



Reprocess Application for an expired order

For applicants who did not fulfill the requirements of the Certification Program within 12 months and want to continue with the service



CGFNS International • 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 USA • +1 (215) 222 8454 • www.cgfns.org

Provide all information requested on all pages. Note that inaccuracies will delay the processing of your application. Enter responses legibly. Submit **original** and retain a copy for your files. Mail the application to the address above.

1 CGFNS preliminary information

- a. If you have a CGFNS ID number, enter it here
- b. Intended U.S. state(s) of practice

2 Your name

Enter your name as you would like it to appear on all correspondence and the CGFNS certificate. Please print or type only one letter in each box.

First (given) and middle names (leave a space between names)

Last (family/surname) name(s) (leave a space between names)

3 Your other names (if applicable)

Please print or type all other names appearing in your documents. Include legal documents verifying name change (for example: a marriage certificate).

Name before marriage

Other name(s) (leave a space between names)

4 Your birth date (spell the month and enter numbers for the day and year)

Month Day Year

5 Your gender

- Female Male

6 Your U.S. Social Security Number (if you have one)

7 Marital status

- Married Divorced Widowed Single (never married)

8 Your mailing address (Note: You are responsible for notifying CGFNS if your address changes)

Print or type the address where CGFNS will mail all your correspondence.

Street

Street

City

State/Province

Post/Zip code

Country

9 Your contact details

Telephone (include country code and area code)

Mobile phone (include country code and area code)

Fax (include country code and area code)

Email (required)

May CGFNS contact you to discuss your transition to practicing in the United States? Yes No

May CGFNS send you text messages? Yes No

10 Additional license/registration since previous application

If you have obtained additional license/registration since your previous CGFNS application, please list below. Then complete and send a *Request for Validation of License/Registration/Certification* form to each new licensing authority. The licensing authorities must send the *Request for Validation of License/Registration/Certification* form directly to CGFNS. CGFNS must have a validation for every license you have held, past and present. If your diploma authorizes practice in your country, forward this form to the institution that issued it (school, Ministry of Health, etc.).

Additional license/registration(s) obtained

Have any of your license/registration(s) ever been expired, revoked, suspended or restricted for any reason? Yes No

If "Yes", please explain

12 Certification Program reprocess application fees and payment information

Fees for CGFNS services are located online at <http://www.cgfns.org/sections/apply/fees.shtml#2> and are subject to change. Full payment for all services must be made before your application and documents can be reviewed. If you use a credit card, you may pay online at <https://www.cgfns.org/cerpassweb/login.jsp> or use the *Credit Card Payment Form* located at <http://www.cgfns.org/sections/apply/forms.shtml>. We accept Visa, Mastercard and Discover. Alternatively, you may submit an international money order or certified bank check paid in U.S. dollars, drawn on a U.S. bank, and made payable to CGFNS. Personal checks are not accepted. Please do not send cash.

Please note: Any money submitted to CGFNS will first be applied to any unpaid balance on previous orders/services before new orders are processed. The fee covers processing your application, your certificate and reviewing your credentials.

Total fees due \$ _____

13 Terms and Conditions of the Certification Program Reprocess Application

The following clarifies the obligations of the Certification Program provider (CGFNS) and the applicant (you), as well as the manner in which this service is delivered.

- CGFNS may choose to evaluate only the documents that it considers relevant to the Certification Program Reprocess Application.
- All documents submitted, including academic records/transcripts, become the property of CGFNS and will not be returned to you. Do not send original diplomas, degrees, certificates, registrations or licenses.
- No evaluation is conducted until CGFNS receives a complete application and full payment. Please include payment with your application.
- Fees are subject to change and are found at <http://www.cgfns.org/sections/apply/fees.shtml#2>.
- 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 to this application.
- No refund is given after an application is submitted.
- If you need to change your exam date to another date within either of the two five-day test windows for which you were authorized, you may do so up to 72 hours prior to your initial exam date at no charge.
- The CGFNS certificate is valid only when the official CGFNS seal is affixed.
- If your application includes any forged, altered, or falsified documents or information, you will not be issued a CGFNS certificate.

14 Attestation

I agree to the Terms and Conditions of the Certification Program outlined in Item 13 on the previous page.

I certify that all information that CGFNS has received as a part of this application now 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 the items are falsified, altered or tampered with or if I alter a CGFNS certificate or misrepresent a copy as an original, CGFNS may take action against me as it deems appropriate and 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 any CGFNS certificates, reports or evaluations prepared by CGFNS, any other information obtained by CGFNS, and the results and reasons for any action taken against me by CGFNS to any person or organization I designate in writing or to any other recipient who CGFNS may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.

I understand that unauthorized use of exam materials, giving or receiving aid during an examination and/or violating instructions at the exam center may be grounds to expel me from the examination, bar me from future exams and/or from participation in any CGFNS programs, or to otherwise take action against me as appropriate.

Applicants should refuse any requests by third parties (e.g., friends, recruiters or employers) to memorize questions or give them details regarding the content of the exam. Such activities will result in the applicant's exam being voided and may prevent them from being eligible for all future exams.

In addition, I authorize the board of nursing of the state where I take the licensing examination to release my NCLEX-RN® examination results to CGFNS for statistical studies. I also agree to send CGFNS my NCLEX-RN® examination results.

I understand that the CGFNS certificate and all copies of it remain the property of CGFNS and must be returned to CGFNS if CGFNS determines that the holder of the certificate was not eligible to receive it or that it was otherwise issued in error.

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

Your signature

Sign entire name

Print your name

Date

Month / Day / Year

Attach here
a recent passport-size
photograph of
your face with your
signature on the front



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