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

Through the Credential Verification Service for New York State program, CGFNS independently collects and verifies the authenticity of an applicant’s 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.

Since 2001, CGFNS has verified the credentials of more than 48,000 health care workers educated outside the United States for New York State.
## CGFNS contact information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGFNS Customer Care*</td>
<td>+1 (215) 222 8454, extension 602</td>
</tr>
<tr>
<td>Appointments*</td>
<td>+1 (215) 222 8454, extension 221</td>
</tr>
<tr>
<td>Mailing address</td>
<td>PO Box 8628, Philadelphia, PA 19101 - 8628</td>
</tr>
<tr>
<td>CGFNS website</td>
<td><a href="http://www.cgfns.org">http://www.cgfns.org</a></td>
</tr>
<tr>
<td>CGFNS Connect</td>
<td><a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
</tr>
<tr>
<td>Apply/Check Status</td>
<td><a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
</tr>
<tr>
<td>Email</td>
<td><a href="https://www.cgfns.org/cerpassweb/processContactUs.do">https://www.cgfns.org/cerpassweb/processContactUs.do</a></td>
</tr>
</tbody>
</table>

*check sidebar on [https://www.cgfns.org/cerpassweb/processContactUs.do](https://www.cgfns.org/cerpassweb/processContactUs.do) for times

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Introduction to the CGFNS Credential Verification Service for New York State

Every year, thousands of registered nurses, practical nurses, physical therapists, physical therapist assistants, occupational therapists and occupational therapy assistants from around the world decide that they would like to practice in the state of New York in the United States. CGFNS International can help you work toward your goal if you are one of these professionals.

What does this service do?
The Credential Verification Service for New York State verifies the authenticity of foreign educational and licensure credentials. In order to perform this verification you must complete: an application, a Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form and a Credential Verification Service for New York State Authorization for Validation of Registration/License form. A form is needed for each post-secondary (tertiary) school and each licensing authority.

CGFNS then directly contacts each post-secondary (tertiary) school and licensure authority for which you filled out forms, sending them the forms for verification of your attendance and licensure. These validation forms must be mailed directly to CGFNS from the schools and licensure authorities. You may not forward them to us.

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 report only outlines the authenticity of the documents submitted to us. It reports only on the authenticity of your official documents, and is not an analysis or determination regarding your education’s sufficiency or whether you have met New York’s licensure requirements.

You do not receive a copy of this report. Check your status at https://www.cgfns.org/cerpassweb/login.jsp and if your report has been sent, your status will display “Report Issued”.

The New York State Education Department evaluates your credentials. You apply directly to New York State for licensure. Send New York State licensure forms to the New York State Education Department, not to CGFNS. The New York State Education Department will contact you with more information about your eligibility.

Information about the application process
For Canadian applicants, the response time is limited to 90 days. For applicants in all other countries, the response time is limited to 180 days. The response 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 full payment, a completed application and all authorization forms. If CGFNS does not receive the required documents by the end of the response time, we prepare a report and send it to the New York State Education Department noting those deficiencies.

If you have previously applied to CGFNS and received your academic records/transcripts and licenses/registrations, these documents can not be used for the Credential Verification Service for New York State. The New York State Education Department requires that academic records/transcripts and licensure be verified through the Credential Verification Service for New York State. That means we contact your schools and licensing authorities for you, unlike our other services.

If your New York Credential Verification Service application file remains incomplete after 90 days — meaning you have not paid the fees, completed the application or provided us with signed authorization forms — your application will be cancelled without refund. You will be required to submit a new application and the full fee to resume the service.

Document and File Retention Policy
All documents and files are retained in accordance with CGFNS’s Document and File Retention Policy.
Information about the CGFNS VisaScreen®: Visa Credentials Assessment

In addition to the CGFNS Credential Verification Service for New York State, CGFNS offers other services for health care professionals who are not 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 registered nurses, physical therapists, occupational therapists, physician assistants, clinical laboratory technicians (medical technologists), 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) visas and Trade NAFTA status. The VisaScreen®: Visa Credentials Assessment enables health care professionals to meet this requirement by verifying and evaluating their credentials to ensure that they meet the government’s minimum eligibility standards. VisaScreen® comprises an educational analysis, licensure validation, English language proficiency assessment and, for registered nurses, passing either the CGFNS Qualifying Exam® or the NCLEX-RN® to demonstrate nursing knowledge. Once the applicant successfully completes all elements of VisaScreen®, the applicant receives a VisaScreen® certificate, which can be presented, as part of a visa application, to a consular office or, in the case of adjustment of immigration status, to the U.S. Attorney General.

If you need a VisaScreen® certificate, please complete a VisaScreen® application. Information is located online at https://www.cgfns.org/sections/programs/vs/default.shtml.

Please note that documents obtained by CGFNS for the Credential Verification Service for New York State may be used for the VisaScreen®. 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 license/registration/diploma with all the licensing authorities where you have ever held a license.

What this handbook contains

1. Information on the Credential Verification Service Program for New York State process and who needs to apply (see page 1)
2. Information about the CGFNS VisaScreen®: Visa Credentials Assessment (see above)
3. Instructions for completing the application, the Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form and the Credential Verification Service for New York State Authorization for Validation of Registration/License form (see pages 3–7)
4. Guidelines for communicating with CGFNS (see page 8)
5. The Credential Verification Service Program for New York State application, a Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form, a Credential Verification Service for New York State Authorization for Validation of Registration/License form, the Authorization to Release Information form and Credit Card Payment Form (see pages 10–18)

This handbook describes how to apply to have your credentials verified for New York State. There are many steps (see Table 1 on page 2). 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, Pennsylvania, in the United States. If you have any questions or concerns as you proceed through the Credential Verification Service for New York State, please contact CGFNS Customer Care on +1 (215) 222 8454 extension 602 during the hours listed on our Contact Us page at https://www.cgfns.org/cerpassweb/processContactUs.do. Refer to page 6 for guidelines on communicating with CGFNS. For more information on CGFNS and its services, please visit our website at www.cgfns.org.
Table 1: Overview of the application process

<table>
<thead>
<tr>
<th>ACTIONS YOU TAKE</th>
<th>ACTIONS CGFNS TAKES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply to New York State for licensure at <a href="http://www.op.nysed.gov/pdffiles.htm">http://www.op.nysed.gov/pdffiles.htm</a>. Send the documents/forms that they request to them, not to CGFNS.</td>
<td></td>
</tr>
<tr>
<td>Register with CGFNS to create your online account. Go to <a href="https://www.cgfns.org/cerpassweb/register.jsp">https://www.cgfns.org/cerpassweb/register.jsp</a>, and fill out the information fields. This account will help keep you informed about the status of your application, and help us inform you about documents we need from you, even if you choose to apply through postal mail rather than online.</td>
<td>We send you a welcome letter and, after we receive your payment, your CGFNS ID number* through the method you chose on your application for receiving correspondence from us.</td>
</tr>
<tr>
<td>EITHER: Apply online after creating your user account – OR – Complete, sign, date and have notarized the application at the end of this handbook and send it to PO Box 8628, Philadelphia, PA 19101-8628 USA, with full payment (payment instructions are located at <a href="http://www.cgfns.org/sections/apply/fees.shtml">www.cgfns.org/sections/apply/fees.shtml</a>).</td>
<td>CGFNS sends the forms to the licensing authority where you were first registered. For Canadian applicants, CGFNS mails up to three request letters to the licensing authorities every 30 days. For all other countries, CGFNS mails up to three request letters to the licensing authorities every 60 days.</td>
</tr>
<tr>
<td>Complete the Credential Verification Service for New York State Authorization for Validation of Registration/License form and send it to CGFNS at PO Box 8628, Philadelphia, PA 19101-8628 USA.</td>
<td>CGFNS sends the forms to the schools that you attended. For Canadian applicants, CGFNS mails up to three request letters to the schools every 30 days. For all other countries, CGFNS mails up to three request letters to the schools every 60 days.</td>
</tr>
<tr>
<td>Complete the Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form and send it to CGFNS at PO Box 8628, Philadelphia, PA 19101-8628 USA.</td>
<td>After receiving all required documents from you, your schools and your licensing authorities, we review them. We will notify you if required documents for your application are missing.</td>
</tr>
<tr>
<td>Check your online account at <a href="https://www.cgfns.org/cerpassweb/login.jsp">https://www.cgfns.org/cerpassweb/login.jsp</a> and please respond to any correspondence regarding missing items.</td>
<td>After CGFNS reviews documents received, or after the response time allowed has elapsed**, CGFNS sends a report to the New York State Education Department. The New York State Education Department will contact you with more information about your eligibility.</td>
</tr>
</tbody>
</table>

*Please note: If you have ever applied for a CGFNS service in the past, the CGFNS ID number you were issued then will remain your permanent CGFNS ID number.

**For Canadian applicants, the response time is limited to 90 days. For applicants in all other countries, the response time is limited to 180 days. The response 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 full payment, a completed application and all authorization forms. If CGFNS does not receive the required documents by the end of the response time, we prepare a report and send it to the New York State Education Department noting those deficiencies. New York State may then inform you of further steps for licensure.

Ways to apply

The most convenient method is to apply online at https://www.cgfns.org/cerpassweb/intro.jsp. Completing the application online will save you $75.00 and reduce the processing time.

If you apply online, you must still mail certain documents, e.g., copies of secondary school education documents.

The other method is to complete and mail the application that begins on page 10 of this handbook.
How to complete the Credential Verification Service for New York State application

If you have previously applied to CGFNS and received your academic records/transcripts and licenses/registrations, these documents cannot be used for the Credential Verification Service for New York State. The New York State Education Department requires that academic records/transcripts and licensure be verified through the Credential Verification Service for New York State. That means we contact your schools and licensing authorities for you, unlike our other services.

There will be a delay if the instructions are not followed. If your application is not signed and dated, you may be asked to submit an entirely new application.

Please type or print clearly in ink on the application. Every item must be completed according to the following instructions.

**Item 1. Preliminary information**

a. Please check/tick the box next to your profession: registered nurse, practical nurse, physical therapist, occupational therapist, physical therapist assistant or 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.

b. If you have previously applied to CGFNS, please check/tick the “Yes” box. If this is your first time applying to CGFNS, please check/tick in the “No” box.

c. If you answered “Yes” to a, please print or type your CGFNS ID number in the boxes provided.

d. Please print or type the name of the country where you worked, your profession and the number of years you worked in this profession.

**Item 2. Your name**

Please print or type your full name as you would like it to appear on all correspondence sent to you, including reports and certificates. Put only one letter in each box. Leave a blank space between each name.

If you need to change your name during the application process, CGFNS will only make the change in your file when we receive your signed, written request with legal evidence of name change. Requests to change your mailing address must be in writing or you may make the change online through CGFNS Connect at https://www.cgfns.org/cepassweb/intro.jsp. In your written request for any of these changes, remember to include your full name, CGFNS ID number and birth date.

**Please note:** Email requests for name change will not be accepted at any time.

**Item 3. Your other names**

Please print or type all names you have used in the past. This is necessary because CGFNS must be able to recognize all your documents, with any variation or form of your current or previous names. Any name used that is different from your current name should be printed in this space. This would include your birth name as well as different spellings, informal variations, abbreviations and different orders of your name. Include copies of legal documentation or notarized affidavits verifying your name change with your application. For instance, if married, a copy of your marriage certificate or notarized affidavit needs to be attached (see page 10).

**Item 4. Your birth date**

Please print or type, using letters for the month and numbers for the day and year of your birth (see page 10).

**Item 5. Your gender and marital status**

Please check/tick whether you are male or female. Please check/tick your marital status (see page 10).

**Item 6. Your citizenship**

Please print or type your birth country, birth state/province, your native language and the country where you hold current citizenship (see page 10).
**Item 7. Your 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 New York State. If you have one, please print or type it in the spaces provided (see page 10). Otherwise, leave blank.

**Item 8. Your addresses**

a. Please print or type the address where you want to receive mail from CGFNS. If you authorize someone else to receive your mailings from CGFNS, all correspondence will go to that person’s address.

b. Please print or type the address where you reside.

If your address changes at any time during the application process, you must notify CGFNS in writing or make changes to your contact information in CGFNS Connect, the online application system, at https://www.cgfns.org/cerpassweb/intro.jsp. (see page 9).

**Item 9: Your contact details**

Please print or type the contact information where you can be reached. Please answer the questions regarding preferred and optional ways CGFNS may contact you (see page 11).

**Item 10. Your education**

On page 10, please list all the primary, secondary and post-secondary (tertiary) schools that you attended, and also the countries where the schools were located and your attendance dates. Include all schools, whether or not you completed the program. Include the following information:

- name of the school
- city, state/province, and country where it is located
- health care profession title you obtained
- month and year you entered the school
- month and year you completed your coursework or graduated, and
- name of diploma or certificate in its original language using English characters

Please check/tick whether or not your education resulted in a degree. Explain any gaps in your educational history on a separate sheet.

Please complete a Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form for each post-secondary (tertiary) school listed and send it to CGFNS.

**Secondary school diploma/certificate (only for practical nurses)**

Please submit with your application a legible copy of your secondary school diploma/certificate, results of a secondary school external exam or secondary school equivalent certificate.

- Diploma not in English

If your diploma or certificate is not in English, you must attach a literal English translation, not a summary. The following sentence, referred to as the Certificate of Accuracy, must be typed or written at the end of the translation and must be signed by the translator. It does not need to be notarized. Secondary school certificates or diplomas do not need to be translated by an “official” translator.

**Example of Certificate of Accuracy**

This is to certify that this is a true and correct English translation of the attached photocopy of the original [insert name of document] of [insert applicant name].

- Unable to obtain a copy of your diploma

If you cannot obtain a copy of your diploma, you may request that your secondary school mail a letter directly to CGFNS, confirming your attendance and graduation dates. If you cannot obtain a copy of the certificate that was awarded to you based on the results of an external exam (e.g., GCE, GCSE, Irish Leaving Certificate, WAEC), please ask the examining board to mail a letter directly to CGFNS certifying the grades earned on the examination.

Letters submitted by a secondary school/examining board must be written on official stationery, be signed by an appropriate school official or examining board official and be affixed with the school’s/examining board’s stamp or seal. If the letter is not in English, please include a literal translation with the above-mentioned Certificate of Accuracy, signed by the translator.
Form V

If you were educated in a country where Form V completion is considered finishing secondary school, please submit with your application one of the following documents as verification:

- Form V completion statement issued by the appropriate school official or
- official secondary school academic records/transcripts showing Form V completion or
- external examination results.

Note: If your school is closed, please contact the Ministry of Education or appropriate government department and request they send CGFNS a letter advising of that closing.

Item 11. Your registration/licenses/certification

Please check/tick all of the boxes that are true for you. List your registration/licenses/certification titles. For each title listed, answer yes or no to indicate whether or not you are currently registered with that title (see page 13).

Item 12. Fees and payment information

Item 12 provides information about payment of fees. The fee schedule and policies are found at http://www.cgfns.org/sections/apply/fees.shtml and are subject to change (see page 13).

Item 13. Liability statement

Item 13 states that CGFNS is not evaluating your education; we are verifying the authenticity of your documents (see page 13).

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

This is a summary of the responsibilities of both the applicant and CGFNS (see page 14).

Item 15. Attestation

The attestation in Item 15 creates a contract between you (the applicant) and CGFNS. It explains the terms under which CGFNS will review your application. After reading it carefully, sign and date the application. By signing the form, you certify that all documents that have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with. CGFNS and others will rely on your application and documents. If any documents submitted are falsified, altered or tampered with, if you alter a CGFNS certificate or report or misrepresent a copy as an original, CGFNS may take appropriate legal action, including barring you from future examinations or from participation in any CGFNS programs. The consequences could adversely affect your professional license, immigration status, employment and other matters (see page 14).

Signature and notarization (authentication)

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 if CGFNS asks for your signature. The application form must be notarized (authenticated, legalized) so sign and date your application in the presence of a notary or your country’s approved channels for authentication. They must sign, date and affix the stamp/seal on the application. Note that the dates that you and the notary write must be the same or your application will be incomplete (see page 14).

Completing the forms

Authorization to Release Information form

This form is available on the website at http://www.cgfns.org/sections/apply/forms.shtml and page 17 of this handbook.

Because we protect your privacy, your application will only be discussed with you. If you choose to let CGFNS disclose file information or provide file status information to another person, you need to submit an Authorization to Release Information form, to designate an authorized agent. Or, if you choose to have all mail from CGFNS sent to someone else, you can do this by either completing the Authorization to Release Information form or providing the other person’s mailing address on your application form.

The Authorization to Release Information is valid for two years. You can revoke the authorization at any time. We must receive a revocation in writing by postal mail or courier service.

The completed Authorization to Release Information form may be submitted to CGFNS with your application or mailed separately by postal mail or delivered by courier.
Please note: CGFNS only keeps one mailing address per applicant. Therefore, if you choose to have your correspondence from CGFNS sent to an alternative address, all correspondence will be sent to that person. CGFNS cannot be held responsible for any correspondence withheld by a third party you designated as an authorized agent.

Also please note: A letter signed by you authorizing CGFNS to communicate with a relative, recruiter or any other person will not be accepted. Please complete the official Authorization to Release Information form.

If your application expires

If your New York Credential Verification Service application file remains incomplete after 90 days — meaning you have not paid the fees, or completed, signed and had notarized the application, or provided us with signed authorization forms — your application will be cancelled without refund. You will be required to submit a new application and the full fee to resume the service.

How to pay the fees

Go to www.cgfns.org/sections/apply/fees.shtml for current fees. Payment must be in U.S. dollars. If you have applied online and are sending payment through postal mail, please print out the voucher and submit it with your payment. Pay using one of these methods:

- By Visa, MasterCard or Discover credit card payment online at https://www.cgfns.org/cerpassweb/login.jsp
- By Visa, MasterCard or Discover credit card through postal mail, use the Credit Card Payment form on page 18
- A bank check or international money order (drawn on a U.S. bank) made payable to CGFNS

Please do not send cash through the mail. Personal checks are not accepted. Mail payment with your application to CGFNS International, PO Box 8628, Philadelphia, PA 19101-8628 USA.

Online applications less expensive

CGFNS International charges US$75.00 less for each online application through https://www.cgfns.org/cerpassweb/login.jsp.

Before you send your application to CGFNS

Checklist to make sure your application is complete

CHECK EACH ITEM BELOW TO ENSURE THAT YOU AVOID COMMON APPLICATION ISSUES

- Before mailing your application, check to see that you have:
  - verified that you have completed each item on the application.
  - included documentation of your secondary school education or external exam certificate, with literal English translations, including a Certificate of Accuracy (see Item 10, page 4).
  - completed, signed and have notarized this Credential Verification Service for New York State Application (pages 10–14).
  - completed your section on the Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form for each of your post-secondary (tertiary) schools (see page 15).
  - completed your section on the Credential Verification Service for New York State Authorization for Validation of Registration/License form for each licensing agency where you have ever held a license/registration/diploma as a professional in your field and/or, in cases where your diploma authorizes legal practice, this same form for the school that issued your diploma (see page 16).
  - signed the Authorization to Release Information form, if you would like CGFNS to communicate with someone other than yourself (see page 17).
  - included full payment (see How to pay the fees, page 7).

Please note: Please do not contact your schools or license authorities in connection with the Credential Verification Service for New York State. Documents not requested by CGFNS will be rejected. CGFNS does not return any of the documents that are part of your complete application. Please send only legible photocopies, not originals, of the documents CGFNS requests directly from you.
Falsified or altered documents
If CGFNS finds that your documents have been altered in any way or that information in your application is falsified, your file will be sealed, you will lose your entire application fee and you will not be eligible for other CGFNS services in future. This includes all documents and application documents submitted by you, or on your behalf by another person. Therefore, before anything is sent to CGFNS, make certain that none of the documents and forms have been falsified or altered in any way.

Mailing your application
After completing, signing, dating and having notarized your application, send it to CGFNS, along with the documents requested directly from you and required fees. Send your application documents to:

CGFNS Credential Verification Service for New York State
P.O. Box 8628
Philadelphia, PA 19101-8628 USA

Communicating with CGFNS
If you have questions about your application or required documents, we offer many different methods. You may go to CGFNS Connect on our website at https://www.cgfns.org/cherpassweb/intro.jsp to check the status of your account. You may also contact us via letter, telephone or through the Contact Us form on our website at https://www.cgfns.org/cherpassweb/processContactUs.do. We offer the following guidelines to make this communication easier (see Table 3 on page 9 for additional information).

Website
Information on CGFNS and its programs, services, activities and application forms can be found at www.cgfns.org.

You can apply for CGFNS’s services directly through the online application system, CGFNS Connect, on the website at https://www.cgfns.org/cherpassweb/intro.jsp. A benefit of CGFNS Connect is that you can access your application status through your browser. By creating an account (through specifying a user name and password) with CGFNS, you can check your application order status, verify receipt of documents and scores, make changes to your contact information, confirm mailing dates and access many other services.

Email
You may email CGFNS Customer Care with questions regarding your application through the Contact Us form on our website at https://www.cgfns.org/cherpassweb/processContactUs.do.

Letters
When you mail a letter, it must be written and signed only by you for confidentiality purposes. When you write to us, always include your CGFNS ID number, full name and birth date. CGFNS recommends that you send all correspondence by air mail, and that you consider using express couriers when time is limited.

On-site appointments
You or your authorized agent may call +1 (215) 222 8454, extension 221, to schedule an appointment in our offices in Philadelphia, Pennsylvania. See the Contact Us form on our website at https://www.cgfns.org/cherpassweb/processContactUs.do for appointment days and times.

Telephone calls
CGFNS Customer Care provides applicant status information by telephone to applicants only. CGFNS will not release information by phone to anyone else unless a completed and signed Authorization to Release Information form has been received from you. If you wish to telephone CGFNS, call the Customer Care Center at +1 (215) 222 8454 extension 602. To save time, have your CGFNS ID number ready. If the Customer Care representative is unable to adequately verify your identity, information will not be released by telephone.

For Customer Care Center hours, go to the Contact Us form at https://www.cgfns.org/cherpassweb/processContactUs.do. CGFNS Customer Care is not available weekends or U.S. holidays, and does not accept reverse charge telephone calls.
In the event of a disaster

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

Please note: It is your responsibility to notify CGFNS of any change in your contact information, especially in the event of a disaster in your country.

Table 3: Communication guidelines

<table>
<thead>
<tr>
<th>Reason for communication</th>
<th>Who can initiate request?</th>
<th>Communications channel</th>
<th>Reminders</th>
</tr>
</thead>
<tbody>
<tr>
<td>You want to confirm whether CGFNS received your application documents</td>
<td>Only you or your authorized agent</td>
<td>Email through the Contact Us form on our website at <a href="https://www.cgfns.org/cerpassweb/processContactUs.do">https://www.cgfns.org/cerpassweb/processContactUs.do</a>, write, telephone or visit CGFNS Connect at <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
<td>Include your full name, CGFNS ID number and birth date</td>
</tr>
<tr>
<td>You have a question about a letter that you received from CGFNS</td>
<td>Only you or your authorized agent</td>
<td>Email through the Contact Us form on our website at <a href="https://www.cgfns.org/cerpassweb/processContactUs.do/">https://www.cgfns.org/cerpassweb/processContactUs.do/</a>, write or telephone</td>
<td>Include your full name, CGFNS ID number and birth date</td>
</tr>
<tr>
<td>You need to notify CGFNS of a legal name change or change your address</td>
<td>Only you or your authorized agent</td>
<td>Write to CGFNS including legal name change documentation at Suite 400, 3600 Market Street, Philadelphia, PA 19104-2651 USA</td>
<td>Include your full name, CGFNS ID number and birth date</td>
</tr>
</tbody>
</table>
Provide all information requested below. Note that inaccuracies will delay the processing of your application. Please print or type responses legibly. Submit original application and retain a copy for your files. See pages 3–7 for instructions.

1. CVS preliminary information
   a. I am applying for credentials verification of the following profession:
      - [ ] Registered nurse
      - [ ] Practical nurse
      - [ ] Physical therapist
      - [ ] Occupational therapist
      - [ ] Physical therapist assistant
      - [ ] Occupational therapy assistant
   b. Have you ever applied to CGFNS or the International Commission on Healthcare Professions (ICHP)?
      - [ ] Yes
      - [ ] No
   c. If you have a CGFNS ID number, enter it here
   d. I worked in
      [ ] City/Country
      [ ] as a
      [ ] Profession specialty
      for
      [ ] years

2. Your name
   Please print or type 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) and middle names (leave a space between names)
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   Last (family/surname) name (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 names (leave a space between names)
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

4. You birth date (spell the month and enter numbers for the day and year)
   Month
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   Day
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   Year
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

5. Gender
   - [ ] Female
   - [ ] Male

   Your marital status
   - [ ] Married
   - [ ] Widowed
   - [ ] Single (Never Married)

6. Your citizenship
   Birth country
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   Birth state/province
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   Native language
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   Country where you hold current citizenship
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

7. Your U.S. Social Security Number
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   and/or
   Your New York State assigned number (if applicable)
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
### 8a Your mailing address (Note: You are responsible for notifying CGFNS if your address changes)

*Indicate the address where CGFNS will mail all correspondence to you.*

<table>
<thead>
<tr>
<th>Street</th>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
<th>Post/Zip code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

*Indicate the address where you reside.*

<table>
<thead>
<tr>
<th>Street</th>
<th>Street</th>
<th>City</th>
<th>State/Province</th>
<th>Post/Zip code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 9 Your contact details

<table>
<thead>
<tr>
<th>Telephone (include country code and area code)</th>
<th>Mobile phone (include country code and area code)</th>
<th>Fax (include country code and area code)</th>
</tr>
</thead>
</table>

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

What is your preferred method of communication from CGFNS?  □ Postal mail  □ Email
Your education *(Please note: Inaccuracies in this section will result in delay of the processing of your application)*

Please list every school in the order you attended them, whether or not you completed each course. Explain any gaps in time in your educational history on a separate sheet. If the school has closed or merged with another school, provide the name and address where your records are located, if known. Also use a separate sheet if you attended more schools than there is room for in each table.

### Primary education

<table>
<thead>
<tr>
<th>Name of primary schools attended and contact information</th>
<th>Address, city and country</th>
<th>Month/Year entered</th>
<th>Month/Year completed</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
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<td>/</td>
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</tr>
<tr>
<td>2 CONTACT</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Secondary education (or equivalent)

Practical nurses must provide proof of secondary school completion, results of an external exam or certificate — enclose a photocopy of your diploma, certificate or external exam certificate from your secondary school (or secondary school equivalent), including word-for-word English translations of each of these documents.

<table>
<thead>
<tr>
<th>Name of secondary schools (or equivalent) attended and contact information</th>
<th>Address, city and country</th>
<th>Month/Year entered</th>
<th>Month/Year completed</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
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<tr>
<td>2 CONTACT</td>
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</tr>
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</table>

### Post-secondary (tertiary) non-health care education

Complete all information requested for your non-health care post-secondary (tertiary) schools.

<table>
<thead>
<tr>
<th>Name of non-health care post-secondary (tertiary) schools attended and contact information</th>
<th>Address, city and country</th>
<th>Month/Year entered</th>
<th>Month/Year completed/graduated</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
<th>Degree obtained (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
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<td>2 CONTACT</td>
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</tbody>
</table>

### Post-secondary (tertiary) health care education

Complete all information requested for your post-secondary (tertiary) health care schools. Complete the Credential Verification Service for New York State Authorization for Verification of Academic Records/Transcripts form and send it to CGFNS.

<table>
<thead>
<tr>
<th>Name of health care post-secondary (tertiary) schools attended and contact information</th>
<th>Street, city, state/province, country (will be verified)</th>
<th>Professional title obtained</th>
<th>Month/Year entered</th>
<th>Month/Year completed/graduated</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
<th>Degree obtained (✓)</th>
</tr>
</thead>
<tbody>
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<tr>
<td>3 CONTACT</td>
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Has your health care school closed or merged with another school?  
☐ Yes  ☐ No

If yes, please provide the name and address of the new school or other authority in your country of education that is in possession of your academic records/transcripts.
11 License/Registration

Please provide the following information. Check all that apply.

a. □ I was never licensed/registered outside the United States (skip to section 12 below).

b. □ My diploma is my license/registration/diploma (skip to section 12 below).

c. □ I am/was licensed/registered outside the United States.

d. □ My license/registration/diploma has been suspended, revoked or restricted.

Please print or type your first legal professional title and countries where you received license/registration. List them in the order issued. If you are currently licensed/registered, write “Yes” in the last column. Write “No” in the last column if you are not. Addresses will be verified with the appropriate government agency.

<table>
<thead>
<tr>
<th>Legal professional title</th>
<th>Issuing agency</th>
<th>Address – City, Country</th>
<th>State/Province</th>
<th>Country</th>
<th>Currently registered (Yes or No)</th>
</tr>
</thead>
<tbody>
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</table>

12 Fees and payment information

Fees for CGFNS services are located online at http://www.cgfns.org/sections/apply/fees.shtml and fees are subject to change. Full payment for all services must be made before your files can be reviewed. If you use a credit card, you may pay online at https://www.cgfns.org/ cerpassweb/intro.jsp or use the Credit Card Payment Form on page 16 in this handbook. 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 out 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 and report, obtaining and processing your academic records/transcripts and license validation of license/registration/diploma and the associated documents for the New York State Education Department.

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

This section clarifies CGFNS’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 review only the documents it considers relevant to this application.
- Verification will not be performed until CGFNS receives a completed, signed and notarized* application, full payment and appropriate authorization forms.
- Fees are subject to change and are found at [http://www.cgfns.org/sections/apply/fees.shtml#4](http://www.cgfns.org/sections/apply/fees.shtml#4)
- 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.
- The response time for Canadian applicants is limited to 90 days. For all other countries it is limited to 180 days. When the response time has elapsed a final review is performed and a report is prepared and sent to the New York State Education Department.
- If you would like to be verified for New York State for another occupation, you will have to complete an entirely new application.
- No refund is given after an application is submitted.
- Documents that CGFNS receives for its other services cannot be used for the Credential Verification Service for New York State.
- If your application has been forged, altered or falsified, that information will be provided in the report to the New York State Education Department.

* Authenticated, legalized or notarized by the country’s approved channels for authentication

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 action against me as it deems appropriate, including barring me from participation in any CGFNS programs or to otherwise take action against 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 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.

<table>
<thead>
<tr>
<th>Your signature</th>
<th>CGFNS ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Print your name</td>
<td>Date</td>
</tr>
<tr>
<td>Notary (authenticating official) signature</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>Month / Day / Year</td>
</tr>
</tbody>
</table>

Mail the completed application and payment to CGFNS International, PO Box 8628, Philadelphia, PA 19107-8628 USA

©Copyright 2009–2011 CGFNS. All rights reserved.
Dear school official

I have applied to the New York State Education Department for licensure as a _____________________________. That department has authorized CGFNS International to obtain my official academic records/transcripts. Please send my official academic records/transcripts directly to CGFNS International. My information appears below.

My CGFNS ID number (if known)          Order number (if known)

My name when I attended your school, English spelling

My name when I attended your school, native language spelling

My current name (if different than above), English spelling

My current name (if different than above), native language spelling

The school where I received my post-secondary (tertiary) education, English spelling

The school where I received my post-secondary (tertiary) education, native language spelling

Attendance dates: From _________________ to ________________  My birth date ________________
Month/Year    Month/Year    Month    Day    Year

School's current mailing address

My attestation

I hereby authorize CGFNS to obtain any and all documents and/or information regarding my academic records/transcripts. 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 academic records/transcripts, the status of any reports, evaluations or verifications prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any action that CGFNS may take against me.

My signature ___________________________ Date ________________
Month    Day    Year
Dear licensing authority

I have applied to the New York State Education Department for licensure as a ____________________________. That department has authorized CGFNS International to obtain official validation of my license/registration. Please send an official validation of my license/registration directly to CGFNS International. My information appears below.

My CGFNS ID number (if known)  Order number (if known)

Licensing authority’s name

Licensing authority’s address

My current name, English spelling

My current name, native language spelling

My license/registration was issued under the name (if different than above), English spelling

My license/registration was issued under the name (if different than above), native language spelling

My license/registration number  My birth date  /  /  

The school where I received my post-secondary (tertiary) education, English spelling

The school where I received my post-secondary (tertiary) education, native language spelling

Attendance dates:  From  to  

My country/citizen identification number (if applicable)

My attestation

I hereby authorize CGFNS to obtain any and all documents and/or information regarding my license/registration. 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 license/registration, the status of any reports, evaluations or verifications prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any action that CGFNS may take against me.

My signature  Date  /  /  

CGFNS International • P.O. Box 8628, Philadelphia, Pennsylvania 19101-8628 USA • Phone: +1 (215) 222 8454 extension 602 • Web: www.cgfns.org
Authorization to Release Information

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

This Authorization will remain valid for two years from the date supplied by you on the “Date” line below (or if no date is supplied, from the date this Authorization is received by CGFNS).

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 on or after the 30th day after CGFNS receives it, by regular mail or courier, at its headquarters office in Philadelphia, Pennsylvania, USA.

AUTHORIZATION: I authorize CGFNS to release to the authorized agent indicated by me below, any and all information about me and my application/order for services from CGFNS, including, and 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. I understand that all mail (including certificates, exam scores and reports) will be sent to the authorized agent.

This authorization revokes all previous authorizations submitted by the applicant.

1 Your CGFNS ID number (if known)

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

   

3 Your signature

   

4 Your authorized agent (please print)

   

 CGFNS INTERNATIONAL

Global Credibility

PO Box 8628, Philadelphia, PA 19101-8628 USA • +1 (215) 222 8454 extension 602 • www.cgfns.org

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## Credit Card Payment Form

Please type or print legibly. To pay by credit card, please fill in below your name as it appears in your application/order and your CGFNS ID number (if known). Complete the cardholder information as requested.

1. **Applicant name**
   - First (given) and middle names (leave a space between names)
   - Last (family/surname) names (leave a space between names)

2. **CGFNS Applicant ID number (if known)**

3. **Applicant birth date** (spell the month and enter numbers for the day and year)
   - Month
   - Day
   - Year

4. **Cardholder information**
   - **Cardholder name** (as it appears on card)
     - First name, middle initial and last name (Leave a space between names)
   - **Credit card type** (check one)
     - Visa
     - Mastercard
     - Discover
   - **Cardholder address** (for processing credit card payments only)
     - Street
     - Street
     - City
     - State/Province
     - Post/Zip code
     - Country
   - **Credit card number**
   - **CVV2 number** (see below for explanation)
   - **Expiration date** Month [ ] Year [ ]
   - **Total charges US $** [ ] [ ] [ ] [ ]

*Explanation of credit card CVV2 number*

Visa and MasterCard: This number is printed in the signature area on the back of the card (they are the last 3 digits after the credit card number).

5. **Cardholder signature** (authorization for payment)

I hereby authorize a charge to my credit card for the total of all services ordered in this application including any fee adjustments in effect as of the date the order is received.

[Signature of authorized cardholder]
Our Mission

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