CGFNS International’s division, the International Commission on Healthcare Professions (ICHP), offers the VisaScreen®: Visa Credentials Assessment Program for registered and practical nurses, physical therapists, speech language pathologists, audiologists, clinical laboratory scientists (medical technologists), clinical laboratory technicians (medical technicians), occupational therapists and physician assistants who are not U.S. citizens and are seeking occupational visas to work in the United States. VisaScreen® is a U.S. Government-approved certification program that is required when these professionals apply for occupational visas.

The VisaScreen® program includes an education analysis, licensure validation, an English language proficiency exam, and, in the case of registered nurses, an exam of nursing knowledge.

In the last decade, CGFNS has issued 90,000 VisaScreen® certificates.

Includes

- audiologists
- clinical laboratory scientists (medical technologists)
- clinical laboratory technicians (medical technicians)
- occupational therapists
- physician assistants
- physical therapists
- practical nurses
- registered nurses and
- speech language pathologists
who are seeking an employment-based visa
<table>
<thead>
<tr>
<th>CGFNS contact information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CGFNS Customer Care*</td>
<td>+1 (215) 222 8454, extension 604</td>
</tr>
<tr>
<td>Appointments*</td>
<td>+1 (215) 222 8454, extension 221</td>
</tr>
<tr>
<td>Mailing address</td>
<td>Suite 400, 3600 Market Street, Philadelphia, PA 19104-2651</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 for times
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Introduction to VisaScreen®: Visa Credentials Assessment Program

CGFNS/ICHP VisaScreen®: Visa Credentials Assessment and Section 343 of the IIRIRA

Every year, thousands of health care professionals from around the world apply for a visa to practice in the United States.

Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (the IIRIRA) of 1996 requires specific health care professionals, born outside of the United States, to successfully complete a screening program before they can receive either a permanent or temporary occupational visa, including Trade NAFTA status. This screening includes:

- an assessment of an applicant's education to ensure that it is comparable to that of a U.S. graduate in the same profession
- a verification that all professional health care licenses that an applicant ever held are valid and without restrictions
- an English language proficiency examination
- for registered nurses, a verification of passing either the CGFNS Qualifying Exam®, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or its predecessor, the State Board Test Pool Examination (SBTPE)

CGFNS International and the International Commission on Healthcare Professions

CGFNS International was named in Section 343 of the IIRIRA as an organization qualified to offer this federal screening program. CGFNS, a not-for-profit, immigration-neutral organization, has earned a reputation as a leading authority on the education, practice standards, registration and licensure of health care professionals worldwide. It maintains this status through ongoing research, networks of international contacts, continual enhancement of resources and databases, and through a dedicated staff of professionals experienced in the fields of health care and international education.

In 1996, CGFNS introduced the VisaScreen®: Visa Credentials Assessment Program to fulfill the U.S. Federal screening requirement. In 1996, in response to Section 343 of the IIRIRA, CGFNS created a new division, the International Commission on Healthcare Professions (ICHP), to administer VisaScreen®. Applicants who successfully complete VisaScreen® receive an ICHP VisaScreen® certificate, which satisfies all Federal screening requirements set forth in Section 343 of the IIRIRA, including the interim and final rules that became effective in 2003. The VisaScreen® certificate can be presented at a consular office or, in the case of adjustment of status, to the Attorney General as part of the visa application process. The certificate must be received before the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS) will issue an occupational visa or Trade NAFTA status to applicants to work as a professional in their respective fields in the United States.

Health care professions requiring VisaScreen®

The following is a table of the professions named in the immigration law requiring VisaScreen®:

<table>
<thead>
<tr>
<th>PROFESSIONS NAMED IN SECTION 343 OF THE IIRIRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologist</td>
</tr>
<tr>
<td>Clinical laboratory scientist (medical technologist)</td>
</tr>
<tr>
<td>Clinical laboratory technician (medical technician)</td>
</tr>
<tr>
<td>Speech language pathologist</td>
</tr>
<tr>
<td>Practical nurse/ Vocational nurse</td>
</tr>
<tr>
<td>Registered nurse</td>
</tr>
<tr>
<td>Physical therapist</td>
</tr>
<tr>
<td>Occupational therapist</td>
</tr>
<tr>
<td>Physician assistants</td>
</tr>
</tbody>
</table>

Professionals in any of these categories should designate their profession in their VisaScreen® application. If your profession is not listed, you do not need a VisaScreen®: Visa Credentials Assessment.

Non-discrimination policy

ICHP will process all VisaScreen® applications without regard to race, color, gender, sexual orientation, age, marital status, religion, creed, medical condition, national origin or membership in any protected category in adherence with federal, state and local laws.

Document and file retention policies

All documents and files are retained in accordance with CGFNS's document and file retention policies.
What this handbook contains

1. Instructions for completing
   - the application for the CGFNS/ICHP VisaScreen®: Visa Credentials Assessment (see page 16)
   - the Request for Validation of License/Registration/Diploma form (see page 12)
   - the Request for Academic Records/Transcripts form (see page 12)
   - the CGFNS Photo Identification form (see page 12)
   - and the Authorization to Release Information form (see page 12)

2. Information regarding the English language proficiency requirement of VisaScreen® (see below).

3. Information regarding the CGFNS/ICHP VisaScreen®: Visa Credentials Assessment, alternative and streamlined processes (see page 5).

4. Guidelines for communicating with CGFNS International (see page 14).

5. The application for VisaScreen® (see page 16), the CGFNS/ICHP Photo Identification form (see page 33), the Authorization to Release Information form (see page 34), the Credit Card Payment form (see page 35), the Request for Validation of License/Registration/Diploma form (see page 22) and the Request for Academic Records/Transcripts form (see page 23).

This handbook describes how to apply for and earn the ICHP VisaScreen® certificate. There are many steps (see Table 3 on page 7). 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/ICHP 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 VisaScreen® assessment, please contact CGFNS Customer Care by email or by telephone at +1 (215) 222 8454 during the hours listed on our Contact Us page at https://www.cgfns.org/cerpassweb/processContactUs.do. Refer to page 14 for guidelines on communicating with CGFNS. For more information on CGFNS and its services, please visit our website at www.cgfns.org.

Ways to apply

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

If you apply online, you must still mail certain documents to CGFNS/ICHP, for example, copies of secondary school documents.

The other method is to complete and mail the application on page 16 of this handbook.

The CGFNS/ICHP VisaScreen®: Visa Credentials Assessment procedure

The VisaScreen® assessment consists of an educational evaluation, licensure validation, an English language proficiency examination, and, for registered nurses only, an exam of nursing knowledge. Once you successfully complete all elements of the assessment, you receive an ICHP VisaScreen® certificate that can be presented to a consular office or, in the case of status adjustment, to the attorney general as part of a visa application.

Educational evaluation

The educational evaluation ensures that your secondary and post-secondary (tertiary) education meets all applicable statutory and regulatory requirements for the profession that you intend to practice. It also makes sure that the education of applicants who are applying for licenses are comparable to the education of U.S. graduates who are applying for licenses in that same field.

License/Registration/Diploma validation

The license/registration/diploma validation is an evaluation of all licenses that you have been issued. The issuing authority provides validations directly to CGFNS/ICHP to confirm that you have completed all practice requirements and that your license/registration/diploma has not been suspended or revoked.

English language proficiency examination

To satisfy the CGFNS/ICHP VisaScreen® English language proficiency portion of the evaluation, you must take a series of English language proficiency tests approved for your profession. The English language proficiency examination confirms that you demonstrate competency in oral and written English, based on your scores on the examinations that are jointly approved by the U.S. Department of Education and the U.S. Department of Health and Human Services.
To be exempt from the English language proficiency examination

Applicants educated in specific countries where English is both the native language and the language of classroom and textbook instruction (see below) are exempt from having to take an English language proficiency examination. For you to be exempt, you must meet all of the following criteria:

- your country of entry-level education was in United Kingdom (England, Wales, Northern Ireland and Scotland), Australia, Canada (except for Quebec), New Zealand, Ireland or the United States, and
- the language of textbooks and verbal instruction of your education was English.

Exemption is not automatic because you meet all the criteria, CGFNS/ICHP must review your educational documents to determine exemption. If CGFNS/ICHP determines you are not exempt, you will receive a letter.

If you are not exempt from the English language proficiency examination

Applicants not exempt from the English language proficiency examination must have passing results for one of the following groups of English examinations:

- TOEFL® iBT (internet-based test), measuring all four skills of communication: reading, writing, listening, and speaking
- IELTS (International English Language Testing System): Academic format for registered nurses, physician assistants, speech language pathologists, audiologists, clinical laboratory scientists (medical technologists)
- IELTS: General Training format for clinical laboratory technicians (medical technicians) and practical/vocational nurses
- Physical therapists and occupational therapists must take TOEFL® iBT.

U.S. Citizenship and Immigration Services (USCIS) do not allow the combining of scores from different testing services.

All English language proficiency scores are valid for two years from date of exam administration. All exam scores must be forwarded to CGFNS/ICHP by the examining institution. CGFNS/ICHP will not accept scores submitted by you or anyone else.

Table 2: Passing score by profession

<table>
<thead>
<tr>
<th>Health care profession</th>
<th>TOEFL IBT Total</th>
<th>TOEFL IBT Speaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse</td>
<td>83</td>
<td>26</td>
</tr>
<tr>
<td>Practical/vocational nurse</td>
<td>79</td>
<td>26</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>89</td>
<td>26</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>89</td>
<td>26</td>
</tr>
<tr>
<td>Speech language pathologist</td>
<td>83</td>
<td>26</td>
</tr>
<tr>
<td>Audiologist</td>
<td>83</td>
<td>26</td>
</tr>
<tr>
<td>Clinical laboratory scientist (medical technologist)</td>
<td>83</td>
<td>26</td>
</tr>
<tr>
<td>Clinical laboratory technician (medical technician)</td>
<td>79</td>
<td>26</td>
</tr>
<tr>
<td>Physician assistant</td>
<td>83</td>
<td>26</td>
</tr>
</tbody>
</table>

Note: Combining passing test scores from both IELTS and ETS administered tests is not acceptable.
Please request that your scores are sent electronically. With the exception of IELTS, scores are not accepted by mail. If you took the IELTS tests in the last two years, or have applied to take the test, please provide CGFNS/ICHP with the test date, and your IELTS test report form number as soon as possible.

**Which test do I take?**

See Table 2 Passing scores by profession on page 3 for test options and passing scores.

If you are a registered nurse, physician assistant speech language pathologists, audiologist clinical laboratory scientist and have chosen IELTS, you will take the Academic format that includes listening, reading, writing and speaking. Practical nurses and medical laboratory technicians who choose IELTS can take either the IELTS General Training format or Academic format. Physical therapists or occupational therapists cannot choose IELTS, but are required to take the TOEFL® iBT.

If you are taking the TOEFL® exam: When you fill out an ETS application, use the code number 9988 (for CGFNS) to identify your score recipient to ensure that your scores are sent electronically to CGFNS/ICHP.

If you are taking the IELTS exam, indicate that you want your scores sent to CGFNS/ICHP electronically. An institutional code is not required for IELTS.

You may submit your VisaScreen® application before or after registering for the English language proficiency examinations. **Please note:** Exam scores are only valid for two years from date of testing. All scores must be valid at the time that an ICHP VisaScreen® certificate is issued.

<table>
<thead>
<tr>
<th><strong>TOEFL® iBT</strong></th>
<th><strong>IELTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ETS (Educational Testing Service)</td>
<td>IELTS International</td>
</tr>
<tr>
<td>PO Box 6151</td>
<td>Please use IELTS contact us page to direct you to your nearest test center:</td>
</tr>
<tr>
<td>Princeton, NJ 08541-6151 USA</td>
<td><a href="http://www.ielts.org/candidates.aspx">www.ielts.org/candidates.aspx</a></td>
</tr>
<tr>
<td>Telephone: +1 (609) 771 7100 or +1 (877) 863 3546</td>
<td>Website: <a href="http://www.ielts.org">www.ielts.org</a></td>
</tr>
<tr>
<td>8am to 8pm, U.S. Eastern Time</td>
<td></td>
</tr>
<tr>
<td>Fax: +1 (610) 290 8972</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="http://www.ets.org/toefl/contact/contact_form">www.ets.org/toefl/contact/contact_form</a></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.toeflgoanywhere.org">www.toeflgoanywhere.org</a></td>
<td></td>
</tr>
</tbody>
</table>

**Contacting the English language examining institutions**

ICHP does not make appointments for you to take the English language proficiency examinations. Please contact ETS or IELTS directly to obtain information about applying for examinations.

**Registered nurses only: an exam of nursing knowledge**

As part of the VisaScreen® assessment, registered nurses applying for occupational visas must have a passing score on either the CGFNS Qualifying Exam® or the U.S. registered nurse licensure examination (NCLEX-RN®) to provide evidence of their nursing knowledge.

**What is the CGFNS Qualifying Exam®?**

The CGFNS Qualifying Exam® is an Internet-based test that assesses your nursing knowledge in the four basic areas of nursing: psychiatric/mental health nursing, nursing of children, maternal/infant nursing and adult health nursing. The exam is required for CGFNS’s Certification Program and satisfies the nursing exam component for the VisaScreen®: Visa Credentials Assessment. A passing score on the CGFNS Qualifying Exam® will also meet the nursing knowledge exam component of Section 343.


**What is the NCLEX-RN® examination?**

The NCLEX-RN® is the national licensure exam for registered nurses in the United States. All registered nurses must pass this examination in order to become a registered nurse in the United States. To take the NCLEX-RN® exam, nurses must apply directly through the U.S. state board of nursing where they wish to become licensed, because licensure requirements differ from state to state. To enable you to confirm current examination, registration and any other practice requirements, the National Council of State Boards of Nursing website, [http://www.ncsbn.org](http://www.ncsbn.org), provides a list of all state boards of nursing and licensing jurisdictions with relevant contact information.

Nurses who passed the NCLEX-RN® must send a Request for Validation of License/Registration/Diploma form to the state board of nursing where they passed the NCLEX-RN®. The board of nursing confirm your examination information and return the form directly to ICHP as part of your VisaScreen® application.
Occupational visa categories

Permanent visa
Also known as a green card. The term “green card” is known all over the world; however, it is not an official name. The official name is Alien Registration Receipt Card. Many people believe, mistakenly, that green cards are work permits. Although that is one of its features, identifying the holder as a permanent resident of the United States is its main function. A green card holder is required to make the United States their permanent home and, if they do not, they risk losing the card.

Temporary visa
Health care professionals born outside of the United States can be admitted to the United States under a variety of visa categories such as H-1B (specialty occupations), Trade NAFTA (TN status include Mexican and Canadian health care workers), and H-1c.

Health care professionals born outside of the United States also can be admitted through permanent immigration channels, such as family or employment-based sponsorship, as well as under humanitarian protection (e.g., refugees and asylum seekers).

For more information about visas, go to http://www.uscis.gov/portal/site/uscis

Section 212(r) Certified Statement is an alternative process to the ICHP VisaScreen® certificate

Section 212(r) Certified Statement
Section 212(r) of the IIRIRA authorizes CGFNS to issue Certified Statements to nurses born outside the United States seeking an occupational visa for entry in to the United States who meet the following 212(r) requirements:

1. The registered nurse must have been educated in one of the listed exempt countries: United Kingdom (England, Wales, Northern Ireland and Scotland), Australia, Canada (Quebec approved schools include: McGill University and Dawson College in Montreal, Vanier College in St. Laurent, John Abbott College in Sainte Anne de Bellevue, and Heritage College in Gatineau), South Africa, New Zealand, Ireland, Trinidad/Tobago, Jamaica, Barbados or the United States. To verify the graduation from an approved school of nursing other than in the United States, we require that the school send a verification of graduation, stating that the language in which you were instructed and the textbooks were in English. The verification of graduation must carry the official school seal and signatures. We do not require full academic records/transcripts.

2. The registered nurse must have passed NCLEX-RN® and be currently licensed/registered to practice in one of the following five states: Florida, Georgia, New York, Illinois or Michigan. CGFNS must receive a Request for Validation of License/Diploma form from one of those states.

3. The nursing school must be on the list that CGFNS/ICHP established in 1999 after its review of the education in the above countries. Any school founded after November 1999 must be reviewed by CGFNS/ICHP to be added to the list.

Streamlined process
The the IIRIRA also authorizes CGFNS/ICHP to perform a streamlined process for applicants born outside of the United States who received their entry-level post-secondary (tertiary) education in the United States. A health care worker in this situation is exempt from the educational evaluation and English language proficiency examination. CGFNS/ICHP will require that the school send a verification of graduation with appropriate signatures and the official school seal affixed. Registered nurses, occupational therapists, physical therapists, speech language pathologists and audiologists qualify if their U.S. education program was accredited by the following:

- **Registered nurses**: A nurse who graduated from an entry-level program accredited by the National League for Nursing Accreditation Commission or the Commission on Collegiate Nursing Education, or a nurse educated outside the United States who then completes an Associate Degree, Bachelor of Science in Nursing degree, or combined Bachelor of Science/Master of Science Degree from an accredited U.S. nursing program. The verification of graduation must be signed by the registrar or authorized school official and carry the official school seal.

- **Occupational therapists**: An occupational therapist who graduated from a program accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association.

- **Physical therapists**: A physical therapist who graduated from a program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

- **Speech language pathologists and audiologists**: A speech language pathologist and/or audiologist who graduated from a program accredited by the Council on Academic Accreditation in Audiology and Speech Language Pathology of the American Speech-Language-Hearing Association.
**Expedited Review Service**

CGFNS International offers a five-day VisaScreen® Expedited Review Service to all VisaScreen® and VisaScreen® renewal applicants. To be eligible, all VisaScreen® requirements must be met and all documents must be received. View availability and apply online through CGFNS Connect at [https://www.cgfns.org/cerpassweb/login.jsp](https://www.cgfns.org/cerpassweb/login.jsp). There is a non-refundable $500 fee for the VisaScreen® Expedited Review Service.

The VisaScreen® Expedited Review Service has limited availability but additional spaces are open for applicants that:

- have a Request for Evidence
- have an offer for employment
- have a pending expiration of a visa or licensing application
- are transitioning from a student visa to an employment visa

Applicants that meet one of these requirements, and need additional assistance, should call the CGFNS Customer Care Center during the operating hours listed on the Contact Us page at [https://www.cgfns.org/cerpassweb/processContactUs.do](https://www.cgfns.org/cerpassweb/processContactUs.do).

**VisaScreen® certificate eligibility**

When your file is complete, it will be reviewed by CGFNS Global Assessment and Professional Services. If it is determined that more information is needed, or documents are incomplete or inaccurate, we will contact you, the school or licensing authority in writing to request the specific information. After all the required documents and fees are received, processed and reviewed, we determine whether you meet all of the requirements set forth in Section 343 of the IIRIRA and whether you are eligible for the ICHP VisaScreen® certificate.

If you meet the requirements of the VisaScreen® assessment for your profession, CGFNS/ICHP will approve you and a certificate will be issued that will be valid for five years. Once processed, the original certificate will be sent via trackable mail to the mailing address that is in your file at the time, which could be to your authorized agent.

If your file is incomplete, or in cases where you do not meet the requirements for your profession, you will receive correspondence detailing the outstanding requirements and the steps that you need to take to complete them to earn the ICHP VisaScreen® certificate.

**Revocation of certificates and statements**

**Grounds for revocation**

We may revoke an ICHP VisaScreen® certificate or 212(r) Certified Statement, whether or not the certificate or statement has expired. Revocation may happen if it is discovered that:

1. **The applicant is not eligible.** CGFNS may revoke an ICHP VisaScreen® certificate or 212(r) Certified Statement upon learning that the certificate or statement holder is not eligible or has become not eligible. If you were not eligible when your certificate or statement was issued, but later became eligible, CGFNS has the option (assuming you did not engage in fraud or other improper actions) of revoking your certificate or statement altogether or reissuing the certificate or statement as of the current date, or the date you became eligible; and/or

2. **The applicant has committed fraud or misrepresentation.** This includes, but is not limited to:
   - using an impostor to take one or more of the examinations or
   - submitting false or erroneous information or documents or pictures, in any form, by you or by others on your behalf, if that information or documents was, or could have been, relevant to the issuance of a certificate or statement, and if CGFNS determines that the submission of that material was not an unwitting or innocent mistake or
   - deliberately omitting information which, if known, would render you not eligible for a certificate or statement.

Fraud and misrepresentation take many forms, and this note does not try to describe them all. Any effort by you or by person on an your behalf to deceive or defraud CGFNS/ICHP into issuing a certificate or statement is grounds for revocation of that certificate or statement; and/or

3. **The applicant has committed actions that compromise the integrity of the certification process.** This includes fraud or misrepresentation as defined above, and/or attempts to compromise the tests or examinations that are required for certification, and/or to compromise the people who give the tests or examinations, for your benefit or the benefit of other applicants (e.g., trying to memorize or obtain test questions in advance for a test that is not freely available to the public).

When a certificate it revoked, CGFNS informs appropriate authorities and organizations.
**Revocation procedure**
If CGFNS revokes your certificate or statement, we notify you by mail or email. CGFNS makes a good-faith effort to contact applicants to make them aware that their certificate may be revoked. Notification occurs at least 20 days before the revocation is considered, which gives the applicant a reasonable period to present information relevant to that decision. The applicant/holder may choose to present this information electronically, by mail or in person.

If you object to the decision, he/she may submit a written appeal to the CGFNS chief executive officer. There is a charge of $100 for submitting this written appeal.

If new evidence relevant to the revocation arises after the decision to revoke has been made, you may submit the new evidence to the original decision-making panel with a request that they review the evidence and reconsider the original decision to revoke.

**The application process**

The most convenient way to apply is online at [https://www.cgfns.org/cherpassweb/intro.jsp](https://www.cgfns.org/cherpassweb/intro.jsp). Completing the application online will give you the advantage of expediting the process. You can find the application form on page 16 of this handbook.

**Table 3: Overview of the process for the VisaScreen®: Visa Credentials Assessment**

<table>
<thead>
<tr>
<th>ACTIONS YOU TAKE</th>
<th>ACTIONS CGFNS/ICHP TAKES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Register to create your online account. Go to <a href="https://www.cgfns.org/cherpassweb/register.jsp">https://www.cgfns.org/cherpassweb/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><strong>2</strong> Apply online or complete the VisaScreen®: Visa Credentials Assessment application form in the back of this handbook and mail with other requested documents and full payment to CGFNS.</td>
<td>After receiving all required documents from you, your schools and your licensing authorities, we review them. We will notify you if required information or documents for your application are missing. Check your online account at <a href="https://www.cgfns.org/cherpassweb/login.jsp">https://www.cgfns.org/cherpassweb/login.jsp</a> to view the status of your application.</td>
</tr>
<tr>
<td><strong>3a</strong> Prepare and send a Request for Academic Records/Transcripts form to each post-secondary (tertiary) health care school that you attended.</td>
<td>We review the results for passing score. If you passed, move on to step 5. If you did not pass, register and take the exam again.</td>
</tr>
<tr>
<td><strong>3b</strong> Prepare and send a Request for Validation of License/Registration/Diploma form to each licensing authority that has issued you a license/registration/diploma or certification as a professional in your health care field, including the U.S. state board of nursing where you passed the NCLEX-RN® or SBTPE (if applicable).</td>
<td>ICHP notifies you about insufficient or lacking documents or issues you an ICHP VisaScreen® certificate.</td>
</tr>
<tr>
<td><strong>4</strong> Register for and take the required English language proficiency exams. See <a href="http://www.cgfns.org/sections/programs/vs/vs-english.shtml">http://www.cgfns.org/sections/programs/vs/vs-english.shtml</a> for information. Request that the testing organization send CGFNS your scores.</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> You, your schools and licensing authorities have responded to any correspondence from CGFNS regarding missing information or documents, you have passed the English exam and successfully completed the credentials evaluation.</td>
<td></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 at that time will remain your permanent CGFNS ID number.*
How to complete the *VisaScreen*® application forms

A review of your credentials will not take place until ICHP receives a completed and signed application form, full payment and the appropriate documentation from your schools and licensing authorities.

There will be a delay if you do not follow the instructions. If you fail to sign and date your application, you may be asked to submit an entirely new application form.

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

**Item 1: *VisaScreen*® preliminary information**

1a. If you have ever applied for any CGFNS services, please check/tick the “Yes” box. If this is your first time applying to CGFNS/ICHP, please check/tick the “No” box.

1b. If you check/tick the “Yes” box in item 1a, please print or type your CGFNS ID number in the space provided.

1c. Please print or type the name of the state or states where you intend to practice.

1d. Please print or type the number of years you have practiced in your home country and the practice specialty/location.

**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/cerpassweb/intro.jsp](https://www.cgfns.org/cerpassweb/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 16).

**Item 4: Your birth date**

Please print or type, using letters for the month and numbers for the day and year of your birth.

**Item 5: Your gender**

Please check/tick whether you are male or female.

**Item 6: Your U.S. Social Security Number**

The U.S. Social Security Number is an identification number issued by the U.S. Government. If you have one, please print or type it in the spaces provided (see page 16). Otherwise, leave blank.

**Item 7: Your marital status**

Please check/tick your marital status (see page 16).

**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](https://www.cgfns.org/cerpassweb/intro.jsp). (see pages 16–17).

**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 17).
**Item 10: 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 18).

**Item 11: Health care profession**
Please check/tick the box next to the title of the health care profession for which you are making this application (see page 17).

**Item 12: Your occupational visa information**
Please check/tick the box next to the type of U.S. occupational visa that you desire to obtain from the U.S. Government. If the visa category is not listed, please check/tick the “Other” box and print or type the visa type (see page 17).

**Item 13: VisaScreen® category**
Please check/tick in the box next to the category for which you are applying. If you qualify for a 212(r) Certified Statement, please check/tick that box. If you qualify for the alternative or the streamlined process, please check/tick the VisaScreen® box.

**Item 14: Your education**
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 (see page 18).

Please print or type the following information in the tables provided:
- 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 the English alphabet

Please check/tick whether your education resulted in a degree. Explain any gaps in your educational history on a separate sheet.

Please send a Request for Academic Records/Transcripts form to each post-secondary (tertiary) school listed, requesting they complete their section and send directly to ICHP. ICHP can only accept the academic records/transcripts directly from the authorized school or authorized issuing body, not from you or a third party.

**Secondary school diploma/certificate**
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 the 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 ICHP, 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 ICHP certifying the grades earned on the examinations.
  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 ICHP a letter advising of that closing.

Specific health care requirements

Registered nurses need to meet all of the educational requirements of a registered nurse. CGFNS/ICHP requires evidence that you have:

- successfully completed a secondary school education
- graduated from a government-approved, general nursing program that was at least two years or longer and
- received a minimum number of theoretical instruction hours and clinical practice hours in each of the following:
  - Nursing care of the adult (which includes medical and surgical nursing)
  - Maternal/Infant nursing (excluding gynecology)
  - Nursing care of children (pediatrics)
  - Psychiatric/Mental health nursing (excluding neurology)

Physical therapists need to submit with their application a self-reported summary of their supervised educational clinical experiences that should include the following:

- dates of each supervised clinical experience and the number of hours/weeks of each
- type of facility where each supervised clinical experience took place (in-patient, out-patient, other)
- overall focus of each supervised clinical experience (for example, orthopedics, pediatrics, geriatrics, medical-surgical) and
- approximate number of patients cared for during supervised clinical experiences in each of the following age ranges: 0–18, 19–55 and 56 and over.

Occupational therapists need to request that their post-secondary (tertiary) school submit the following, sent directly to ICHP:

- details of their supervised clinical fieldwork including the name and credentials of the occupational therapy fieldwork supervisor and
- the number of hours/weeks of each experience and the client types treated

Clinical laboratory scientists and clinical laboratory technicians need to request that their post-secondary (tertiary) school submit the following, sent directly to ICHP:

- details of their clinical laboratory practice hours in the following areas: clinical chemistry, hematology, hemostasis, urine and body fluid analysis, specimen collection and handling, parasitology, mycology, microbiology, virology, immunohematology and immunology.

Speech language pathologists need to request that their post-secondary (tertiary) school submit the following, sent directly to ICHP:

- details of their clinical observation and clinical practice hours for the evaluation and treatment of speech disorders in children and adults, the evaluation and treatment of language disorders in children and adults, prevention of communication disorders, and audiology.

Audiologists need to request that their post-secondary (tertiary) school submit the following, sent directly to ICHP:

- details of their clinical observation hours, clinical practice hours and total supervised hours for the evaluation of hearing in children and adults, treatment of hearing disorders in children and adults, selection and use of amplification and assistive devices for children and adults.

Item 15: License/Registration/Diploma

Please print or type information requested on page 19 of the application regarding all of your licenses/registrations/diplomas, past and present, even if they are expired. Forward a Request for Validation of License/Registration/Diploma form to each licensing authority where you have ever been licensed, whether current, expired, active or inactive. Please complete the top section of the form. The bottom section needs to be completed by the licensing authority, and sent to ICHP directly.

If your diploma authorizes the right to practice in that same country, please forward a Request for Validation of License/Registration/Diploma to the authority that issued your diploma (e.g., school, Ministry of Health) and request that the completed form be mailed to ICHP. The authority that issued your diploma needs to send a photocopy of your diploma to us. This is necessary to verify that the diploma has not been suspended or revoked, nor any action has been issued against the diploma.

Please note: The Request for Validation of License/Registration/Diploma form must be sent to ICHP directly from the licensing authority. ICHP will only accept this document directly from the licensing authority, not mailed by you or a third party on your behalf.
Item 16: For registered nurses only: exams of nursing knowledge
Registered nurses must pass either the CGFNS Qualifying Exam® or the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or its predecessor, the State Board Test Pool Exam (SBTPE). Please check/tick the appropriate answers to the questions and then print or type the date and location where you passed, if you passed, the NCLEX® or SBTPE (see page 20). Please refer to page 4 for more information regarding nursing examinations.

Item 17: English language proficiency
Please print or type the information requested regarding your examinations (see page 20). Please spell the month, but use numbers for the day and year of your examination, and the registration or appointment number for each. Please refer to the information starting on page 2 regarding the English language proficiency examination.

Item 18: Fees and payment information
Item 18 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 20).

Item 19: Terms and Conditions
Item 19 is a summary of the Terms and Conditions regarding the VisaScreen®: Visa Credentials Assessment program (see page 21).

Item 20: Attestation
The attestation in Item 20 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 ICHP for any purpose have not been falsified, altered or tampered with. CGFNS/ICHP and others will rely on your application and documents, so if any documents submitted are falsified, altered or tampered with, if you alter an ICHP VisaScreen® certificate or a CGFNS report or misrepresent a copy as an original, CGFNS may take appropriate legal action, including barring you or from participation in any CGFNS programs. The consequences could adversely affect your professional license, immigration status, employment and other matters (see page 21).

Signature
Sign the application form with the same name you indicated in Item 2 of this application. You will be required to use the same signature each time you correspond with ICHP or if you are asked for your signature. The resulting VisaScreen® certificate will be issued using the name provided on your application. The application form does not need to be notarized.

Other CGFNS services
- Forwarding academic records/transcripts – This is a request for CGFNS to only send copies of your official academic records/transcripts to a licensing board or educational institution.
- Forwarding academic records/transcripts and license/registration/diplomas/certification – This is a request for CGFNS to only send copies of both your official academic records/transcripts and your official professional license/registration/diploma validations to a licensing board or educational institution.
- Document translation – This is to request that CGFNS have your required documents translated into English.
- VisaScreen® replacement certificate (limit 1) – If your certificate is lost.
- Application for renewal certificate – This application is for those whose VisaScreen® certificate has expired. It is valid for another five years.
- Verification of certificate letter – This letter verifies that a VisaScreen® certificate was issued.

Fees for other services can be found at http://www.cgfns.org/sections/apply/fees.shtml.

If your application expires
If your initial application expires, you may qualify for a reprocess application. You are given 12 months to meet the requirements of the initial application order, after which it expires. If an initial application that has been paid in full expires, you have up to 12 months to apply for a reprocess (another 12 months on that application) and fully pay the reprocess fee listed in the fees table at http://www.cgfns.org/sections/apply/fees.shtml. If you have NOT paid in full, or if fees paid were applied to previous services, and the initial application order expires, you do not qualify for the reprocess, but must submit a new application and pay the full fee to have 12 months to process the application and complete all the requirements. The subsequent 12 months begins when we receive the application.
Completing the forms

The Request for Validation of License/Registration/Diploma form
You must request validations for your current and initial registrations/licenses obtained outside the United States. To do this, use the Request for Validation of License/Registration/Diploma included on page 23 in this handbook. Complete the requested information in the applicant’s section at the top of the form before sending it to each licensing authority that issued your license/registration/diploma/certification. The section at the bottom titled “FOR LICENSING AUTHORITY TO COMPLETE” is to be completed by them. If you have a diploma that authorized you to practice in your country, send this form to the institution that issued your diploma (for example, your school or the Ministry of Health) and request that an official copy of the diploma in the original language be sent to CGFNS. If CGFNS receive documents that are not in English without an English translation attached, we can have them translated for the fee listed on the fees page at http://www.cgfns.org/sections/apply/fees.shtml, at your request.

Please note: If validation of any of your licenses/registrations/diplomas was previously mailed to CGFNS for another program with an issue date of three or more years ago, it needs to be validated again. Further information may be required after your licenses/registrations/diplomas are reviewed.

The Request for Validation of License/Registration/Diploma form and corresponding documents must be sent to ICHP directly from the licensing authority (see Table 3, page 7 and Item 15 above for instructions). It is a good idea to track the forms by contacting each authority within a reasonable time after you send the forms to them.

The Request for Academic Records/Transcripts forms by profession
To supply CGFNS with the necessary information about your education, you will need to send one copy of the Request for Academic Records/Transcripts form to each health care post-secondary (tertiary) school that you attended outside the United States and request they send us your academic records/transcripts. Starting on page 23, there are Request for Academic Records/Transcripts forms for each of the health care occupations. Complete the requested information in the applicant’s section before sending it to each school that you attended.

Please note: Enclose any payment that your schools may require (including translation costs).

ICHP will not process the forms unless received directly from the school. If you receive them and forward them to us, they will not be accepted, even if unopened.

If your academic records/transcripts are not in English, you must have the school provide a certified translation. CGFNS is able to provide translation for a fee (see http://www.cgfns.org/sections/apply/fees.shtml). An incomplete Request for Academic Records/Transcripts form will result in delays in processing your application.

The CGFNS Photo Identification Form
On page 33 is the CGFNS Photo Identification Form. The photo is to be applied to your certificate. Please print or type all requested information and, according to the instructions at the top, securely affix a passport-size photograph. The photograph must be current, legible and signed on the front. Whether you are applying online or mailing this application, please submit this form by postal mail.

The Authorization to Release Information form
This form is available on the website at http://www.cgfns.org/sections/apply/forms.shtml and page 34 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.
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 (pages 16–21).
☑ included documentation of your secondary school education or external exam certificate, with literal English translations, including a Certificate of Accuracy (see page 9).
☑ checked that every document is either in English or has a literal English translation attached that includes the Certificate of Accuracy, signed by the translator (see page 9).
☑ completed the enclosed Request for Academic Records/Transcripts form and sent them to the appropriate schools (see pages 12 and 23–32).
☑ completed the enclosed Request for Validation of License/Registration/Diploma form and sent them to the appropriate licensing authorities (see pages 12 and 22).
☑ the signed CGFNS Photo Identification Form (on page 34) with your photo attached (see page 12).
☑ signed the Authorization to Release Information form, if you would like CGFNS to communicate with someone other than yourself (see page 35).
☑ included full payment through a bank check, an international money order (drawn on a United States bank in United States dollars) made payable to CGFNS or credit card payment (Visa, MasterCard or Discover), with the completed Credit Card Payment form (on page 35). DO NOT SEND CASH (see page 21, Item 18).
☑ For registered nurses only: Documentation verifying successful completion of the NCLEX-RN® (or State Board Test Pool Exam) directly from the relevant state board of nursing (if applicable) or evidence of CGFNS certification (see pages 12 for instructions and page 23 for the form).
☑ For physical therapists only: Self-reported clinical summary of your supervised clinical experience completed during your post-secondary (tertiary) training (see page 12 for instructions and page 25 for the form).
☑ For occupational therapists only: a report directly from your school on the nature and depth of your occupational therapy fieldwork, including your supervisor’s name and credentials (see page 12 for instructions and page 27 for the form).
☑ For clinical laboratory scientists and clinical laboratory technicians only: a report directly from your school with details of your clinical laboratory practice hours in the following areas: clinical chemistry, hematology, hemostasis, urine and body fluid analysis, specimen collection and handling, parasitology, mycology, microbiology, virology, immunohematology and immunology (see page 12 for instructions and page 29 for the form).
☑ For speech language pathologists: a report directly from your school with details of your clinical observation and clinical practice hours for the evaluation and treatment of speech disorders in children and adults, the evaluation and treatment of language disorders in children and adults, prevention of communication disorders, and audiology (see page 12 for instructions and page 31 for the form).
☑ For audiologists: a report directly from your school with details of your clinical observation hours, clinical practice hours and total supervised hours for the evaluation of hearing in children and adults, treatment of hearing disorders in children and adults, selection and use of amplification and assistive devices for children and adults (see page 12 for instructions and page 31 for the form).
☑ completed and signed this VisaScreen®: Visa Credentials Assessment Application (see page 21).

THESE THINGS HAVE TO BE SUBMITTED DIRECTLY FROM OTHER AUTHORITIES TO CGFNS:

☑ English language proficiency scores from ETS or IELTS (see page 2).
☑ Completed Request for License/Registration/Diploma forms, that you sent to them, and corresponding documents directly sent from all licensing authorities (see pages 12 and 22).
☑ Completed Request for Academic Records/Transcripts forms and corresponding records, that you sent to them, from each post-secondary health care school you attended (see pages 12 and 23–32).
☑ Certified translation of any documents not in English.

Please note: 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. Applications remain open for 12 months.
Falsified or altered documents
If CGFNS/ICHP 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/ICHP 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 this application
After completing, signing and dating your application form, send it to CGFNS International, along with all the documents ICHP requested directly from you and all required fees. Send your application documents to:

CGFNS/ICHP VisaScreen®: Visa Credentials Assessment
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA

Please note: CGFNS does not return any of the documents that are part of your complete application. Send legible photocopies, not originals, of the documents ICHP requests from you. See page 14 for the VisaScreen® application checklist.

Guidelines for communicating with CGFNS/ICHP
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 form on our website at https://www.cgfns.org/cherpassweb/processContactUs.do. We offer the following guidelines to make this communication easier (see Table 5 on page 15 for additional information).

CGFNS Connect
You can apply for CGFNS’s services online through CGFNS Connect 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), 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 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. 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/ICHP of any change in your contact information, especially in the event of a disaster in your country.

### Table 4: Reasons for communication

<table>
<thead>
<tr>
<th>REASONS</th>
<th>WHO CAN INITIATE REQUEST?</th>
<th>COMMUNICATION CHANNELS</th>
<th>SPECIAL TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>You want to confirm that CGFNS received your application and/or documents</td>
<td>Only you or your authorized agent</td>
<td>Email CGFNS using the Contact Us form on the CGFNS 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 or have your full name, CGFNS ID number and birth date available</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 CGFNS through the Contact Us form on the CGFNS website at <a href="https://www.cgfns.org/cerpassweb/processContactUs.do">https://www.cgfns.org/cerpassweb/processContactUs.do</a>, write, telephone or make changes online at <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a> through CGFNS Connect</td>
<td>Include or have your CGFNS ID number and birth date available</td>
</tr>
<tr>
<td>You need to notify CGFNS of your address change</td>
<td>Only you or your authorized agent</td>
<td>Email through the Contact Us form on the CGFNS website at <a href="https://www.cgfns.org/cerpassweb/processContactUs.do">https://www.cgfns.org/cerpassweb/processContactUs.do</a>, write or make changes online at <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a> through CGFNS Connect</td>
<td>Include your full name, CGFNS ID number, birth date and new address details</td>
</tr>
<tr>
<td>You want to order a study aid or other item</td>
<td>Anyone</td>
<td>Order online at <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
<td>Provide the name and delivery address of the study aids and pay the appropriate fee</td>
</tr>
<tr>
<td>You want CGFNS to send verification of your certificate status</td>
<td>Only you or your authorized agent</td>
<td>Mail a request or place an order online through CGFNS Connect at <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
<td>State the request, to whom the letter should be sent, your CGFNS ID number, birth date, signature and mail the appropriate fee or pay online at CGFNS Connect <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
</tr>
<tr>
<td>You want CGFNS to mail a copy of your education information to a school or licensing board</td>
<td>Only you or your authorized agent</td>
<td>Mail a request or place an order online through CGFNS Connect at <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
<td>State the request, to whom the letter should be sent, your CGFNS ID number, birth date, signature and mail the appropriate fee or pay online at CGFNS Connect <a href="https://www.cgfns.org/cerpassweb/intro.jsp">https://www.cgfns.org/cerpassweb/intro.jsp</a></td>
</tr>
<tr>
<td>You wish to report a legal name change</td>
<td>Only you</td>
<td>Write to CGFNS including legal name change documentation at Suite 400, 3600 Market Street, Philadelphia, PA 19104-2651 USA</td>
<td>Request should include signature, CGFNS ID number and birth date</td>
</tr>
</tbody>
</table>
VisaScreen® Application Handbook

Provide all information requested below. Note that inaccuracies will delay the processing of your application. Enter responses legibly. Submit original copy. Retain a copy for your files. See instructions on pages 8–11.

1 VisaScreen® preliminary information
   a. Have you ever applied to take the CGFNS Qualifying Exam® or for any CGFNS/ICHP services? □ Yes □ No
   b. If you have a CGFNS ID number, enter it here
   c. If you have an ICD file number, enter it here
   d. I worked in as a for years

2 Your name
   Please print or type your name as you would like it to appear on the VisaScreen® certificate. Please print or type only one letter in each box.
   First (given) and middle names (leave a space between names)
   Last (family/surname) names (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 Your gender
   □ Female □ Male

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

7 Your marital status
   □ Married □ Divorced □ Widowed □ Single (never married)

8a Your mailing address (Note: You are responsible for notifying CGFNS if your address changes)
   Print or type the address where CGFNS/ICHP will mail all your correspondence.
   Street
   Street
   City
   State/Province
   Post/Zip code
   Country
8b Your residential address (Note: You are responsible for notifying CGFNS if your address changes)

Indicate the address where you reside

Street
Street
City
State/Province
Country
Post/Zip code

9 Your details

Telephone (include country code and area code) Mobile phone (include country code and area code) Fax (include country code and area code)

Email (required)

May CGFNS/ICHP contact you to discuss your transition to practicing in the United States? Yes No
May CGFNS/ICHP send you text messages? Yes No
What is your preferred method of communication from CGFNS? Postal mail Email

10 Your citizenship

See page 9 for instructions.

Birth country
Birth state/province
Native language
Country where you hold current citizenship

11 Your health care profession (list only one)

Please print or type the title of the health care profession for which you are being assessed. See page 1 for explanation and page 9 for instructions.

- Audiolist
- Clinical laboratory scientist (medical technologist)
- Clinical laboratory technician (medical technician)
- Practical nurse / Licensed vocational nurse
- Occupational therapist
- Physical therapist
- Physician’s assistant
- Registered nurse
- Speech language pathologist

12 Your occupational visa information

Indicate which U.S. visa you plan to obtain from the U.S. government. See page 5 for explanation, page 9 for instructions.

- H–1B
- H–1C
- TN (Status)
- Permanent (Green card)
- Other

13 VisaScreen® category

Please check/tick which VisaScreen® category you are applying for. See page 9 for instructions.

- ICHP VisaScreen® certificate
- 212(r) Certified Statement

Please note: A VisaScreen® renewal certificate is valid for five years after expiration date of current VisaScreen® certificate. You need to begin the renewal process six months before your current VisaScreen® certificate expires.
Your education *(Please note: Inaccuracies in this section will result in delay of the processing of your application) (see page 9–10 instructions)*

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</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Secondary education (or equivalent)

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. External exam results and completion date verification must be submitted directly to CGFNS by the examining agency or school.

<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</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2 CONTACT</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Complete all information requested for your health care post-secondary (tertiary) schools. Complete the top section of the Request for Academic Records/Transcripts form and send it to each of your schools to complete. The school is requested to send to CGFNS directly your academic records/transcripts and the completed form. Audiologists, clinical laboratory scientists (medical technologists), clinical laboratory technicians (medical technicians), practical nurses, licensed vocational nurses, occupational therapists, physical therapists, physician’s assistants, registered nurses and speech language pathologists refer to the Specific health care requirements on page 11.

<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</th>
<th>Name of diploma or certificate in its original language (please use English alphabet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 CONTACT</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3 CONTACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15 License/Registration/Diploma

See page 10, Item 15, for instructions to complete this section.

- I was never licensed/registered outside the United States. □ Yes □ No
  If “yes”, please attach a separate sheet with an explanation

- Have any of your registrations/licenses/certification ever been revoked, suspended or restricted for any reason? □ Yes □ No
  If “yes”, please attach a separate sheet with an explanation

- Does the country where you were educated require licensure for your profession? □ Yes □ No
  If “yes”, please attach a separate sheet with an explanation

- Have you ever been licensed/registered in the country where you were educated? □ Yes □ No
  If “no”, please explain

- If yes, please indicate the title of your license/registration/diploma/certification
  and the registration number

- If the country where you were educated does not issue a license/registration/diploma/certification, does your diploma/certificate give you the right to practice? □ Yes □ No

- Are you licensed/registered in the United States? □ Yes □ No
  If yes, are you licensed/registered with a state or national licensing authority? □ State □ National
  Please name the states where you are licensed/registered

  and the registration numbers

- Please name the national licensing authority which licensed/registered you

- Are you licensed/registered in Canada? □ Yes □ No
  If yes, are you licensed/registered with a provincial or national licensing authority? □ Provincial □ National
  Please name the provinces where you are licensed/registered
  Please name the national licensing authority by which you are licensed/registered

- If licensed/registered in India or Australia, please list the states, territory(ies) or provinces
  and the registration numbers

- In which other countries do you currently hold, or have ever held, a license/registration/diploma/certification?
  and the registration numbers
16 For registered nurses only: exams of nursing knowledge

See page 11, Item 16, for instructions.

a. Have you ever taken the CGFNS Qualifying Exam®, the State Board Test Pool Examination (SBTPE), or the National Council Licensure Examination for Registered Nurses or Practical Nurses (NCLEX-RN® or NCLEX-PN®)? □ Yes □ No

If yes, which? □ CGFNS Qualifying Exam® □ SBTPE □ NCLEX-RN® □ NCLEX-PN®

b. Have you ever passed any of the above exams? □ Yes □ No

If yes, which? □ CGFNS Qualifying Exam® □ SBTPE □ NCLEX-RN® □ NCLEX-PN®

c. If you passed either SBTPE or NCLEX-RN®, please print or type the date and location where you passed the examination

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>State/Province</th>
<th>Country</th>
</tr>
</thead>
</table>

Did passing of this exam lead to you obtaining a license being in the same state/province and country? □ Yes □ No

17 English language proficiency exam

Please refer to page 11, Item 17, for instruction on completing this section, and page 2–4 for information regarding the English language proficiency exam. Please note: you may submit your VisaScreen® application prior to registering for the English language proficiency examinations.

ETS administration dates

<table>
<thead>
<tr>
<th>TOEFL® IBT test date: Month</th>
<th>Day</th>
<th>Year</th>
<th>Registration / Appointment number</th>
</tr>
</thead>
</table>

| Spell month | |

IELTS administration dates

<table>
<thead>
<tr>
<th>Test date: Month</th>
<th>Day</th>
<th>Year</th>
<th>Test report form number</th>
</tr>
</thead>
</table>

| Spell month | |

18 Fees and payment information

Fees for CGFNS services are located online at http://www.cgfns.org/sections/apply/fees.shtml and 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 35 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, your certificate and reviewing your credentials.

19 Terms and Conditions of the VisaScreen®: Visa Credentials Assessment

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

- ICHP may choose to evaluate only the documents that it considers relevant to the VisaScreen® application.
- All documents submitted, including academic records/transcripts, become the property of CGFNS and will not be returned to you. Do not send original diplomas, degrees, certificates, registrations or licenses.
- No evaluation is conducted until CGFNS receives a complete application and full payment. Please include payment with your application.
- Fees are subject to change and are found at http://www.cgfns.org/sections/apply/fees.shtml.
- Any payment sent to CGFNS will be applied first to any unpaid balance from previous orders for products or services before it is applied as payment to this application.
- You are given 12 months to meet the requirements of the initial application order, after which it expires. If an initial application that has been paid in full expires, you have up to 12 months to apply for a reprocess (another 12 months on that application) and fully pay the reprocess fee listed in the fees table at http://www.cgfns.org/sections/apply/fees.shtml. If you have NOT paid in full, or if fees paid were applied to previous services, and the initial application order expires, you do not qualify for the reprocess, but must submit a new application and pay the full fee to have 12 months to process the application and complete all the requirements. The subsequent 12 months begins when we receive the application (see page 12, “If your application expires”).
- No refund is given after an application is submitted.
- The ICHP VisaScreen® certificate is valid for five years only when the official CGFNS and ICHP seals are affixed.
- If your application includes any forged, altered or falsified documents or information, CGFNS/ICHP will not issue a VisaScreen® certificate.
20 Attestation

I agree to the Terms and Conditions of the VisaScreen®: Visa Credentials Assessment outlined in Item 19 above.
I certify that all information that CGFNS/ICHP has received as a part of this application now or in the past from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS/ICHP for any purpose have not been falsified, altered or tampered with by any person.
I understand that CGFNS/ICHP and others will rely on this application and on the documents and information submitted, and that if any of the items are falsified, altered or tampered with or if I alter an ICHP VisaScreen® certificate or misrepresent a copy as an original, CGFNS/ICHP may take action against me as it deems appropriate and the consequences could adversely affect my professional license, immigration status, employment and other matters from which I release CGFNS/ICHP from all liability.
I authorize CGFNS/ICHP to disclose the information and documents in this application, the status of any CGFNS certificates, reports or evaluations prepared by CGFNS/ICHP, any other information obtained by CGFNS/ICHP, and the results and reasons for any action taken against me by CGFNS to any person or organization I designate in writing or to any other recipient who CGFNS/ICHP may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.
I understand that CGFNS/ICHP may revoke my ICHP VisaScreen® certificate if it determines that I was not eligible to receive it or that it was otherwise issued in error.

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

Your signature

<table>
<thead>
<tr>
<th>Print your name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sign entire name

Mail the completed application and payment to CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA
Request for Validation of License/Registration/Diploma

FOR APPLICANT TO COMPLETE BEFORE SENDING TO LICENSING OR SCHOOL AUTHORITY

My current name

<table>
<thead>
<tr>
<th>First (given) name</th>
<th>Middle name</th>
<th>Last (family/surname) name</th>
</tr>
</thead>
</table>

My birth date  

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

My CGFNS ID number  

<table>
<thead>
<tr>
<th>(if known)</th>
</tr>
</thead>
</table>

My order number  

<table>
<thead>
<tr>
<th>(if known)</th>
</tr>
</thead>
</table>

License/Registration/Diploma number

Professional title

The license/registration/diploma was issued under the name

<table>
<thead>
<tr>
<th>First (given) name</th>
<th>Middle name</th>
<th>Last (family/surname) name</th>
</tr>
</thead>
</table>

Applicant signature

My current address

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/Province</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Post /Zip code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country</th>
</tr>
</thead>
</table>

Dear Licensing or School Authority:

Please promptly complete this section of the form and attach a copy of the above applicant’s professional license/registration/diploma documents issued in its original language, accompanied by a certified English translation.

1. This is to certify that the license/registration/diploma was first issued on

Applicant name  

<table>
<thead>
<tr>
<th>Specifying legal title</th>
</tr>
</thead>
</table>

The expiration date of this registration/license is

Applicant birth date

2. Ability to practice granted by:

- □ National / Provincial / State examination
- □ Licensure exam date / / Year
- □ Registration
- □ Review of another license (endorsement)
- □ Diploma (NOTE: Please attach a copy of the original language diploma/certificate with literal English translation)
- □ Other

3. Status:

- □ Active / Current
- □ Expired
- □ Inactive
- □ Restricted*  

*Please attach an explanation if the applicant’s registration/license/diploma has ever been revoked, suspended, limited or placed on probation.

4. Name and address of professional school

5. Graduation date / / Year

6. Is this school accredited or government approved?  □ Yes  □ No

By whom? Approval date / Year

7. Is this educational program accredited or government approved?  □ Yes  □ No

By whom?

8. Program type:

- □ Diploma
- □ Baccalaureate degree
- □ Associate degree
- □ Other (specify)

9. Licensing or school authority signature

Licensing or school authority title

State / Province and country

Telephone number (include country code and area code)  
Fax number (include country code and area code)  
Email address  
Web address

Please send this document and any attachments, in English, in an envelope with your seal or stamp over the flap after sealing. Send to: CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA

Revised March 2014. Copyright © 2009–2014 CGFNS International. All rights reserved.
### Request for Academic Records/Transcripts

**FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL**

<table>
<thead>
<tr>
<th>My current name</th>
<th>First (given) name</th>
<th>Middle name</th>
<th>Last (family / surname) name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of school I attended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I attended between the dates of</td>
<td>Month</td>
<td>Year</td>
<td>Month</td>
</tr>
<tr>
<td>My name when I attended this school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My other names</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My CGFNS ID number (if known)</td>
<td>My order number (if known)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant signature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My current mailing address</td>
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<td></td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Telephone number (include country code and area code)</td>
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<tr>
<td>Fax number (include country code and area code)</td>
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<tr>
<td>Email address</td>
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</tbody>
</table>

**FOR SCHOOL TO COMPLETE**

Dear Registrar:
Please complete this section of the form and send it to CGFNS along with the above applicant’s academic records/transcripts listing the courses taken, hours of study and grades earned, accompanied by a certified English translation.

1. **Applicant name**

2. **In what language was the applicant instructed?**

3. **What was the textbook language for the applicant’s program/course of study?**

4. **Program type (e.g., diploma, baccalaureate)**

5. **Attendance dates**

6. **School name**

7. **School address**

![Seal or Stamp]

*Continued on following page*
**Request for Academic Records/Transcripts**

**FOR SCHOOL TO COMPLETE, page 2**

8. School telephone

9. School email address

10. **Is this school accredited or government approved?**  [ ] Yes  [ ] No

   By whom?
   Date accredited or approved ___/___/____

11. Registrar signature

   Date ___/___/____

   Print name ____________________________

   Title ____________________________

In addition to attaching a copy of the academic records/transcripts, please provide specific hours of theoretical instruction and hours of clinical practice for the subject areas listed below. Please **DO NOT** combine subject areas. If they are combined in your curriculum, please estimate the hours of theoretical instruction and hours of clinical practice in each subject area. Both the completed form and educational academic records/transcripts must be sent directly to CGFNS. All documents must be in English.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Theoretical Lab/Ward hours*</th>
<th>Clinical practice hours</th>
<th>Subject</th>
<th>Theoretical instruction hours*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td>Humanities</td>
<td></td>
</tr>
<tr>
<td>Care of the adult — Medical nursing</td>
<td></td>
<td></td>
<td>Art</td>
<td></td>
</tr>
<tr>
<td>Care of the adult — Surgical nursing</td>
<td></td>
<td></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Maternal/Infant nursing (excluding gynecology)</td>
<td></td>
<td></td>
<td>Foreign language</td>
<td></td>
</tr>
<tr>
<td>Gynecology</td>
<td></td>
<td></td>
<td>History</td>
<td></td>
</tr>
<tr>
<td>Nursing care of children</td>
<td></td>
<td></td>
<td>Music</td>
<td></td>
</tr>
<tr>
<td>Psychiatric/Mental health nursing (excluding neurology)</td>
<td></td>
<td></td>
<td>Philosophy</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
<td></td>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Community health/Public nursing</td>
<td></td>
<td></td>
<td>Speech</td>
<td></td>
</tr>
<tr>
<td>Gerontology/Geriatric nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health concepts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term care nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science related to General Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy and Physiology</td>
<td>Theory</td>
<td>Lab</td>
<td>Anthropology</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
<td></td>
<td>Archaeology</td>
<td></td>
</tr>
<tr>
<td>Pharmacology</td>
<td></td>
<td></td>
<td>Economics</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td>Human geography</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
<td></td>
<td>Political science</td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sociology</td>
<td></td>
</tr>
</tbody>
</table>

* Includes classroom education, laboratory and planned clinical conferences (ward teaching) hours. CGFNS must have the breakdown of theoretical instruction hours and applicable clinical practice hours for all of the subjects.

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to: CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA
### Request for Academic Records of Physical Therapists for VisaScreen®

**PART 1: FOR APPLICANT TO COMPLETE**

Dear Applicant:

Please complete this section before sending to your school.

- **My current name is:**
- **My Birth Date is:**
- **I attended:**
- **Between:**
- **The name I used when I attended your school was:**
- **My CGFNS ID# (if known) is:**
- **My Order Number is:**
- **My ICD # (if applicable):**

**Applicant Signature**

**My current address is:**

- **Street Address/Post Of ce Box Number**

- **Street Address - Continued**

- **Street Address - Continued**

- **City**

- **State/Province**

- **Postal Zip Code**

- **Country**

- **Telephone: Include Country Code and/or Area Code**

- **Fax: Country Code and/or Area Code**

- **E-mail Address**

### PART 2: FOR SCHOOL TO COMPLETE

Dear Registrar:

Please complete this section and mail directly to CGFNS along with the applicant’s academic records/transcripts listing the courses taken, hours of study and grades earned, accompanied by a certified English translation.

- **Applicant Name:**

- **What was the language of instruction for this applicant?**

- **Applicant’s Date of Birth:**

- **What was the textbook language for the applicant’s program/course of study?**

- **Type of program (i.e. diploma, baccalaureate):**

- **Dates of Attendance**

- **Course of Study**

- **School Telephone**

- **Did the applicant complete the program?**

- **School Fax**

- **School Web Address**

- **Is your school accredited or government approved?**

- **If yes, by whom?**

- **Date accredited or approved:**

- **Is your educational program accredited or government approved?**

- **If yes, by whom?**

- **Date accredited or approved:**

**I hereby attest that the enclosed Academic Record accurately states the courses taken, hours of study, and grades received for the above-named individual.**

**Signature (Do not Print)**

- **Print Name**

- **Title**

**Date**

**Seal or Stamp Must Cover Signature**
Request for Academic Records/Transcripts

FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL

My current name

First (given) name  Middle name  Last (family / surname) name

Name of school I attended

I attended between the dates of  Month  Year  and  Month  Year  My birth date  Month  Day  Year

My name when I attended this school

First (given) name  Middle name  Last (family / surname) name

My other names

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

Applicant signature

My current mailing address

Address

Address  City

State / Province  Post / Zip code  Country

Telephone number (include country code and area code)  Fax number (include country code and area code)  Email address

FOR SCHOOL TO COMPLETE

Dear Registrar:
Please complete this section of the form and send it to CGFNS along with the above applicant’s academic records/transcripts listing the courses taken, hours of study and grades earned, accompanied by a certified English translation.

1. Applicant name

2. In what language was the applicant instructed?  Applicant’s birth date  Month  Day  Year

3. What was the textbook language for the applicant’s program/course of study?

4. Program type (e.g., diploma, baccalaureate)  Course of study

5. Attendance dates  Month  Year  to  Month  Year  Did applicant complete program?  Yes  No

6. School name

7. School address

Address  City

State / Province  Post / Zip code  Country

Continued on following page
In addition to a copy of the academic records/transcripts, please provide details of the occupational therapist’s supervised clinical fieldwork, including the supervisor’s name and credentials, the hours/weeks of each experience and the client types treated.

<table>
<thead>
<tr>
<th>Clinical fieldwork description</th>
<th>Supervisor name and credentials</th>
<th>Number of hours/weeks</th>
<th>Client types treated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.

8. School telephone

9. School email address

10. Is this school accredited or government approved? □ Yes □ No

   By whom?
   Date accredited or approved __________/______/______

   Is this educational program accredited or government approved? □ Yes □ No

   By whom?
   Date accredited or approved __________/______/______

11. Registrar signature

   By whom?
   Date accredited or approved __________/______/______

   Do not print; sign entire name. School seal or stamp must cover signature.

   Print name
   Title

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to: CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA
## Request for Academic Records/Transcripts

**FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL**

<table>
<thead>
<tr>
<th>My current name</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First (given) name</td>
<td>Middle name</td>
<td>Last (family / surname) name</td>
<td></td>
</tr>
</tbody>
</table>

**Name of school I attended**

<table>
<thead>
<tr>
<th>I attended between the dates of</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>My birth date</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

**My name when I attended this school**

<table>
<thead>
<tr>
<th>First (given) name</th>
<th>Middle name</th>
<th>Last (family / surname) name</th>
</tr>
</thead>
</table>

**My other names**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My CGFNS ID number (if known)</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>My order number (if known)</th>
<th></th>
</tr>
</thead>
</table>

**Applicant signature**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**My current mailing address**

<table>
<thead>
<tr>
<th>Address</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State / Province</th>
<th>Post / Zip code</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number (include country code and area code)</th>
<th>Fax number (include country code and area code)</th>
<th>Email address</th>
</tr>
</thead>
</table>

**FOR SCHOOL TO COMPLETE**

Dear Registrar:

Please complete this section of the form and send it to CGFNS along with the above applicant’s academic records/transcripts listing the courses taken, hours of study and grades earned, accompanied by a certified English translation.

1. **Applicant name**

2. **In what language was the applicant instructed?**

3. **What was the textbook language for the applicant’s program/course of study?**

4. **Program type (e.g., diploma, baccalaureate)**

5. **Attendance dates to Did applicant complete program?**

6. **School name**

7. **School address**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State / Province</th>
<th>Post / Zip code</th>
<th>Country</th>
</tr>
</thead>
</table>

*Continued on following page*
In addition to a copy of the academic records/transcripts, please provide details of the clinical laboratory scientist’s or clinical laboratory technician’s clinical practice hours in the following areas: clinical chemistry, hematology, hemostasis, urine and body fluid analysis, specimen collection and handling, parasitology, mycology, microbiology, immunohematology, and immunology.

<table>
<thead>
<tr>
<th>Scientific area</th>
<th>Practice hours</th>
<th>Scientific area</th>
<th>Practice hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical chemistry</td>
<td></td>
<td>Parasitology</td>
<td></td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
<td>Mycology</td>
<td></td>
</tr>
<tr>
<td>Hemostasis</td>
<td></td>
<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Urine and body fluid analysis</td>
<td></td>
<td>Immunohematology</td>
<td></td>
</tr>
<tr>
<td>Specimen collection and handling</td>
<td></td>
<td>Immunology</td>
<td></td>
</tr>
</tbody>
</table>

I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to: CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA.
Request for Academic Records/Transcripts

FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL

My current name

First (given) name Middle name Last (family / surname) name

Name of school I attended

I attended between the dates of Month / Year and Month / Year

My birth date

Month Day Year

My name when I attended this school

First (given) name Middle name Last (family / surname) name

My other names


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

Applicant signature

My current mailing address

Address

Address City

State / Province Post / Zip code Country

Telephone number (include country code and area code) Fax number (include country code and area code) Email address

FOR SCHOOL TO COMPLETE

Dear Registrar:
Please complete this section of the form and send it to CGFNS along with the above applicant’s academic records/transcripts listing the courses taken, hours of study and grades earned, accompanied by a certified English translation.

1. Applicant name

2. In what language was the applicant instructed? Applicant’s birth date Month / Day / Year

3. What was the textbook language for the applicant’s program/course of study?

4. Program type (e.g., diploma, baccalaureate) Course of study

5. Attendance dates Month / Year to Month / Year Did applicant complete program? Yes No

6. School name

7. School address

Address City

State / Province Post / Zip code Country

Continued on following page
For speech language pathologists: In addition to a copy of the academic records/transcripts, please provide details of your clinical observation and clinical practice hours for the evaluation and treatment of speech disorders in children and in adults, of language disorders in children and in adults, and prevention of communication disorders, and audiology.

<table>
<thead>
<tr>
<th>Hours</th>
<th>Speech disorders in children</th>
<th>Speech disorder in adults</th>
<th>Language disorders in children</th>
<th>Language disorders in adults</th>
<th>Prevention of communication disorders</th>
<th>Audiology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eval</td>
<td>Treatment</td>
<td>Eval</td>
<td>Treatment</td>
<td>Eval</td>
<td>Treatment</td>
</tr>
<tr>
<td>Clinical observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For audiologists: In addition to a copy of the academic records/transcripts, please provide details of your clinical observation hours, clinical practice hours, and total supervised hours for the evaluation of hearing in children and adults, treatment of hearing disorders in children and adults, and selection and use of amplification and assistive devices for children and adults.

<table>
<thead>
<tr>
<th>Audiologist hours</th>
<th>Evaluation of hearing</th>
<th>Treatment of hearing disorders</th>
<th>Selection and use of amplification and assistive devices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children</td>
<td>Treatment</td>
<td>Children</td>
</tr>
<tr>
<td>Clinical observation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total supervised</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CGFNS Photo Identification Form

**Instructions for completing this form** (numbers correspond to the numbers in the items below)

1. If you know your CGFNS ID number print it legibly. Use one block for each number.
2. Print your birth date legibly. Spell the month and enter numbers for the day and year.
3. Print your name legibly. Use one block for each letter. Start with your first (given) name and your middle name on the first line. Then print your last name (surname/family) name and, if applicable, your name before marriage on the second line.
4. Sign your name (see “Signature”, page 11) on the front of a recent, color, passport-size photo of your face in the space indicated. Securely glue it to the form. The photo will not be returned to you.
5. Sign your name in this order: first (given) name, middle name, last (surname/family) name.
6. Enclose this form with the other application documents/forms and mail to CGFNS International.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1 | **Your CGFNS ID number**  
Leave blank if not known  

| 2 | **Your birth date**  
Month  
Day  
Year |
|-----|------------------|
| 3 | **Your name**  
First (given) name  
Middle name  
Last (surname/family) name  
Name before marriage |
| 4 | **Your photo**  
Attach here one recent passport-size photograph of your face with your signature on the front |
| 5 | **Your signature**  
Do not print, sign your entire name (first name, middle name, last name) |

---

For CGFNS use only.

3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA  •  +1 (215) 222 8454  •  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.

<table>
<thead>
<tr>
<th>1 Your CGFNS ID number (if known)</th>
<th>2 Your birth date (spell the month and enter numbers for the day and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3 Your signature**

Your signature

Date

Do not print

Month

Day

Year

Print your name

**4 Your authorized agent** (please print)

Your contact’s name

The organization your contact is representing

Your contact’s address

Day telephone

Fax

Evening telephone

Email

---

VisaScreen® Application Handbook 33
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.

<table>
<thead>
<tr>
<th>1 Applicant name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First (given) and middle names (leave a space between names)</td>
</tr>
<tr>
<td>Last (family/surname) names (leave a space between names)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 CGFNS ID number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Applicant birth date (spell the month and enter numbers for the day and year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Cardholder information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder name (as it appears on card)</td>
</tr>
<tr>
<td>First name, middle initial and last name (leave a space between names)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credit card type (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardholder address (for processing credit card payments only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Post/Zip code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credit card number</th>
<th>CVV2 number* (see below for explanation)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expiration date</th>
<th>Total charges US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

*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).

<table>
<thead>
<tr>
<th>5 Cardholder signature (authorization for payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Signature of authorized cardholder

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

To serve the global community through programs and services that verify and promote the knowledge-based practice competency of health care professionals.