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PLEASE PRINT CLEARLY OR USE TYPEWRITER

# CGFNS Return Packing List

(Use one list per box)

Center name and number: \_\_\_\_\_ Exam date: \_\_\_\_\_

Site name and number: \_\_\_\_\_ Box number: \_\_\_\_\_ of \_\_\_\_\_

## Nursing Part 1

Please list by serial number equaling the total count of type

Used \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Unused \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

## Nursing Part 2

Please list by serial number equaling the total count of type

Used \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Unused \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

## Miscellaneous

Rosters: \_\_\_\_\_ Forms: \_\_\_\_\_

Number of photo IDs: \_\_\_\_\_ Number of permits: \_\_\_\_\_