



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

1 Preliminary information

a. If known, enter your CGFNS/ICHP ID number

b. I have not yet worked in the United States Yes No

c. I worked in _____ as a _____ for _____ years

City/Country

Profession specialty

Number

2 Your name

Enter your name as you would like it to appear on all correspondence and 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) name(s) (leave a space between names)

3 Other names (if applicable)

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

Name before marriage

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

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

Month Day Year

5 Gender

Female Male

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

7 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 will mail all your correspondence.

Street

Street

City

State/Province

Post/Zip code

Country

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

Print or type the address where you reside.

Street																											
Street																											
City																											
State/Province																				Post/Zip code							
Country																											

9 Your contact details

Telephone (include country code and area code)

Mobile phone (include country code and area code)

Fax (include country code and area code)

Email (required)

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

What is your preferred method of communication from CGFNS? Postal mail Email

10 License/Registration/Diploma

Complete and send a *Request for Validation of License/Registration/Diploma* form to every licensing authority responsible for issuing/validating your licences/registration/diplomas. The licensing authorities must send the completed form directly to CGFNS/ICHP. CGFNS needs to receive updated validation for every license you have held, past and present, if it has been more than three years since we have received validations of your licensure. If your diploma authorizes practice in your country, forward this form to the institution that issued it (eg, school, Ministry of Health).

List countries, states and provinces where you have obtained licenses/registration/diplomas and the corresponding registration numbers

Have any of your licenses/registration/diplomas ever been revoked, suspended or restricted for any reason? Yes No

If "Yes", please explain

11 For which health care profession are you being screened?

Mark the title of the health care profession for which you are being screened. Mark only one.

- | | |
|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physical therapist |
| <input type="checkbox"/> Clinical laboratory scientist (medical technologist) | <input type="checkbox"/> Physician assistant |
| <input type="checkbox"/> Clinical laboratory technician (medical technician) | <input type="checkbox"/> Registered nurse |
| <input type="checkbox"/> Licensed practical nurse / Licensed vocational nurse | <input type="checkbox"/> Speech language pathologists |
| <input type="checkbox"/> Occupational therapist | |

12 Occupational visa information

Indicate which U.S. visa you plan to obtain from the U.S. Government.

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

13 For which VisaScreen® category are you applying?

- 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 should begin the renewal process six months before your current VisaScreen® certificate expires.

17 Attestation

I agree to the Terms and Conditions of the *VisaScreen*®: Visa Credentials Assessment Renewal Application outlined in Item 16 (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

Sign entire name

Print your name

Date

Month / Day / Year