



COMMISSION *on* GRADUATES *of*
FOREIGN NURSING SCHOOLS

A World Of Experience

2005

Annual Report



A WORLD OF EXPERIENCE

Creating Vast Knowledge, a Unique Perspective, and Solid Leadership.

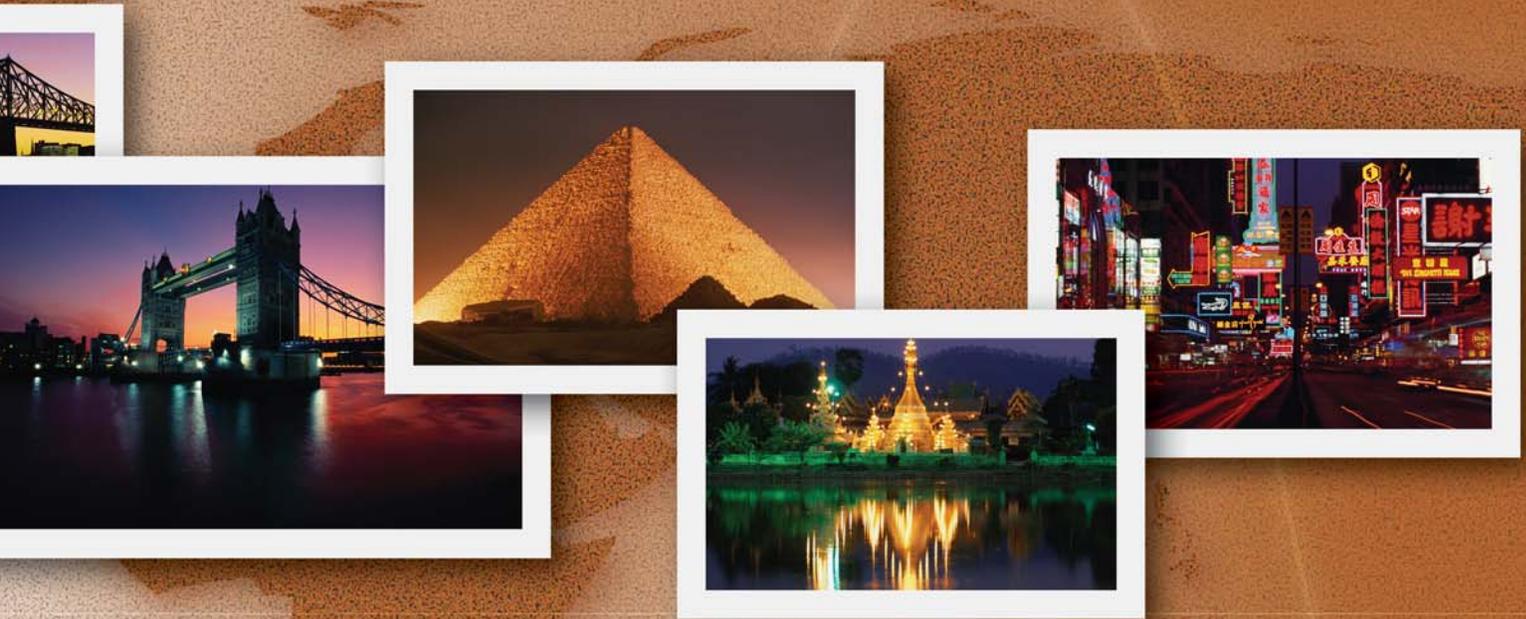
With global experience spanning almost 30 years, the Commission on Graduates of Foreign Nursing Schools (CGFNS) has become a unique resource of knowledge and leadership.

CGFNS protects the public by assuring the integrity of professional credentials in the context of global migration and fosters equitable treatment of healthcare professionals as they expand their horizons.

We provide products and services that validate international professional credentials and enhance international regulatory and educational standards for healthcare professionals, fulfilling our mission by:

- Administering a predictive testing and evaluation program for internationally-educated nurses, and a credentials evaluation service for internationally-educated and/or internationally-born healthcare professionals,
- Serving as a clearinghouse for information on international nursing education and licensure, and
- Conducting and publishing studies relevant to internationally-educated nurses and health professionals.





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.



What
“Global Perspective”
Really Means

LETTER FROM THE PRESIDENT



C. Alicia Georges
EdD, RN, FAAN
President

In 1977, when the Commission on Graduates of Foreign Nursing Schools (CGFNS) came into being, even its name reflected a domestic perspective. We are proud to have significantly shifted that perspective in the course of the past 28 years.

Our experience has led us to a deeper, more meaningful view of the world around us. It has provided us with a greater understanding of the local, national, and global ramifications of healthcare professional migration. It has enabled us to create programs and services that reach the broadest possible global constituency in the most meaningful way. And, perhaps most importantly, it has helped us reach patients and healthcare professionals around the world on a personal level.

Last year's devastating tsunamis reminded us of how integrated we are in the global scale of things. We saw firsthand throughout the countries rimming the Indian Ocean how one event can have an impact on millions of lives, and how easily futures and dreams can be dashed or delayed. In the following days, we dedicated ourselves to supporting those affected as best we could. We honored victims' requests for changing exam dates or locations or to receive refunded fees for the March 2005

Qualifying Exam. As a personal sign of support, our employees donated more than \$11,000 to the UNICEF Tsunami Relief Fund. This outpouring directly reflects our deep ties to our colleagues around the world.

Only six months later on July 7, 2005, terrorist bombs shook London. In keeping with calls to reject such actions by continuing "business as usual," CGFNS held its July 13 Qualifying Exam as scheduled. It was the least we could do to show our solidarity with the victims and their families, and to ensure that the futures and dreams of healthcare professionals in England would not be disrupted by such senseless violence.

As an organization with many global connections, we mourn all victims of these and similar disasters. They are of such staggering proportions that they affect the world as well as these countries. Such havoc only confirms our mission to think and act globally.

We will continue to serve the world community by using technology to expand our programs and accessibility through a continually improving website, our new document imaging capability that speeds processing efficiency, and a comprehensive, integrated database for all of

our programs and services. We want to spread as much knowledge as possible all around the world because we know that knowledge empowers individuals to reach their fullest potential. The world needs expertise and experience in addition to helping hands.

Our three decades of experience and collaborative efforts also create success, and at a level much greater than the sum of individual activities. We intend to take full advantage of opportunities for collaboration through organizations such as the emerging International Centre on Nurse Migration (which we co-sponsor with the International Council of Nurses) and events such as our annual Think Tanks.

Our continuing evolution shows how we have clarified our global view and solidified our capabilities as a global resource. We continue to enhance both with daily interactions and enlightening experiences through our expanding network of 55 test locations on six continents and our other programs and services. We remain committed to our mission to protect the public by assuring the integrity of health professional credentials in the context of global migration.



LETTER FROM THE CEO



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

A World of Experience

Leadership is earned -- from decades of experience, from the knowledge experience imparts, and from the unique perspective that comes from being an integral part of the ebb and flow of global change.

The Commission on Graduates of Foreign Nursing Schools (CGFNS) is recognized internationally as a leader. We've earned that reputation. We take it seriously, and we intend to continue fulfilling its exacting requirements in the years to come.

Experience Drives Leadership

In the late 1960s, nurses from other countries began to migrate in increasing numbers to the United States because it offers promises of professional opportunity and a better life. Those concerned about the public welfare began asking questions about whether these nurses fulfilled U.S. and state licensure requirements. In 1977, with the approval of the U.S. government and state and national nursing organizations, CGFNS was born to address concerns about

professional comparability and other pertinent issues. Almost 28 years later, we have analyzed the credentials of nearly 500,000 healthcare professionals from six continents.

We have built and continually improve a reliable infrastructure to assess the qualifications of foreign healthcare workers. From its earliest beginning as an administrator of predictive testing and evaluation of internationally-educated nurses, this infrastructure has expanded to four divisions administering eight services and producing a growing number of educational products.

We now serve a global constituency as a leader in delivering these products and services and, more recently, in standards development and healthcare-related research. We provide customized information on international standards, education, and licensure/registration for healthcare professions around the world. We conduct research relevant to internationally-educated nurses and have become a recognized clearinghouse for data on international nursing



education and licensure. Our studies of internationally-educated registered and licensed practical nurses, and a comprehensive study of North American nursing are just three examples of the leadership role we have taken on globally.

Experience Creates Knowledge and Shapes Perspective

The knowledge we share derives from diverse experience with global and national educational, regulatory, and licensure standards and institutions. Administering our qualifying exam four times a year in 55 locations around the world, for example, brings us into daily contact with nurses and with educational, licensing, and regulatory systems. We build on this understanding as our network expands, as it has this year with new exam locations in Moscow, Russian Federation; Mumbai, India; and Abuja, Nigeria. Test-writing workshops for our predictor exam, focus groups with healthcare professionals, and similar activities provide inherent opportunities to gain and expand knowledge.

We believe that CGFNS brings a unique perspective to the table when it works with others interested in exploring global migration, but we are not content to simply share our opinions and recommendations. We also want to facilitate intellectual and informational exchange and collaboration. Our International Distinguished Leadership Award event creates a forum for discussion on global topics. Our yearly Think Tank gathers more than 100 people from all over the world to exchange information, identify key issues, and develop useful recommendations.

Our board members and staff regularly attend and present at international conferences and participate in international consultations. In addition, Commission staff have collaborated with ministries of health, education and regulatory authorities in Beijing, People's Republic of China; New Delhi, India; Manila, the Philippines; Muscat, Oman; Dubai, Dubai; Mexico City, Mexico; Ottawa and Toronto, Canada; Dublin, Ireland; the Nurse Midwifery Council of the United Kingdom; and the

World Health Organization in Geneva, Switzerland. These meetings enable us to pursue collaborative initiatives that support our mission and assure the integrity of professional credentials in the context of global migration.

In the most recent months, we championed global alliances by working with the International Council of Nurses (ICN) to launch the International Centre on Nurse Migration. This Centre will serve as an international resource for the development, promotion, and dissemination of research, policy, and information on nurse migration. We are very excited about its possibilities for lasting achievement.

Earlier this year, I was honored to join the Board of Directors of the American National Standards Institute (ANSI). This says a great deal about the respect CGFNS has garnered over the years and the special perspective we offer. We remain committed to broadening and maturing this perspective, which we know has earned us the leadership position we now enjoy.

OUR WORLD

The United States continues to experience an intensifying shortage of nurses, which will grow more significant as the country's aging population puts increasing demands on its healthcare infrastructure. As an aging registered nurse workforce also begins to retire or reach retirement age, fewer people are entering the profession. Enrollment in nursing schools has decreased significantly over the past 25 years, even as demand increases exponentially. Although this makes the employment outlook for nurses in the US attractive, similar shortages in established and developing nations around the world compound the situation.

Increased activity by and through recruiters is one consequence of the global nursing shortage. More applicants – and more dollars – flow

through recruiters each year. (In 2004, an increasing number of CGFNS applicants came through recruiters, with expectations for increases to continue.) Unfulfilled demand has created opportunities for the unscrupulous, primarily focused on monetary gains. CGFNS seeks to protect migrating nurses from exploitation and poaching at the hands of unscrupulous “overnight” recruiters, and to ensure that heavily recruited internationally educated nurses seeking employment meet US standards of nursing education and practice.

The latest projections from the U.S. Bureau of Labor Statistics indicate that the U.S. will need more than one million new and replacement nurses by 2012, earlier than other projections.

The past 12 months also have witnessed dramatic activity on the regulatory and legislative front. CGFNS remains watchful in order to anticipate and respond meaningfully to any actions that might affect its applicants and the public welfare.

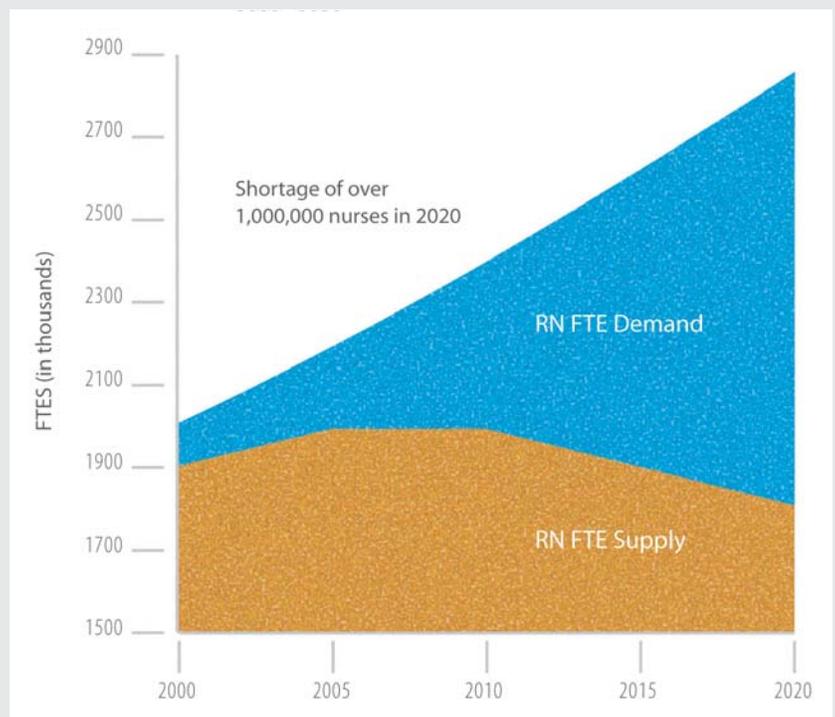
The final rule implementing Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, which became effective in 2003, included a transition period in which Trade NAFTA health professionals could obtain the required *VisaScreen*TM certificate. When the transition period ended in late July 2004, significant numbers of affected nurses and designated health professionals from Canada already working in the U.S. had not yet met the requirement. The Department of Homeland Security

NATIONAL SUPPLY AND DEMAND PROJECTIONS FOR FTE RNS

2000 - 2020

The following chart depicting the nursing shortage in the U.S. appeared in the American Hospital Association Trends in the Overall Healthcare Market.

Source: National Center for Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration, 2004.



(DHS) consequently extended that deadline to July 25, 2005, and CGFNS created an aggressive initiative to communicate about the approaching deadline.

Our comprehensive program included a media release to newspapers in Canada, the U.S., and Mexico; direct mail to some 6,000 Canadian nurses and hospitals along the U.S./Canada border; and interaction with licensing agencies and educational institutions in Canada. From January 1, 2003 to August 29, 2005, CGFNS, through its division International Commission on Healthcare Professions (ICHP), issued 6,624 *VisaScreen*[™] certificates to Trade NAFTA healthcare professionals.

Further complicating matters, as of January 1, 2005, the U.S. State Department slowed the pace of visas issued by its embassies to nurses and other healthcare workers from the Philippines, India, and Beijing, People's Republic of China. (This approach – retrogression – occurs when a visa category becomes “oversubscribed” by the number of qualified applicants exceeding the number of visas available.) A strict quota on the number of visas for these three key producers of nurses for the global market threatened to further complicate the acute U.S. nursing shortage.

The healthcare industry pursued legislative initiatives to reverse this problem. Hospitals, healthcare facilities, long-term care organizations, nursing groups, staffing organizations, immigration law firms, and the governments of the affected countries pressed Congress to enact special provisions either to provide for non-immigrant temporary work visas for foreign nurses or to increase the EB-3 category in order to accommodate foreign nurses.

As a result, legislation passed in May, 2005, counterbalanced the earlier rules by recapturing up to 50,000 unused visas from other programs from fiscal years 2001-2004. The provision effectively ends nurse and physical therapist retrogression for at least the next two or three years. We anticipate further immigration legislation on this subject, although it remains to be seen whether this legislation will concern nursing and other healthcare professions. CGFNS continues to monitor these and state legislative and regulatory actions.

When CGFNS learned of the initial retrogression announcement, we immediately took action to identify and expedite more than 300 applications for the *VisaScreen*[™] certificate for healthcare workers from the Philippines and other affected countries.

The impact of the December 2004 earthquake and tsunami continues to burden hundreds of thousands of surviving victims and hundreds of communities surrounding the Indian Ocean. Without question, this catastrophe will disrupt the lives of healthcare professionals and the state of healthcare infrastructures for years to come. Many nurses and other healthcare professionals once intent on migrating may choose to remain at home where they are needed most; the urgent need for medical resources in this broad area will only serve to exacerbate the shortage of healthcare professionals globally.

Finally, mail was interrupted in parts of the Gulf Coast affected by Hurricanes Katrina and Rita. CGFNS held Certification Program and *VisaScreen*[™] certificates for affected applicants until mail service resumed or the applicants contacted CGFNS with alternate mailing addresses.

OUR WORLD

- On December 26, 2004, a magnitude 9.3 earthquake tore apart the sea floor off the coast of Sumatra, unleashing a devastating tsunami, which traveled thousands of miles across the Indian Ocean and killed more than 200,000 people.
- The Department of Homeland Security (DHS) extended the deadline for obtaining a *VisaScreen*[™] Certificate for health professionals working under Trade NAFTA who were employed and licensed in the U.S. prior to September 23, 2003 from July 25, 2004 to July 26, 2005.
- The U.S. State Department announced new rules that, beginning in January 2005, will slow the pace of visa issuance to nurses and other healthcare workers from the Philippines, India, and Beijing, People's Republic of China.
- On May 11, 2005, the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief Act of 2005 was signed into law, including a provision effectively reversing the earlier rules by recapturing up to 50,000 unused visas from fiscal years 2001-2004.
- Terrorists carried out a series of bombings in London, England on July 7. The CGFNS Qualifying Exam administered in London on July 13 was not affected.
- In September, 2005, the Gulf Coast of the United States was struck by two deadly hurricanes—Hurricane Katrina and Hurricane Rita.

OUR KNOWLEDGE AND OUR

Our Knowledge

In early 2005, CGFNS released a monograph from its “Foreign Nurse Graduate Study Series on Licensed Practical Nurses.” The monograph described survey results and presented characteristics of international practical nurses in the U.S. workforce. Highlights include that most of those sitting for the licensed practical nursing exam in the U.S. were educated as registered nurses (RNs) in their home countries, that most anticipated being licensed as RNs within five years, and that more than half were employed in long-term care settings in staff and charge positions.

International nurses who passed the CGFNS Qualifying Examination on the first attempt had a 92.7 percent chance of passing the U.S. licensure examination, according to the

2004-2005 CGFNS Annual Validity Study of licensure data from the National Council of State Boards of Nursing.

Likewise, we continue to stress alliances and partnerships with other agencies, such as the ongoing pilot program with Drexel University for interactive web-based study and testing of nursing English proficiency and English for healthcare professionals. We also worked with Excelsior College in New York during 2005 to survey U.S. associate degree program curricula and educational requirements to help us form the basis of our determination for comparability. Another program with Excelsior College surveyed CGFNS applicants to determine their perception of their preparedness to practice in the U.S., which led to a monograph entitled “Foreign-Educated Nurses’ Perceptions of Their Clinical Competence.”

Our Presence

In late May, at the close of the International Council of Nurses (ICN) 23rd Quadrennial Congress (International Summit on Nursing WorkForce) in Taipei, Taiwan, CGFNS and the ICN launched the International Centre on Nurse Migration. We created this international resource for developing and disseminating research, policy, and information on nurse migration and to address gaps with regard to the migrant nurse workforce. The Centre’s website, www.intlnursemigration.org, will act as a portal for policy, research studies and other information regarding migration trends and statistics.

Six members of the CGFNS staff and three board members provided presentations during the international meeting in Taiwan in May, on topics including:

- Empowering International Nurses Through Collaboration
- Exploring the Role of ICN in Implementing the Millennium Development Goals
- Global Licensure: Dream or Reality?
- Globalization of the Professions: Negotiating Diversity
- Human Rights Challenges of Contemporary Nurse Migration
- Quality of Care in African-American Communities and the Nursing Shortage
- The Changing Face of International Leadership
- The World Trade Organization and Mutual Recognition Agreements
- Trade Agreements and Healthcare Professionals
- Working Can Be Dangerous to Your Health

Earlier in the year we presented a number of educational sessions on Section 343 requirements to Canadian regulators and educational institutions. CGFNS also participated in conferences hosted by the



CGFNS and the International Council of Nurses (ICN) launched the International Centre on Nurse Migration during the International Council of Nurses (ICN) 23rd Quadrennial Congress in Taiwan in May, 2005. From left are CGFNS President C. Alicia Georges and outgoing ICN President Christine Hancock in front of the Centre's website (www.intlnursemigration.org) projected onto the screen.

National Council of State Board of Nurses (NCSBN) and the Council on Licensure Enforcement and Regulation (CLEAR).

In May, CEO Barbara Nichols was elected to the Board of Directors of the American National Standards Institute (ANSI) through 2007. ANSI seeks to enhance the global competitiveness of U.S. business and the U.S. quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems, and safeguarding their integrity. It is the official U.S. representative to the International Accreditation Forum (IAF), the International Organization for Standardization (ISO) and, via the U.S. National Committee, the International Electrotechnical Commission (IEC).

On October 7, Nichols received the Person of Influence Award from the University of Wisconsin-Milwaukee College of Nursing during its 40th Anniversary Gala. Sally Lundeen, Dean of the College of Nursing, noted that the school was “honored to have one of Wisconsin’s own as our Person of Influence Award recipient this year. Dr. Nichols’ accomplishments are numerous and she is a deserving recipient.” The award is presented every five years.

Nichols also joined a select group of international nurse migration experts in early July, 2005, who convened at the Rockefeller Foundation Conference Center in Bellagio, Italy. The group examined the causes and consequences of the global nurse shortage and to consider strategies to mitigate its negative impact on the health of people around the world. In November, Nichols was a member of an Immigration Expert Panel on Education, Workforce and Income Security, sponsored by the United States General Accountability Office. The third annual invitational Think Tank, held September 11-13 in Philadelphia, brought together more than 100 global healthcare policy makers and implementers, healthcare professionals and

academics, and leaders in the area of healthcare professional migration research. Participants exchanged information, identified factors driving healthcare migration, considered the humanistic implications of this migration, and developed recommendations for addressing the risks, opportunities, roles and responsibilities of building global alliances.

On the heels of the Think Tank, we held our Third Annual Golf Invitational at Whitemarsh Valley Country Club on September 19. The goal of the event is to raise money for scholarships and fellowships for international exchange activities to address the nursing shortage.

In September, CGFNS President C. Alicia Georges received the Margaret C. Haley Distinguished Alumnus Award from Seton Hall University College of Nursing during the school’s 65th Anniversary Gala. The award was given to Georges in recognition of her outstanding commitment to community nursing and nursing education. She graduated in 1965.

Vernice Ferguson received the Fifth Annual International Distinguished Leadership Award (IDLA) on December 6 during the IDLA Symposium and Dinner. A fellow of the American Academy of Nursing, Ferguson received its Living Legend designation in 1998. She is the recipient of eight honorary doctorates and two fellowships, one in physics and one in alcohol studies. For more than 20 years, Ferguson served as a nurse executive in federal service – for 12 years as assistant chief medical director for nursing in the Veterans Administration responsible for more than 60,000 nursing personnel at 172 hospitals, 91 nursing homes, and 220 outpatient clinics. She was a senior fellow in the School of Nursing at the University of Pennsylvania, holding the Fagin family chair in cultural diversity from 1993 to 1996.

OUR KNOWLEDGE

- CGFNS releases a monograph from its “Foreign Nurse Graduate Study Series on Licensed Practical Nurses” survey of 732 internationally educated practical nurses who sat for licensure from 2000-2002.
- The Annual Validity Study of licensure data from the National Council of State Boards of Nursing indicated that the predictive validity of the CGFNS examination in 2004-2005 was 92.7 percent.
- CGFNS joins with the International Council of Nurses (ICN) to launch a new global resource, the International Centre on Nurse Migration, for the development, promotion, and dissemination of research, policy, and information on nurse migration.
- Six members of the CGFNS staff provide presentations during the International Council of Nurses 23rd Quadrennial in Taiwan from May 21-27.
- CGFNS Chief Executive Officer Barbara L. Nichols is elected to the Board of Directors of the American National Standards Institute (ANSI) and receives the Person of Influence Award from the University of Wisconsin-Milwaukee College of Nursing during its 40th Anniversary Gala.
- The third annual CGFNS Invitational Think Tank was held in Philadelphia from September 11-13.
- CGFNS holds its Third Annual Golf Invitational Tournament on September 19 to raise funds for research.
- CGFNS President C. Alicia Georges received the Margaret C. Haley Distinguished Alumnus Award from Seton Hall University College of Nursing during the school’s 65th Anniversary Gala on September 22, 2005.
- Vernice Ferguson received the Fifth Annual International Distinguished Leadership Award (IDLA) on December 6, 2005 during the IDLA Symposium and Dinner.

OUR PROGRAMS

OUR PROGRAMS

- New exam centers open in Abuja, Nigeria, Mumbai, India, and Moscow, Russian Federation.
- CGFNS holds a special administration of its qualifying exam on September 21, 2005, throughout the U.S. and in Denmark, India, the Philippines, and Nigeria.
- The Department of Homeland Security U.S. Citizenship and Immigration Services approves CGFNS to continue certifying internationally-born healthcare workers in seven occupations covered under Section 212(a)(5)(C) of the Immigration and Nationality Act. CGFNS is the only organization to screen all seven occupational types.
- CGFNS designates five nursing schools in the province of Quebec, Canada, as offering “nursing programs in which the language of instruction is English,” as authorized by section 212(r) of the Immigration and Nationality Act and its related regulations.
- Four new mini study guides are published.
- CGFNS designates Barbados and Jamaica as English Exempt Countries for the Purpose of 212(r) Visa Certification.
- CGFNS launches *CES Connect™*, an electronic reporting service to state boards of nursing, via the CGFNS website.

CGFNS core programs continue to improve and expand.

The Certification Program added a fourth test site in India (Mumbai) in late 2005 and a new exam site in Moscow, Russian Federation. For the first time since 1980, we administered the CGFNS Qualifying Exam in Nigeria, where we opened an exam site in Abuja in time for the September and November sittings. In addition, as in 2004, we held a fourth special administration of the exam in various locations around the globe.

In July, 2005, we designated five nursing schools in the province of Quebec, Canada, as offering “nursing programs in which the language of instruction is English,” as authorized by section 212(r) of the Immigration and Nationality Act and its related regulations. This designation enables graduates of nursing programs at McGill University in Montreal, Vanier College in St. Laurent, John Abbott College in Sainte Anne de Bellevue, Dawson College in Montreal, and Heritage College in Gatineau (who have a valid, unrestricted license in one of five U.S. states and who intend to be employed in that state) to be eligible for issuance of a certified statement, provided they meet other requirements of section 212(r). The five U.S. states are: Florida, Georgia, Illinois, Michigan and New York.

In September, 2005, we added Barbados and Jamaica to the list of English exempt countries under Section 212(r) of the U.S. Immigration and Nationality Act. Nurses from countries who qualify under Section 212(r) are eligible for this alternative screening of their professional credentials for the purpose of immigration.

Since the introduction of the CGFNS Certification Program, first-time RN-licensure pass rates of internationally-educated nurses have risen from 15-20 percent in the 1970s to approximately 90 percent today.

Test item writing for the qualifying exam occurred in four face-to-face writing workshops throughout the U.S. from late 2004 into 2005, and through two smaller, more focused electronic workshops. Based on the 5th edition of our

Official Study Guide, we decided to leverage work already done for a guide targeted for Chinese applicants and created four new mini-guides focused on testing in specific areas of nursing.

In late 2004, the Department of Homeland Security (DHS) approved CGFNS for a five-year period to certify internationally-born nurses, physical therapists, speech-language pathologists and audiologists, medical technologists, medical technicians, occupational therapists, and physician assistants. The International Commission on Healthcare Professions (ICHHP), a division of CGFNS, administers this process through the *VisaScreen™* Credentials Assessment Program.

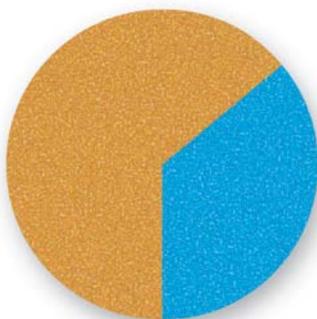
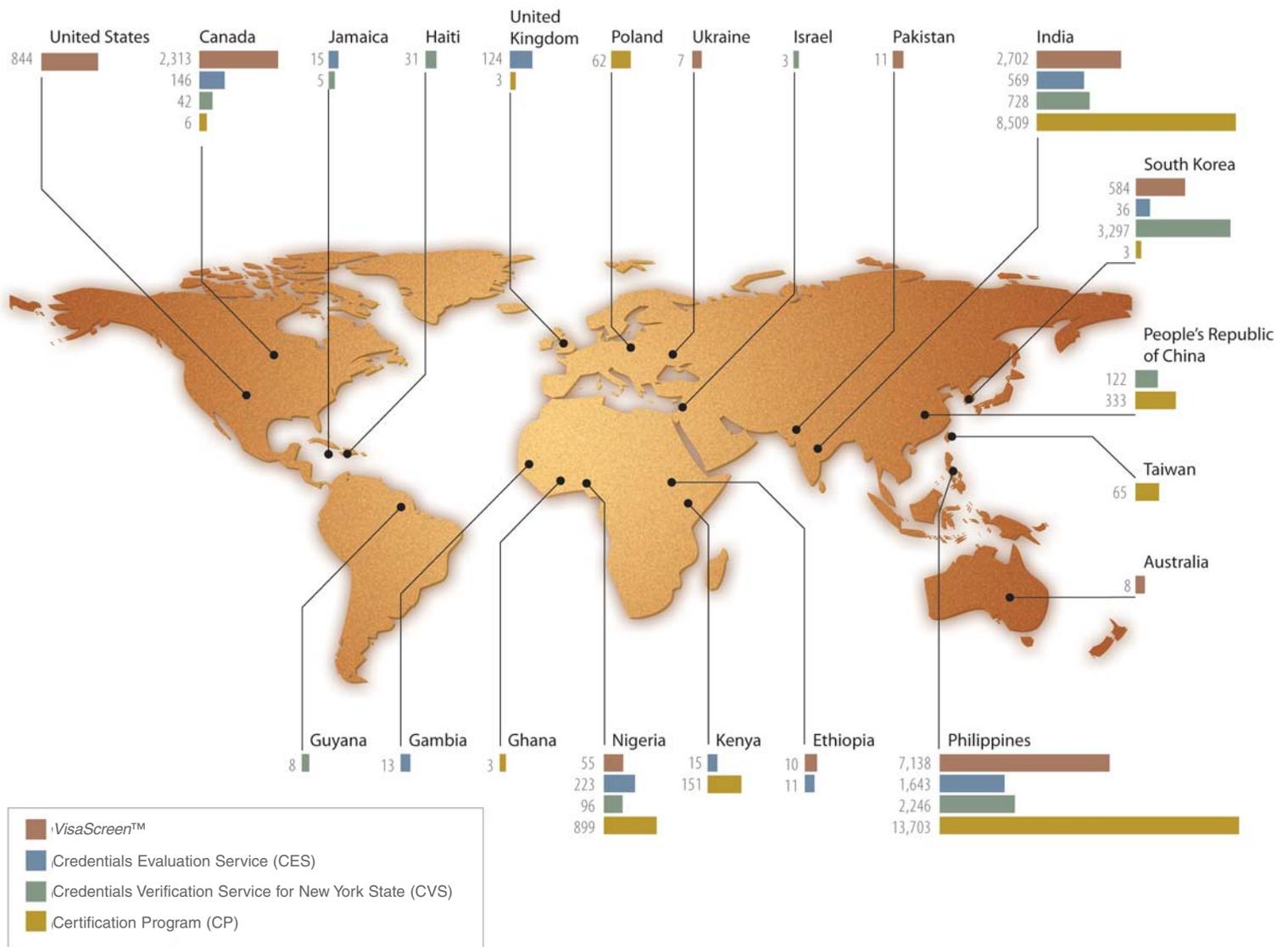
Following the DHS' approval, we launched a *VisaScreen™* ad campaign that focused on our nearly 30 years of experience as an internationally recognized authority on education, registration, and licensure of nurses and healthcare professionals worldwide.

Another division, the International Consultants of Delaware, Inc. (ICD), provides credentialing of international educational standards for any profession. It is now identified as an approved agency for credentials evaluation by 533 regulatory bodies; local, state, and federal agencies; and colleges and universities – a 17 percent increase since 2003. Newer additions to this roster include the Vermont Board of Architecture, the Maryland Board of Chiropractic, the Missouri State Department of Education, the Nebraska Board of Realtors, the California State Board of Optometry, and the Oncology Nursing Certification Corporation.

CGFNS began providing online reporting this year for state boards of nursing through *CES Connect™*, which enables boards of nursing to access and print the completed Credentials Evaluation Services (CES) reports of their applicants directly from the CGFNS website. State boards of nursing also may check applicant status and access quarterly activity reports on line. The site was launched in March 2005 through 22 webcasts, incorporating live demonstrations, to state boards of nursing.

TOP COUNTRIES OF EDUCATION FOR APPLICANTS

October 1, 2004 - September 30, 2005*

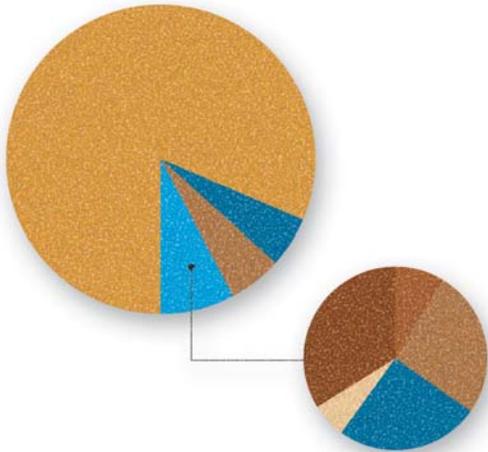


CERTIFICATION PROGRAM (CP)

TOTAL QUALIFYING EXAM TAKERS

October 1, 2004 – September 30, 2005:*	25,607
Exam takers who passed the qualifying exam	9,211
■ First Time	17,057
■ Repeat	8,550

* Reporting year follows U.S. Government fiscal year because of Department of Homeland Security (DHS) oversight of the VisaScreen™ program.



VISASCREEN™

TOTAL APPLICATIONS

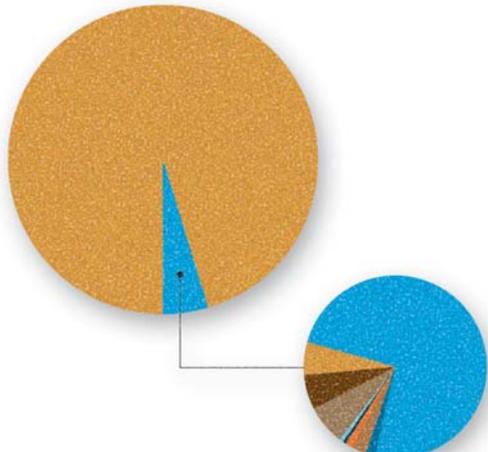
October 1, 2004 – September 30, 2005:* 18,038

Broken down by profession:

■ All other professions	521
■ Clinical Laboratory Scientist	995
■ Physical Therapist	1,045
■ Registered Nurse	15,477

All other professions:

■ Clinical Laboratory Technician	45
■ Licensed Practical or Vocational Nurse	136
■ Occupational Therapist	133
■ Physician Assistant	31
■ Speech-Language Pathologist/Audiologist	176



CREDENTIALS EVALUATION SERVICE (CES)

TOTAL APPLICATIONS

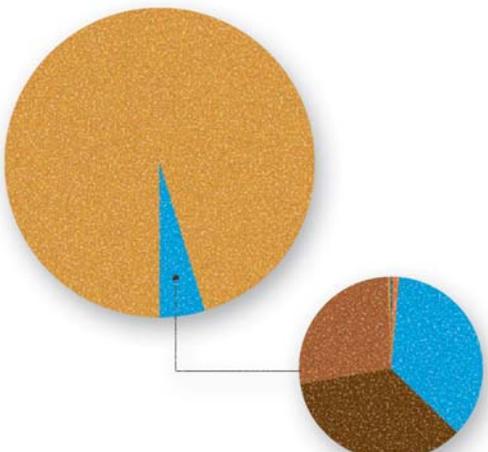
October 1, 2004 – September 30, 2005:* 4,649

Broken down by profession:

■ All other professions	227
■ Registered Nurse	4,422

All other professions:

■ Clinical Laboratory Scientist	4
■ Licensed Practical or Vocational Nurse	168
■ Midwife	6
■ Occupational Therapist	1
■ Other	14
■ Physician Assistant	3
■ Physical Therapist	13
■ Physical Therapy Assistant	1
■ Physician	1
■ Speech-Language Pathologist	15
■ Unknown	1



CREDENTIALS VERIFICATION SERVICE FOR NEW YORK STATE (CVS)

TOTAL APPLICATIONS

October 1, 2004 – September 30, 2005:* 7,761

Broken down by profession:

■ All other professions	365
■ Registered Nurse	7,396

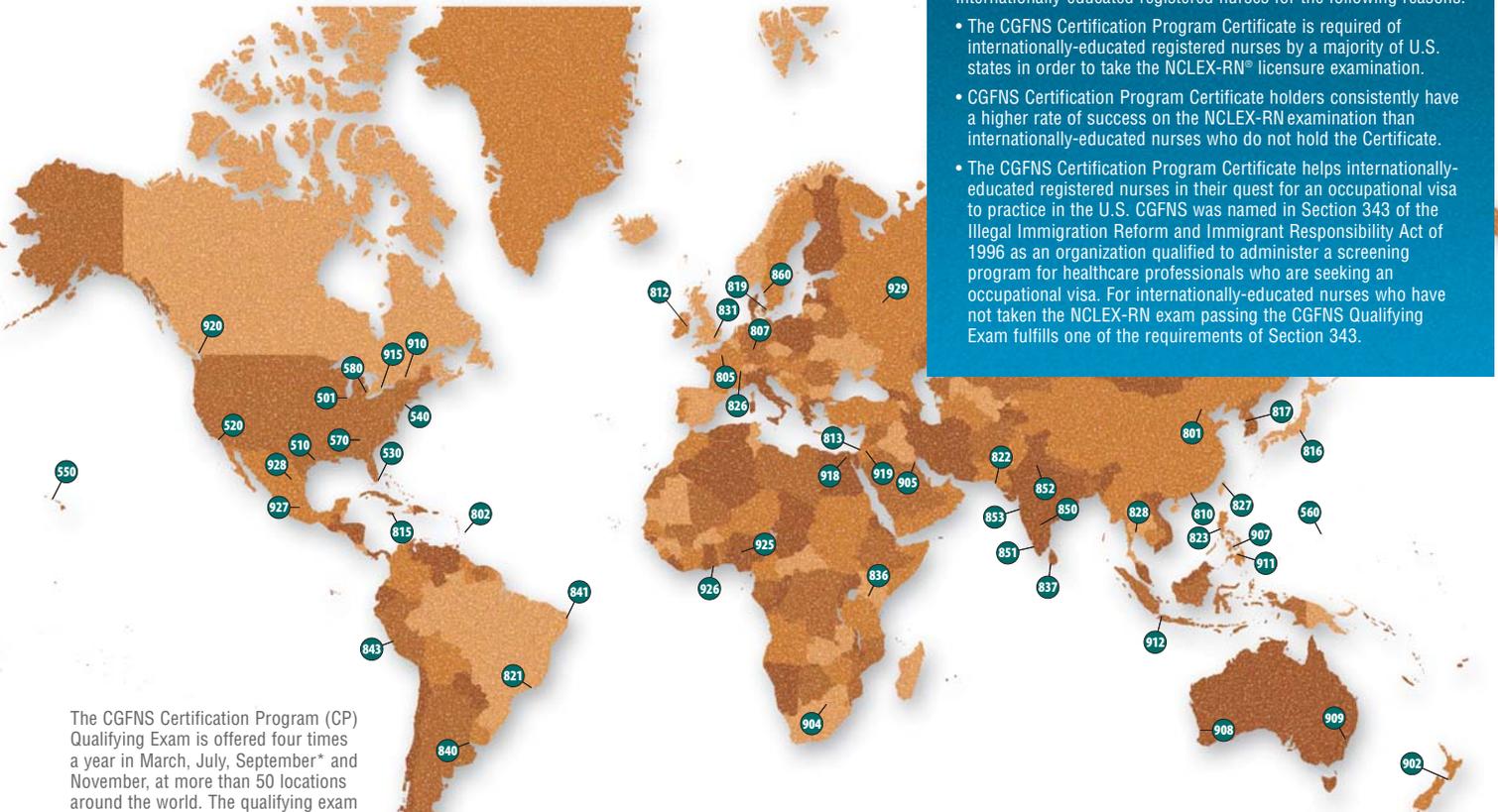
All other professions:

■ Clinical Laboratory Scientist	1
■ Clinical Laboratory Technician	1
■ Licensed Practical or Vocational Nurse	130
■ Occupational Therapist	101
■ Occupational Therapy Assistant	1
■ Physician Assistant	3
■ Physical Therapist	128

CGFNS INTERNATIONAL QUALIFYING EXAM LOCATIONS

The CGFNS Certification Program Certificate, consisting of the CGFNS Qualifying Exam and a Credentials Evaluation, is valuable to internationally-educated registered nurses for the following reasons:

- The CGFNS Certification Program Certificate is required of internationally-educated registered nurses by a majority of U.S. states in order to take the NCLEX-RN® licensure examination.
- CGFNS Certification Program Certificate holders consistently have a higher rate of success on the NCLEX-RN examination than internationally-educated nurses who do not hold the Certificate.
- The CGFNS Certification Program Certificate helps internationally-educated registered nurses in their quest for an occupational visa to practice in the U.S. CGFNS was named in Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 as an organization qualified to administer a screening program for healthcare professionals who are seeking an occupational visa. For internationally-educated nurses who have not taken the NCLEX-RN exam passing the CGFNS Qualifying Exam fulfills one of the requirements of Section 343.



The CGFNS Certification Program (CP) Qualifying Exam is offered four times a year in March, July, September* and November, at more than 50 locations around the world. The qualifying exam measures an applicant's knowledge and is based on what nurses must know and do when they practice nursing in the United States.

* Select sites only.

Exam Locations

501 Chicago, Illinois, USA	805 Paris, France	823 Manila, Philippines	851 Cochin, India	911 Cagayan de Oro City, Philippines
510 Houston, Texas, USA	807 Frankfurt, Germany	826 Geneva, Switzerland	852 Delhi, India	912 Jakarta, Indonesia
520 Los Angeles, California, USA	810 Hong Kong	827 Taipei, Taiwan	853 Mumbai, India	918 Cairo, Egypt
530 Miami, Florida, USA	812 Dublin, Ireland	828 Bangkok, Thailand	860 Goteborg, Sweden	919 Amman, Jordan
540 New York, New York, USA	813 Tel Aviv, Israel	831 London, United Kingdom	902 Wellington, New Zealand	915 Toronto, Canada
550 Honolulu, Hawaii, USA	815 Kingston, Jamaica	836 Nairobi, Kenya	904 Johannesburg, South Africa	920 Vancouver, Canada
560 Agana, Guam, USA	816 Tokyo, Japan	837 Colombo, Sri Lanka	905 Kuwait City, Kuwait	925 Abuja, Nigeria
580 Detroit, Michigan, USA	817 Seoul, Korea	840 Buenos Aires, Argentina	907 Cebu City, Philippines	926 Accra, Ghana
570 Atlanta, Georgia, USA	819 Copenhagen, Denmark	841 Natal, Brazil	908 Perth, Australia	927 Mexico City, Mexico
801 Beijing, PR of China	821 Rio de Janeiro, Brazil	843 Lima, Peru	909 Sydney, Australia	928 Monterrey, Mexico
802 Bridgetown, Barbados	822 Karachi, Pakistan	850 Bangalore, India	910 Montreal, Canada	929 Moscow, Russian Federation

As of September 2005.

Since the introduction of the CGFNS Certification Program, first-time RN-licensure pass rates of internationally-educated nurses have risen from 15-20 percent in the 1970s to approximately 90 percent today.

OUR APPLICANTS

Following the 2004 Indian Ocean earthquake and tsunami, CGFNS took organizational and individual steps to support the hundreds of thousands of victims left in the wake of this unimaginable natural disaster. In an effort to accommodate those who had scheduled to take the March 2005 CGFNS Qualifying Exam, we fulfilled requests to change exam dates or locations, or to receive a refund. Our employees put more substance behind our sympathy for victims by providing more than \$11,000 in a unified donation to the UNICEF Tsunami Relief Fund. CGFNS employees also stepped up to the plate and donated \$5,000 dollars to the American Red Cross for the victims of Hurricane Katrina. We are proud of our staff and their generous outpouring, and awed by the strength of those who have continued to pick up the pieces following these devastating events.

CGFNS made a number of enhancements to the way it meets applicants' needs in 2005. In particular, applicants have told us in past focus groups and online surveys that they wanted more in-depth study aides, so we released mini guides on Adult Health Nursing, Maternal/Infant Nursing, Nursing of Children, and Psychiatric Mental Health Nursing. Each includes a complete practice exam of 125 questions (including rationales for correct and incorrect answers), information about nursing in the U.S., and references for more study. We are in the process of finalizing a series of

audiotapes on "Comprehensive English for Healthcare Professionals" covering medical English, including idioms and slang.

CGFNS processed more than 20,000 applications through its new website in 2004, and, following enhancements implemented in February 2005, processed over 25,500 applications by the end of third quarter 2005.

From May through December, 2005, CGFNS undertook significant office renovation to improve our operations. We purchased additional office space in our existing building, created a state-of-the-art mail and shipping capability, and combined all operational business units and training room capabilities on one floor.

Recent major systems improvements include enhancements to the CGFNS website and accompanying creation and launch of *CES Connect™* through the site. Better organized with sections targeted to applicants, recruiters, and employers, the website includes downloadable versions of applications for CGFNS programs, helpful hints for applicants, Frequently Asked Questions (FAQs), and an expanded section on research that provides diverse data. *CES Connect™*, the online reporting system for state boards of nursing, was designed, developed, and implemented by CGFNS staff. Through a secure connection

via the website, state boards of nursing can identify up to five users to receive email notifications when reports are complete, and to follow up by accessing and printing completed reports. The feature also includes an online tutorial.

CGFNS now offers its qualifying exam in more than 55 test locations around the globe.

In 2005, CGFNS also began incorporating images into its integrated electronic system, using a third-party to provide data entry and imaging of every document we receive. Staff in our various divisions and departments now can view those images online – rather than handling and managing paper – for significant gains in efficiency and productivity.

Other changes that enhanced our ability to serve applicants include the addition of new tests sites in India and a fourth exam administration throughout the globe in September. We also added five questions to the afternoon portion of the qualifying exam to allow for alternate item types such as pictures, multiple correct-answer questions, charts, and graphs. We subsequently increased the time allotted for the afternoon session by five minutes and made it possible for applicants to view alternate item types and the afternoon's portion of the exam during the morning test session.

In 2005, in order to improve our processing times, we initiated a requirement that nursing schools provide transcripts in addition to education forms. This has dramatically shortened the time to handle Certificate Program requests from state boards of nursing (when they include the need for official transcripts). It also has made it possible for credentials evaluators to review educational details beyond those provided in the Nursing Education Form.

In January, Dr. Daisy Alford-Smith began serving as CGFNS Chief Operating Officer (COO). Dr. Smith, with a strong reputation in the fields of international health and executive administration, has taught Health Policy and Leadership Administration at Case Western Reserve University and the University of Zimbabwe, Africa. She assisted the American International Health Alliance in developing citywide health policies and a city health plan in Slovakia.

She is a former director of the Summit County Department of Job and Family Services, and former assistant professor and director of the Center for Urban and Minority Health at Case Western Reserve University. CGFNS will benefit in the years to come from Dr. Alford-Smith's strong administrative, fiscal, and management expertise.



Dr. Daisy Alford-Smith
*New CGFNS Chief
Operating Officer*

OUR APPLICANTS

- To accommodate victims of the devastating Indian Ocean tsunami, CGFNS allowed victims to change exam dates or locations, or obtain refunds for its March 2005 Qualifying Exam. As a sign of personal support, CGFNS' employees donate more than \$11,000 to the UNICEF Tsunami Relief Fund. CGFNS employees also donated \$5,000 to the American Red Cross for the victims of Hurricane Katrina.
- In response to direct requests from applicants for additional study materials with more in-depth focus, CGFNS created four mini guides for Adult Health Nursing, Maternal/Infant Nursing, Nursing of Children, and Psychiatric/Mental Health Nursing.
- In February 2005, CGFNS reorganized its website with more sections and easier navigation based on user types. A new "Contact Us" form was added to the website in June 2005 to facilitate the handling of emails to the organization.
- CGFNS added five questions to the afternoon portion of its qualifying exam, enabling alternate-item-type questions such as pictures, multiple correct-answer questions, charts, and graphs.
- By initiating a requirement that nursing schools provide transcripts in addition to education forms, CGFNS enabled speedier processing of Certificate Program requests and credentials evaluations.
- In late 2004, CGFNS began electronically imaging every document it receives for dramatic improvements in productivity and communication.



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“Migration has been a fact of life from time immemorial. However, the current wave of migration is different in several ways from that which occurred in the 19th and early 20th centuries. The main characteristic difference is that current migration is no longer a mass movement of the poor, the wretched, and the homeless, but primarily a movement of the elite from less prosperous countries to several of the richest countries in the world. This particular form of migration is popularly referred to as the “Brain Drain” or conversely, “Brain Gain.” It involves professionals of many disciplines, including physicians and nurses. Ethical and human rights questions are raised as nurse migratory patterns emerge. The emphasis of the symposium is to examine human rights concerns as nurses migrate to work in the global village.”

Excerpt from:
Human Rights Challenges of
Contemporary Nurse Migration
(B. Nichols, C.A. Georges, A. Meleis)

