



National League
for Nursing

Credentials Validation Service for NLN CNE Application

YOUR NAME

List your name as you would like it to appear on your final evaluation and all correspondence:

FAMILY (LAST) NAME

FIRST (GIVEN) AND MIDDLE NAMES

YOUR OTHER NAMES

List any alternate names on your documents:

YOUR BIRTHDATE

MONTH DAY YEAR

GENDER

Female Male

CONTACT INFORMATION

ADDRESS

ADDRESS

CITY STATE/PROVINCE

COUNTRY ZIP CODE/POSTAL CODE COUNTRY

TELEPHONE

EMAIL

POST-SECONDARY EDUCATIONAL HISTORY

Please list all post-secondary schools you have attended. Write the name of each certificate of diploma in the native language. Your application is not considered complete if you do not provide this information.

Name of school	City and Country	Month/Year entered	Month/Year completed	Name of diploma or certificate in native language
Bachelor's				
Master's				
Doctoral				
Certificates				

EMPLOYMENT INFORMATION

Please provide the following details on the most recent organization where you worked as a nurse.

NAME OF FACILITY OR ORGANIZATION WHERE YOU WERE MOST RECENTLY (ARE) EMPLOYED

JOB TITLE/POSITION HELD YEARS OF EMPLOYMENT

PRIMARY LANGUAGE SPOKEN AT WORK PRIMARY LANGUAGE OF PATIENT POPULATION

JOB STATUS
 Full-Time Part-Time Other _____

EMPLOYER ADDRESS

STREET NUMBER/NAME P.O. BOX

STREET ADDRESS 2

CITY/TOWN PROVINCE/STATE/TERRITORY

COUNTRY POSTAL CODE/ZIPCODE

YOUR SUPERVISOR

NAME OF SUPERVISOR

TITLE/POSITION OF YOUR SUPERVISOR

REGISTRATION/LICENSE/CERTIFICATION

Forward the Request for Validation of Registration/License/Certification form to all the licensing authorities where you have ever held a registration/license/certification outside of the United States. If your diploma authorizes you to practice in your country, send form to the institution that issued your diploma. Validation of U.S. state licensure is not required for CNE reports.

A. If your country does not issue a license, does your diploma give you the right to practice? Yes No

B. If you are not currently registered/licensed/certified, please indicate Not Currently Never

Explain: _____

C. List your legal professional title(s), registration numbers and all countries where you are currently registered/licensed/certified.

PROFESSIONAL TITLE

PROVINCE/STATE/TERRITORY

COUNTRY

D. Have any of your registrations/licenses ever been revoked, suspended or restricted for any reason? Yes No

If yes, explain: _____

SELECT EVALUATION TYPE

Check the box to select the evaluation type

Credentials Validation Service for NLN CNE

\$ 200.00

Total fee due

\$

.

TOTAL DUE

\$

.

Full payment for all services must be included with your application. **All fees are subject to change without notice.**

TERMS AND CONDITIONS

The following clarifies the obligations of the Credentials Evaluation Service provider (CGFNS), recipient (NLN) and applicant (you), as well as the manner in which this service is delivered.

- CGFNS may choose to evaluate only the documents it considers relevant to the CNE review.
- 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.
- If your application includes any falsified, altered or tampered with documents or information, CGFNS will send the report to NLN, and notify them of the falsification.
- 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/cne/>.
- 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 you have NOT paid in full, or if fees paid were applied to previous services, and the initial application order expires, you 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.
- No refund is given after an application is submitted.

ATTESTATION

Please note: Each applicant must sign his/her full name in English on the applicant's signature line.

- I certify that all information which CGFNS has received as part of this application or in the past, from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.
- I understand that CGFNS and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I misrepresent a copy as an original, CGFNS may take action against me as it deems appropriate, including barring me from participation in any CGFNS programs or to otherwise take action against me as appropriate. The consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS from all liability.
- I authorize CGFNS to disclose the information and documents in this application, the status of any reports or evaluations prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any adverse action taken against me by CGFNS, to any person or organization I designate in writing or to any other recipient which CGFNS may determine has a legitimate interest in receiving the same, such as government agencies or potential employers.

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

APPLICANT SIGNATURE

DATE