Documents

If CGFNS finds that your documents have been altered in any way or that information in your application is false, your application will not be accepted. This includes all documents and application materials submitted by you, or on your behalf by another person. Therefore, before anything is sent to CGFNS, make certain that none of the material has been falsified or altered in any way. Submitting falsified or altered documents will result in your file being closed, loss of your entire application fee and ineligibility for future CGFNS/ICHP services.

Incomplete Application

An incomplete application is one that lacks any of the following:

- Correct notarization (will not result in cancellation)
- Signed Authorizations for License Validation and Transcript forms
- Full payment
- Full information
- Any other information that makes the application incomplete

If your New York Credential Verification Service application file remains incomplete after 90 days, your application will be cancelled without refund. You will be required to submit a new application and the full fee to resume the service.

Guidelines for Communicating with CGFNS

If you have questions about your application, or required documents, we recommend that you first go to the CGFNS website, www.cgfns.org to check the status of your account, or you may access your account through our Integrated Voice System (215) 599-6200. To log onto our website, you must create a username and password and then login. You may also contact CGFNS via letter, telephone or through our website at www.cgfns.org "Contact Us". We offer the following guidelines to make this communication easier (see Chart 3 on page 6 for additional information).

Authorization to Release Information

If you want someone else to be able to access information from your confidential files, you must complete an Authorization to Release Information form and return the completed form to CGFNS. We will not release information to anyone other than the applicant without a signed Authorization form. You can revoke this Authorization in writing at any time. Forms are available on CGFNS' website at www.cgfns.org or on page 11 of this Handbook.

World Wide Web

You may access the CGFNS website for information on CGFNS; its programs, services and activities; application forms; and the On-line Application System at www.cgfns.org.

Email

You may send us an email through our website at www.cgfns.org "Contact Us".

Letters

CGFNS treats your application as confidential, to be discussed only with you and your authorized agent. When you send a letter, it must be written and signed only by you. When you write to us, always include your CGFNS ID Number, full name, and birth date. CGFNS recommends that you send all correspondence by first-class mail and that you consider other faster mailing options when time is limited.

On-site Appointments

An applicant or authorized agent may schedule a 30-minute appointment during the hours between 10 a.m. and 2 p.m. on Wednesdays to discuss the applicant's file in our CGFNS office in Philadelphia, Pennsylvania, by calling +1 (215) 222-8454.

Telephone Calls

The CGFNS/ICHP Customer Service Department provides applicant status information by telephone to applicants only. CGFNS/ICHP will not release information by phone to anyone else unless a completed and signed "Authorization to Release Information" form has been received from the applicant. If you wish to telephone CGFNS/ICHP, call our Customer Service Department at +1(215) 349-8767. To save time, have your CGFNS/ICHP ID Number ready.

If the Customer Service Representative is unable to adequately verify your identity, information will not be released by telephone.

Phone lines are open Monday through Friday between 8 a.m. and Noon (United States Eastern Time), except U.S. holidays. In an effort to keep our costs to you at a minimum, CGFNS will not accept reverse charge telephone calls.

CGFNS/ICHP also has an Automated Voice Response telephone system that is available 24 hours a day, 7 days a week. By inputting a CGFNS identification number and date of birth, applicants can verify receipt of documentation and examination scores, confirm file status, and access other information. Applicants can reach this system at +1 (215) 599-6200.

In the Event of a Disaster

CGFNS makes every effort to ensure that our communication with applicants is clear and timely. However, some events are out of our control. Events such as natural disasters, political unrest and postal strikes may occasionally affect the application process. CGFNS cannot be responsible for delays caused by such conditions, but we will make every reasonable effort to notify you when this happens.

Chart 3: Communication Guidelines

Reason for Communication	Who Can Initiate Request?	Communications Channel	Special Tips
You wish to obtain copies of the <i>CGFNS Credential Verification Service for New York State Applicant Handbook</i> .	Anyone.	E-mail through our website www.cgfns.org "Contact Us", write, telephone or download from the web site.	An individual can receive 1 book free of charge by mail. If ordering additional copies, the fee (and any shipping costs) must be pre-paid.
You want to confirm whether CGFNS received your application documents.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write, telephone, or visit the On-line Application System (CGFNS Connect) at www.cgfns.org .	Include your full name, CGFNS/ICHP ID number and date of birth.
You have a question about a letter that you received from CGFNS.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write or telephone.	Include your full name, CGFNS/ICHP ID number and date of birth.
You need to notify CGFNS of a legal name change or change your address.	Only you or your authorized agent.	E-mail through our website www.cgfns.org "Contact Us", write, or make changes online at www.cgfns.org via the On-Line Application System (CGFNS Connect).	Include your full name, CGFNS/ICHP ID number and date of birth.

Related CGFNS Service *VisaScreen*[®]: Visa Credentials Assessment

VisaScreen[®]: Visa Credentials Assessment (optional)

In addition to the CGFNS Credential Verification Service for New York State, CGFNS offers other services for healthcare professionals who are non U.S. Citizens, including *VisaScreen*[®]: Visa Credentials Assessment, administered by the International Commission on Healthcare Professions (ICHP), a division of CGFNS.

U.S. immigration law now requires that certain healthcare professionals (registered nurses, physical therapists, occupational therapists, physician assistants, clinical laboratory technicians (medical technicians), clinical laboratory scientists (medical laboratory technologists), speech language pathologists, audiologists, and licensed practical or vocational nurses), complete a screening program to qualify for occupational visas or temporary, permanent (green card), and Trade NAFTA status. *VisaScreen*[®] enables healthcare professionals to meet this requirement by verifying and evaluating their credentials to ensure that they meet the government's minimum eligibility standards. The *VisaScreen*[®] program is comprised of an educational analysis, licensure validation, English language proficiency assessment, and, for registered nurses, passing of either the CGFNS Qualifying Exam or the NCLEX-RN[®] demonstrating nursing knowledge. Once the applicant successfully completes all elements of the *VisaScreen*[®] program, the applicant receives a *VisaScreen*[®] Certificate, which can be presented to a consular office or, in the case of adjustment of status, to the U.S. Attorney General as part of a visa application.

If you need a *VisaScreen*[®] Certificate, please request and complete a separate *VisaScreen*[®] application. Apply for *VisaScreen*[®] online at www.cgfns.org. Please note that documents obtained by CGFNS for the Credential Verification Service for the New York State may be used for the *VisaScreen*[®] program. However, since New York requires only verification of your initial registration/license, you will need to use the forms in the *VisaScreen*[®] application to validate your registration/license with **all** the licensing authorities where you hold or have ever held a license.



Credential Verification Service for New York State 2008 Authorization for Academic Records (Transcripts)

CGFNS International • 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A. • Phone: 215.222.8454 • Web: www.cgfns.org

Dear Registration Authority: My CGFNS/ICHP ID#: (if known) _____ Order #: (if known) _____

I have applied to the New York State Education Department for licensure as a _____ .
That department has authorized the Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain official transcripts of my academic record. Please send an official transcript of my academic record directly to CGFNS. My information appears below.

I received my education from: _____ / _____
(English Spelling) (Native Language)

The name I used when I attended your school was: _____ / _____
(English Spelling) (Native Language)

My current name is: (if different than above) _____ / _____
(English Spelling) (Native Language)

Date of Birth: Month ____ Day ____ Year _____ Dates of Attendance: _____ to _____
Month/Day/Year Month/Day/Year

I hereby authorize CGFNS to obtain any and all documents and/or information regarding my academic records. I also authorize CGFNS to disclose certain information about me to the New York State Education Department, to any person or organization that I designate in writing, and any other recipient that CGFNS believes has a legitimate interest in receiving it (such as government agencies or potential employers). CGFNS may disclose information and documents regarding my academic records, the status of any reports, evaluations or verifications prepared by CGFNS, any other information obtained by CGFNS, and the results and reasons for any adverse action that CGFNS may take against me.

Signature: _____ Date: _____

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Credential Verification Service for New York State 2008 Authorization for Academic Records (Transcripts)

CGFNS International • 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A. • Phone: 215.222.8454 • Web: www.cgfns.org

Dear Registration Authority: My CGFNS/ICHP ID#: (if known) _____ Order #: (if known) _____

I have applied to the New York State Education Department for licensure as a _____ .
That department has authorized the Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain official transcripts of my academic record. Please send an official transcript of my academic record directly to CGFNS. My information appears below.

I received my education from: _____ / _____
(English Spelling) (Native Language)

The name I used when I attended your school was: _____ / _____
(English Spelling) (Native Language)

My current name is: (if different than above) _____ / _____
(English Spelling) (Native Language)

Date of Birth: Month ____ Day ____ Year _____ Dates of Attendance: _____ to _____
Month/Day/Year Month/Day/Year

I hereby authorize CGFNS to obtain any and all documents and/or information regarding my academic records. I also authorize CGFNS to disclose certain information about me to the New York State Education Department, to any person or organization that I designate in writing, and any other recipient that CGFNS believes has a legitimate interest in receiving it (such as government agencies or potential employers). CGFNS may disclose information and documents regarding my academic records, the status of any reports, evaluations or verifications prepared by CGFNS, any other information obtained by CGFNS, and the results and reasons for any adverse action that CGFNS may take against me.

Signature: _____ Date: _____

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Credential Verification Service for New York State 2008 Authorization for Validation of Registration/License

CGFNS International • 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A. • Phone: 215.222.8454 • Web: www.cgfns.org

Dear Registration Authority: My CGFNS/ICHP ID#: (if known) _____ Order #: (if known) _____

I have applied to the New York State Education Department for licensure as a _____ .
That department has authorized the Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain official validation of my registration/license. Please send an official validation of my registration/license directly to CGFNS. My information appears below.

Name of Registration Authority: _____

The registration/license was issued under the name of: _____ / _____
(English Spelling) (Native Language)

My current name is: (if different than above) _____ / _____
(English Spelling) (Native Language)

Registration/license number: _____ Date of Birth: Month _____ Day _____ Year _____

I received my education from: _____
(School Name)

I hereby authorize CGFNS to obtain any and all documents and/or information regarding my registration/license. I also authorize CGFNS to disclose certain information about me to the New York State Education Department, to any person or organization that I designate in writing, and any other recipient that CGFNS believes has a legitimate interest in receiving it (such as government agencies or potential employers). CGFNS may disclose the information and documents pertaining to my registration/license, the status of any reports, evaluations or verifications prepared by CGFNS, any other information obtained by CGFNS, and the results and reasons for any adverse action that CGFNS may take against me.

Signature: _____ Date: _____

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Credential Verification Service for New York State 2008 Authorization for Validation of Registration/License

CGFNS International • 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A. • Phone: 215.222.8454 • Web: www.cgfns.org

Dear Registration Authority: My CGFNS/ICHP ID#: (if known) _____ Order #: (if known) _____

I have applied to the New York State Education Department for licensure as a _____ .
That department has authorized the Commission on Graduates of Foreign Nursing Schools (CGFNS) to obtain official validation of my registration/license. Please send an official validation of my registration/license directly to CGFNS. My information appears below.

Name of Registration Authority: _____

The registration/license was issued under the name of: _____ / _____
(English Spelling) (Native Language)

My current name is: (if different than above) _____ / _____
(English Spelling) (Native Language)

Registration/license number: _____ Date of Birth: Month _____ Day _____ Year _____

I received my education from: _____
(School Name)

I hereby authorize CGFNS to obtain any and all documents and/or information regarding my registration/license. I also authorize CGFNS to disclose certain information about me to the New York State Education Department, to any person or organization that I designate in writing, and any other recipient that CGFNS believes has a legitimate interest in receiving it (such as government agencies or potential employers). CGFNS may disclose the information and documents pertaining to my registration/license, the status of any reports, evaluations or verifications prepared by CGFNS, any other information obtained by CGFNS, and the results and reasons for any adverse action that CGFNS may take against me.

Signature: _____ Date: _____



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AUTHORIZATION TO RELEASE INFORMATION

NOTICE: By signing below you: (1) allow CGFNS/ICHP to disclose confidential, personal, private information about you and your file at CGFNS/ICHP to the person designated below; (2) give up the right to receive information from CGFNS/ICHP directly; and (3) release and indemnify CGFNS/ICHP, its members, trustees, officers and employees from any liability for losses, damages or claims of any type arising out of actions taken by CGFNS/ICHP in reliance upon this Authorization.

This Authorization will remain valid for two years from the date written below (or if none, from the date this Authorization is received by CGFNS/ICHP).

REVOCATION: This Authorization can be revoked by submitting a new Authorization dated and signed after the initial Authorization.

In addition, you may revoke this Authorization in writing at any time, which will be effective within 30 days from the day that CGFNS/ICHP receives your written revocation by regular mail or courier at its headquarters office in Philadelphia, PA, USA.

AUTHORIZATION: I authorize CGFNS/ICHP to release to the below-named Authorized Agent any and all information about me and my application/order for services from CGFNS/ICHP, including without limitation, the status of my application/order, the results of any credentials review, examination or test, and any other information in or relating to my file at CGFNS/ICHP. **I understand that all mail (including Certificate, exam scores and reports) will be sent to the Authorized Agent.**

This Authorization revokes all previous Authorizations submitted by the applicant.

CGFNS/ICHP ID No. _____ (if known)

Date of Birth: _____ (M/D/YR)

Sign name as it appears
on your Application/Order: _____

Print name: _____

Date: _____ (M/D/YR)

AUTHORIZED AGENT:

Print Contact Name: _____

Print Organization Name: _____

Print Address: _____

Telephone: Day: _____ Fax number: _____

Evening: _____ E-mail: _____

DETACH HERE





Credential Verification Service for New York State 2008 Application

(Required for all applicants)

CGFNS International • 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 U.S.A. • Phone: 215.222.8454 • Web: www.cgfns.org

**Provide all information requested below. Failure to respond accurately will delay the processing of your application.
Enter responses clearly. Submit original copy. Retain a copy for your files.**

I am applying for credential verification in the following profession: Registered Nurse Licensed Practical Nurse
 Physical Therapist Occupational Therapist Physical Therapy Assistant Occupational Therapy Assistant

1 Preliminary Information

- a. Have you ever applied to CGFNS or the International Commission on Healthcare Professions (ICHP)? Yes No
- b. If you have a CGFNS/ICHP Applicant Identification Number, enter it here.
- c. Intended U.S. State(s) of practice _____.
- d. I worked in _____ as a _____ for _____ years.
City/Country Profession Specialty Number

2 Your Name

Enter your name exactly as it appears on your New York State Application for Licensure and First Registration (Form 1).
Put only one letter in each box. Do not abbreviate names.

First (Given) & Middle Names (Leave a space between names)

Last (Family/Surname) Name(s) (Leave a space between names)

3 Other Names

List alternate names appearing on your documents. Include legal documentation/proof verifying name change.

Name Before Marriage

Other Name

Other Name

Other Name

Other Name

Other Name

4 Birth Date (Spell the month. Enter the day and year of your birth)

Month Day Year

5 Gender

- Female
 Male

Marital Status

- Married Divorced
 Widowed Single (Never Married)

6 Your Citizenship (Include a citizen identification number from your country of birth, if applicable)

Country of birth: _____ Citizen ID # _____ Country of current citizenship: _____

7 Your U.S. Social Security Number and/or Your New York State Assigned Number (if applicable)

8a Your Permanent Address

Indicate the address in which you reside.

Street Address/Post Office Box Number

Street Address - Continued

City

State/Province

Postal Zip Code

Country

*Note: You are responsible for notifying CGFNS if your address changes.

DETACH HERE

8b Your Mailing Address

Indicate the address to which CGFNS should mail all correspondence to you.

Street Address/Post Office Box Number	
Street Address – Continued	
City	
State/Province	Postal Zip Code
Country	

***Note: You are responsible for notifying CGFNS if your address changes.**

9 Your Telephone Number, Mobile (cell phone) Number, FAX Number & E-mail Address

() _____	() _____	() _____
Telephone: Include Country Code and/or Area Code	Mobile Telephone: Include Country Code and/or Area Code	FAX: Include Country Code and/or Area Code

E-mail: (example: name@usenet.com)

May CGFNS contact you in the future to discuss your experience transitioning to practice in the U.S.? Yes No

May CGFNS send you a text message to your mobile (cell) phone? Yes No

10 Education/Institutions Attended

Please list, in the order you attended, all educational institutions. Explain any gaps in your educational history. If your school has closed or merged, provide the name and address, if known, where your records are located.

Pre-Professional Education

List information for all schools attended whether completed or not, beginning with the first year of your primary school education and ending with the last year of your secondary school education. LPNs must provide proof of completion of secondary school, results of an external exam or a GED certificate with their application.

Failure to respond accurately in this section will result in delay of the processing of your application.

Name of Pre-professional Schools Attended & Contact Information:	Address, City & Country	Month/Year Entered	Month/Year Completed/ Graduated/	Name of Diploma or Certificate in its Original Language (Use English Letters)	Degree Obtained (✓)
Primary:					
Secondary:					

Professional Education

List all information requested for each professional school attended, whether completed or not.

Name of Professional Schools Attended	Address, City, State/Province, Country (will be verified)	Professional Title Obtained	Month/Year Entered	Month/Year Completed/ Graduated	Name of Diploma or Certificate in its Original Language (Use English Letters)	Degree Obtained (✓)
Contact:						
Contact:						
Contact:						
Contact:						

11 Registration/License

Please provide the following information. Choose answer "A", "B", "C" and/or "D".

- A. I was never registered/licensed outside the United States. Skip to section 12 below
- B. My diploma serves as my license/registration. Skip to section 12 below
- C. I am/was licensed/registered outside the United States.
- D. My license/registration has been suspended, revoked or restricted.

Enter your first legal professional title for the purpose of this application, and country in which you received a registration/license. Indicate if you are currently registered/licensed by marking "yes" or "no" in the last column. List these in the order obtained. Addresses will be verified with the Ministry of Health.

Legal Professional Title	Issuing Agency	Address/City	State/Province	Country	Currently Registered

12 Fees for the Credential Verification Service

The fee for the CGFNS Credential Verification Service for New York State covers the costs of the verification process, as well as any fees required by schools or licensing authorities for official transcripts and validations. If you use a credit card, you may pay on-line or use the form below. We accept Visa, Mastercard and Discover/NOVUS. You may also submit an international money order or certified bank check drawn on a U.S. bank, in U.S. dollars. Refer to fee schedule included in this application or online line at www.cgfns.org.

13 Liability Statement

The CGFNS Credential Verification Service for New York State is a verification service intended for the New York State Education Department. This is a report on authenticity of the official documents only. CGFNS assumes no responsibility for, and has made no analysis or determination as to the comparability or sufficiency of the applicant's education or that the applicant has met any licensure requirements. Once verified, your credentials will be evaluated by the New York State Education Department as part of your licensure application.

14 Terms and Conditions of the CGFNS Credential Verification Service for New York State

This section clarifies CGFNS/ICHP's obligations and your obligations regarding the Credential Verification Service for New York State. It also explains how this service is delivered.

- CGFNS may choose to evaluate only the materials it considers relevant to the Credential Verification Application.
- No verification is performed until CGFNS receives a completed application, full payment, and authorization forms.
- The fees as published with this application may change without notice.
- Documents that CGFNS receives for other CGFNS/ICHP services cannot be used for the CVS for New York State.
- Any payment sent to CGFNS will be applied first to any unpaid balance from previous orders for products or services before it is applied as payment for a newer order.
- No refund is given after an application is submitted.

Application continued on other side.

Payment by Credit Card:

If you would like to pay by credit card, please fill in your full name (as it appears on this application) and your CGFNS/ICHP Applicant ID Number (if known) below. Complete the cardholder information requested on the other side. Detach this form only if payment is being made by a third party.

Name of Applicant:

CGFNS/ICHP Applicant Identification Number

(if known)

--	--	--	--	--	--	--	--	--	--

Applicant's Date of Birth:

Day

--	--

 Month

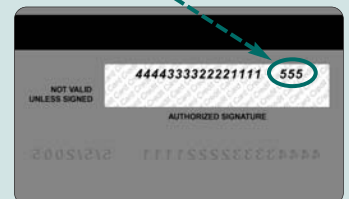
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 Year

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***Explanation of Credit Card CVV2 Number:**
(To be entered on the other side of this form)

Visa and MasterCard: This number is printed on your MasterCard & Visa cards in the signature area of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).



15 Attestation:

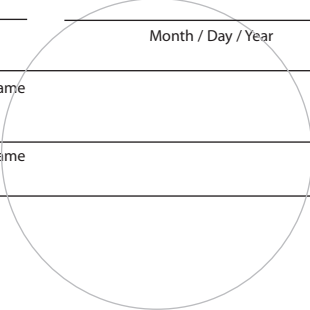
Please Note: Each applicant must sign his/her full name in English on the applicant's signature line.

I certify that all information which CGFNS has received as part of this application or in the past, from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.

I understand that CGFNS and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I misrepresent a copy as an original, CGFNS may take such disciplinary action against me as it deems appropriate, **including barring me from participation in any CGFNS/ICHP programs or to otherwise discipline me as appropriate.** The consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS from all liability.

I authorize CGFNS to disclose the information and documents in this application, the status of my CGFNS Certificate, any reports or evaluations prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any adverse action taken against me by CGFNS, to any person or organization I designate in writing or to any other recipient which CGFNS may determine has a legitimate interest in receiving the same, such as government agencies or potential employers.

You must sign and date this application in order for it to be processed.

Print Name _____	Date of Birth _____ Month / Day / Year	Order No. or CGFNS ID No. _____
Signature of Applicant (Do Not Print) _____ Sign Entire Name		Date _____ Month / Day / Year
Signature of Notary _____ Sign Entire Name		Date _____ Month / Day / Year
Print Name of Notary _____		Official seal/stamp must cover signatures

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Payment by Credit Card Form

Please type or print. Complete all information requested on both sides of this form.

Credit Card Type (check one): CGFNS **does not** accept American Express

- Visa
- MasterCard
- Discover/Novus

Name of Cardholder (as it appears on card):

Cardholder Address: (For processing credit card payments only. All materials requested will be sent to the applicant address provided on the appropriate forms.)

Credit Card #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: _____ *CVV2 Number _____
(See explanation on other side.)

Total Charges (see "Fee Schedule"): U.S. \$ _____

Cardholder Signature (authorization for payment):
I hereby authorize a charge to my credit card for the total of all services requested on the attached **Credential Verification Service for New York State Application Form**, including any fee adjustments in effect as of the date the order is received.

X _____
Signature of Authorized Cardholder



CGFNS Mission

Provide expert credentials evaluation and professional development services to promote the health and safety of the public.

