



Applicant Handbook

The International Commission on Healthcare Professions (ICHP), a division of the Commission on Graduates of Foreign Nursing Schools (CGFNS International), administers the *VisaScreen*®: Visa Credentials Assessment Program for registered and practical nurses, physical therapists, speech language pathologists and audiologists, medical technologists, medical technicians, occupational therapists, and physician assistants who are not U.S. Citizens and are seeking an occupational visa to work in the United States. *VisaScreen*® is a U.S. Federal Government approved certification program which is required of the above listed professionals applying for an occupational visa.

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

CGFNS has issued more than 90,000 *VisaScreen*® Certificates in the last nine years.

Note: Applicants who are from a Section 212(r) designated country*; have passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN®); hold a current, valid and unrestricted license from one of the five designated Section 212(r) states—Florida, Georgia, Illinois, Michigan, and New York; and have graduated from a nursing program in which the language of instruction and textbooks were in English should apply for the CGFNS 212(r) Certified Statement, which meets United States Citizenship and Immigration Services (USCIS) requirements for immigration, in lieu of a *VisaScreen*® Certificate.

*Section 212(r) designated countries: Australia, Barbados, Canada (including the five CGFNS designated English-Language Schools from Quebec), Ireland, Jamaica, New Zealand, South Africa, Trinidad and Tobago, the United States, and the United Kingdom

Includes:

- audiologists
- medical technicians
- medical technologists
- occupational therapists
- physician assistants
- physical therapists
- practical nurses
- registered nurses
- speech language pathologists

seeking an occupational visa to work in U.S.



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Introduction to CGFNS/ICHP VisaScreen® Certification

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

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

Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996 requires specific healthcare professionals born outside of the U.S. 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
- verification that all professional healthcare licenses that the applicant ever held are valid and without restrictions
- English language proficiency examination
- for registered nurses, verification that the nurse has passed either the CGFNS Qualifying Examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN® examination) or its predecessor the State Board Test Pool Examination (SBTPE)

In 1996, CGFNS introduced the CGFNS/ICHP VisaScreen®: Visa Credentials Assessment to fulfill the Federal screening requirement. Applicants who successfully complete VisaScreen® receive a CGFNS/ICHP VisaScreen® Certificate, which satisfies all Federal screening requirements set forth in Section 343 of the IIRIRA of 1996, including the interim and final rules which became effective in 2003. The CGFNS/ICHP 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.

The Commission on Graduates of Foreign Nursing Schools (CGFNS International)

The Commission on Graduates of Foreign Nursing Schools (CGFNS International) was named in the law as an organization qualified to offer this federal screening program. CGFNS, a not-for-profit, immigration-neutral organization, has earned an international reputation as a leading authority on the education, practice standards, registration and licensure of healthcare professionals worldwide. It maintains this status through ongoing research, networks of international contacts, continual enhancement of resources and databases and a dedicated staff of professionals experienced in the fields of healthcare and international education.

The International Commission on Healthcare Professionals (ICHP)

In 1996, in response to Section 343, CGFNS created a new division, the International Commission on Healthcare Professionals (ICHP), to administer VisaScreen®. ICHP has a two-fold mission: to protect the public trust and to promote fair treatment for healthcare professionals throughout the world.

Non-Discrimination Policy

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

What This Handbook Contains

1. Instructions to complete the application.
2. Instructions for:
 - Healthcare professions required to undergo the VisaScreen® Assessment
 - Application for the CGFNS/ICHP VisaScreen®: Visa Credentials Assessment
 - Request for Academic Records form, and
 - Request for Validation of Registration/License forms
3. Information on the CGFNS/ICHP VisaScreen® Assessment and process.
4. Information on the English proficiency requirement of VisaScreen®
5. Guidelines for communicating with CGFNS/ICHP

The CGFNS/ICHP VisaScreen® Certification Applicant Handbook describes how to apply for and earn a CGFNS/ICHP VisaScreen® Certificate. There are many steps (see Chart 1 on page 5). Please read this entire handbook before completing any of the application forms. The detailed description of each step will help you to understand the complete program.

CGFNS/ICHP processes all applications at its headquarters in Philadelphia, PA, USA. If you have any questions or concerns as you proceed through the CGFNS/ICHP *VisaScreen*® Assessment, please contact the CGFNS/ICHP Customer Service Department at (215) 349-8767. See pages 15-16 for guidelines on communicating with CGFNS/ICHP. For more information on CGFNS and its services, please visit our website at www.cgfns.org.

The CGFNS/ICHP *VisaScreen*® Assessment

The CGFNS/ICHP *VisaScreen*® Assessment is comprised of an educational analysis, licensure validation, English language proficiency assessment, and, for registered nurses only, an exam of nursing knowledge. Once the applicant successfully completes all elements of the *VisaScreen*® Assessment, the applicant receives a CGFNS/ICHP *VisaScreen*® Certificate, that can be presented to a consular office or, in the case of adjustment of status, to the attorney general as part of a visa application.

Educational Analysis

The educational review ensures that the applicant's secondary and professional education meets all applicable statutory and regulatory requirements for the profession that the applicant intends to practice. It also makes sure that the applicant's education is comparable to the education of U.S. graduates who are applying for licenses in that same field.

Licensure Validation

The licensure review is an evaluation of all licenses that have been issued including initial, current, and past registrations/licenses/certifications held by the professional. The issuing/validating institution provides validations directly to CGFNS/ICHP to confirm that the applicant has completed all practice requirements and that the registration/licensure has not been suspended or revoked.

English Language Proficiency Assessment

The English language proficiency assessment confirms that the applicant demonstrates the required competency in oral and written English based on the applicant's achievement of passing scores on tests jointly approved by the U.S. Department of Education and the U.S. Department of Health and Human Services. Applicants educated in specific countries in which English is both the native language and the language of classroom and textbook instruction (see below) are exempt from having to take an English proficiency exam.

For applicants to be exempt from the English proficiency requirement for the *VisaScreen*® Assessment, they must meet ALL of the following criteria:

- Their entry-level professional education occurred in the United States, Canada (except most of Quebec), the United Kingdom, Ireland, Australia or New Zealand
- The language of instruction was English
- The language of textbooks was English

Only CGFNS/ICHP *VisaScreen*® applicants who meet ALL of these criteria are exempt from the English proficiency requirement.

ALL applicants not exempt from the English language proficiency requirement because they cannot satisfy all of the criteria to be exempt from this requirement must take one of the following groups of English examinations:

- Test of English as a Foreign Language (TOEFL), Test of Written English (TWE), and the Test of Spoken English (TSE); or
- Test of English as a Foreign Language, internet-based version (TOEFL iBT), measuring all four skills of communication: reading, writing, listening, and speaking; or
- Test of English for International Communication (TOEIC), the TWE, and the TSE; or
- International English Language Testing System (IELTS): Academic Module for Registered Nurses, Physician Assistants, Speech Language Pathologists, Audiologists, Clinical Laboratory Scientists (Medical Technologists); or general module for Medical Laboratory Technicians (Medical Technicians) and Licensed Practical Nurses
- Physical Therapists and Occupational Therapists may take TOEFL plus TSE and TWE only; they must take all three of these exams.

U.S. Citizenship and Immigration Services (USCIS) does not allow the combining of scores from different testing services. See page 13 for passing scores.

Registered Nurses Only: An Exam of Nursing Knowledge

As part of the CGFNS/ICHP *VisaScreen*® Assessment, registered nurses applying for an occupational visa must have a passing score on either the CGFNS Certification Program Qualifying Examination or on the U.S. registered nurse licensure examination, the NCLEX-RN®, to provide proof of their nursing knowledge.

Alternative Process: Section 212(r) Certified Statement

Section 212(r) of IIRIRA authorizes CGFNS to issue “Certified Statements” to foreign-educated nurses 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 the U.S, we require that the school send a verification of graduation stating that the language of instruction and the textbooks were in English. The verification of graduation must carry the official school seal and signatures. We do not require a full transcript or a Academic Records Form.
2. The registered nurse must have passed NCLEX-RN®. The applicant must be currently licensed to practice in one of five states: Florida, Georgia, New York, Illinois or Michigan. CGFNS/ICHP must receive a license validation form from one of those states.
3. The nursing school must be approved by CGFNS and must be on the list that CGFNS established in 1999 after its review of the education in the above countries. Any school founded after November 1999 must be reviewed and approved by CGFNS.

VisaScreen® Streamlined Process

IIRIRA also authorizes CGFNS to perform a streamlined process for applicants born outside of the U.S. who received their entry-level professional education in the U.S. A healthcare worker in this situation is exempt from the educational comparability review and English language proficiency examination. CGFNS/ICHP will require that the school send a verification of graduation with the official school seal and signatures affixed. Nurses, Occupational Therapists, Physical Therapists, Speech Language Pathologists and Audiologists qualify if their U.S. education program was accredited by the following:

- **Nurses:** A nurse who has graduated from an entry-level program accredited by the National League for Nursing Accreditation Commission or the Commission on Collegiate Nursing Education or an internationally educated nurse who then completes an Associate Degree (AD), BSN, or combined BS/MS from an accredited U.S. nursing program. The verification of graduation must carry the official school seal and signatures.
- **Occupational Therapists:** An Occupational Therapist who has 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 has 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 has graduated from a program accredited by the Council on Academic Accreditation in Audiology and Speech Language Pathology of the American Speech-Language-Hearing Association.

How to Apply

For Which Healthcare Profession Are You Being Screened?

Section 343 of IIRIRA indicates that the CGFNS/ICHP *VisaScreen*® Assessment is required for certain internationally-born healthcare professionals seeking an employment-based visa to the United States. The following is a list of the professions named in the immigration law:

Chart 1: Healthcare Professions List

Professions Named in IIRIRA		
Audiologists	Licensed Practical Nurses / Licensed Vocational Nurses	Physician Assistants
Clinical Laboratory Scientists (Medical Technologist)	Occupational Therapists	Registered Nurses
Clinical Laboratory Technicians (Medical Technician)	Physical Therapists	Speech Language Pathologists

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

Chart 2: Overview of the Process for the ICHP VisaScreen® Certification

Actions You Take	Actions Your School Takes	Actions Your Licensing Authority Takes	Actions the Examining Institution Takes	Actions ICHP Takes
Complete a CGFNS/ICHP VisaScreen®: Visa Credentials Assessment Application Form and submit it with full payment and other requested documentation to ICHP				CGFNS/ICHP sends you a welcome letter and card giving you a permanent identification number*
Prepare and send a “Request for Academic Records” form to each post-secondary, healthcare professional school that you attended	Your school(s) completes the “Request” form and returns it by mail to CGFNS/ICHP with your full academic records/transcripts and, depending upon your profession, other required documentation			CGFNS/ICHP notifies eligible and ineligible applicants of status
Prepare and send a “Request for Validation of Registration/ License” form to each licensing authority that has <u>ever</u> issued you a registration/license or certification as a professional in your healthcare field, including the U.S. Board of Nursing where you passed the NCLEX-RN® or SBTPE (if applicable)		Each licensing institution(s) completes the “Request” form with information on each registration/license or certification you hold/ever held and returns it by mail to CGFNS/ICHP		Licenses are reviewed by document specialists CGFNS/ICHP notifies you periodically of insufficient or outstanding documentation
Register with the appropriate examining institution for the required English proficiency examinations. You must identify CGFNS/ICHP as the entity to receive your scores				
Take and pass the English proficiency examinations & request that results be sent to CGFNS/ICHP			Your passing English proficiency scores are forwarded to CGFNS/ICHP by the examining institution	CGFNS/ICHP receives your passing scores from the examining institution and matches them to your VisaScreen® file
Check the status of your file on-line at www.cgfns.org				CGFNS/ICHP reviews your documentation and eligibility for the VisaScreen® Certificate
Notify CGFNS/ICHP if there are errors in your file. See page 15-16 for communicating with CGFNS/ICHP				CGFNS/ICHP notifies you periodically of insufficient or outstanding documentation; or, CGFNS/ICHP issues you a VisaScreen® Certificate

*** NOTE:** *If you have ever applied for a CGFNS/ICHP service in the past, the CGFNS/ICHP identification number you were issued at that time will remain your permanent CGFNS/ICHP identification number.*

Document and File Retention Policies

All documents and files are retained in accordance with CGFNS’ Document and File Retention Policies.

How to Complete the CGFNS/ICHP VisaScreen® Application Form

The most convenient way for you to apply is online at www.cgfns.org. Completing the application online may speed up the application process. You can download a printable version of the *VisaScreen*® Application form at www.cgfns.org. You can also find an application form in the back of this handbook. Please follow the instructions exactly and completely.

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

Please type or print clearly in ink when you fill in this form. Every item must be filled in according to the following instructions and the form must be properly signed and dated.

A review of your credentials will not take place until CGFNS/ICHP receives a completed Application Form, full payment, and the appropriate documentation from your school(s) and licensing authority(ies).

Item 1: Preliminary Information

- 1a. If you have ever applied for any CGFNS services, mark the “Yes” box. If this is your first time applying to CGFNS or ICHP, mark the “No” box.
- 1b. If you marked the “Yes” box in item 1a, fill in your CGFNS/ICHP Identification Number in the space provided.
- 1c. Please fill in the name of the state or states in which you intend to practice.
- 1d. Fill in the number of years of practice in your home country and the specialty/location of practice.

Item 2: Your Name

List your full legal name as you would like it to appear on all correspondence sent to you as well as on your CGFNS/ICHP *VisaScreen*® Certificate. Put only one letter in each box. Leave a blank space between each name.

Item 3: Other Names

Please supply all names you have used in the past. Any variation of your name should be entered in this space. This would include your birth name as well as different spellings, informal variations or abbreviations. Include with your application any legal documentation or notarized affidavit(s) verifying your name change. For instance, if married, a marriage certificate or notarized affidavit should be attached.

Item 4: Birth Date

Enter the month, day and year of your birth. The month should be spelled, not listed as a number.

Item 5: Gender

Enter 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. Please enter this number, if applicable.

Item 7: Marital Status

Enter your marital status.

Item 8: Your Addresses

Enter one letter or number into each box. Make sure that you provide CGFNS/ICHP with the exact building number, street name, city, state/province, postal zip code and country.

a. Permanent Address

Enter the address where you reside.

b. Mailing Address

Enter the address where you want to receive all mail from CGFNS. If you authorize someone else to receive your mail from CGFNS/ICHP, all correspondence will go to that person's address.

If your address changes at any time during the application process, you must notify CGFNS/ICHP either in writing (e-mail will not be accepted); or, make changes to your contact information on the CGFNS On-Line Application System at www.cgfns.org.

Item 9: Your Telephone Number, Mobile (cell phone) Number, Fax Number and E-mail Address

Please enter contact information where you can be reached. Please answer the questions regarding cell phone and text messaging contact by CGFNS.

Item 10: Country of Birth, Native Language and Citizenship

Please list your country of birth and country of current citizenship. Please provide a citizenship identification number or identification number from country of birth, if applicable.

Item 11: Healthcare Profession for Which You are Being Screened

Enter the title of the healthcare profession for which you are being screened (see Chart 1 on page 4).

Item 12: Occupational Visa Information

Mark the box next to the type of U.S. occupational visa that you plan to obtain from the U.S. Government. If the visa category is not listed, mark the “Other” box and enter the correct name of the visa type.

Item 13: VisaScreen® Category for Which You are Applying

Place a mark in the box next to the Category for which you are applying. See page 4 for Category descriptions. If you qualify for a 212(r) Certified Statement, mark that box. If you qualify for the CGFNS/ICHP VisaScreen® Certificate or the Streamlined process, mark the VisaScreen® box.

Item 14: Education Evaluation

Your education must be evaluated by CGFNS/ICHP.

Education/Institutions Attended

Please list all of the educational institutions you attended, in the order you attended them. You must explain any gaps in your educational history.

Pre-Professional/Other Education

List information for each school that you attended, beginning with secondary school (high school) education and ending with the last year of your non-profession-related education. Include the following information:

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

You must include a photocopy of your diploma, certificate, or external exam certificate from your secondary school and non-profession-related, post-secondary school.

- **Secondary School Diploma or Certificate Not in English**

If your diploma or certificate is not in English, you also must attach a literal English translation, not a summary. The following sentence, referred to as a “**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.

Example of Certificate Of Accuracy

“This is to certify that this is a true and correct English translation of the attached photocopy of the original
[name of document] of [applicant’s 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 send a letter directly to CGFNS/ICHP confirming your dates of attendance and date of graduation. If you cannot obtain a copy of your certificate that was awarded based on the results of an external exam (for example, GCE, GCSE, Irish Leaving Certificate, WAEC), you may ask the examining board to send a letter directly to CGFNS certifying the grade(s) earned on the examination(s). Letters submitted by a secondary school or examining board must be written on official stationery; be signed by a school principal, headmaster or an examining board official, and contain the school’s or examining board’s stamp or seal. If the letter is not in English, remember to request that the issuing authority include a literal translation with a Certificate of Accuracy signed by the translator.

- **Form V**

Applicants educated in countries where completion of “Form V” is considered completion of secondary school may submit one of the following documents as verification:

- statement of completion of “Form V” issued by the headmaster or school principal
- official secondary school transcript showing completion of “Form V,” or
- external examination results

Professional Education

List information for each profession-related schools attended, whether you completed your coursework there or not. Include the following information:

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

Note: If your school is closed, please contact the Ministry of Education and have it send CGFNS/ICHP a letter advising us of that closing.

You must forward a “**Request for Academic Records**” form to each school you listed in the Professional Education section. The FRONT of the form must be prepared by you and the BACK is to be completed by the school. If you need more than one “**Request for Academic Records**” form, simply photocopy the forms provided.

The “**Request for Academic Records**” form, accompanied by your full academic records/transcripts, must be returned to CGFNS/ICHP by mail directly from your school; CGFNS/ICHP will NOT accept these documents from any other source.

Registered Nurses must meet all of the educational requirements as a Registered Nurse. CGFNS/ICHP requires evidence that you have:

- successfully completed a secondary school education that is separate from your nursing education;
- graduated from a government-approved, general nursing program of at least two years in length, and
- received a minimum number of hours of theoretical instruction and hours of clinical practice 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)**
 - **Community/Public Health Nursing**

Physical Therapists must include with their application a self-reported, typewritten summary of their supervised clinical experiences obtained during their physical therapy education and should include the following:

- dates of each supervised clinical experience and the number of hours/weeks of each experience
- type of facility in which each supervised clinical experience took place (In-Patient, Out-Patient, Other describe)
- 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, 56 and over.

Occupational Therapists must contact their professional school to have the following sent directly to CGFNS/ICHP:

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

Clinical Laboratory Scientists and Clinical Laboratory Technicians must contact their professional school to have the following sent directly to CGFNS/ICHP:

- 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.

Speech Language Pathologists must contact their professional school to have the following sent directly to CGFNS/ICHP: details of your clinical observation and clinical practicum hours for the evaluation and treatment of speech disorders in children and in adults, the evaluation and treatment of language disorders in children and in adults, prevention of communication disorders and audiology.

Audiologists must contact their professional school to have the following sent directly to CGFNS/ICHP: details of your clinical observation hours, clinical practicum hours, and total supervised hours for the evaluation of hearing in children and hearing in adults, treatment of hearing disorders in children and hearing disorders in adults, selection and use of amplification and assistive devices for children and for adults.

Item 15: Registration/License

List information regarding your initial registration/license/certification from your country of education and every other registration/license current or expired. Forward a **“Request for Validation of Registration/License”** form to the licensing/registration authorities in your country of education, and in ALL other jurisdictions where you have **ever** been licensed, whether current, expired, active, inactive, etc. You, the applicant, must fill in the application section of the form. The remaining section must be completed by the registration authority. If you need more **“Request for Validation of Registration/License”** forms, simply photocopy the forms provided.

If your diploma authorizes the right to practice in your country, you must also forward a **“Request for Validation of Registration/License”** to the institution that issued your diploma (school, Ministry of Health, etc.) and request that the completed form be mailed to ICHP. This is necessary to verify that the diploma has not been suspended or revoked and no disciplinary action has been issued against the diploma.

The **“Request for Validation of Registration/License”** form must be returned to CGFNS/ICHP by mail directly from the licensing body; ICHP will NOT accept this document from any other source.

Item 16: For Registered Nurses Only

Registered nurses must pass either the CGFNS Certification Program Qualifying Examination or the National Council Licensure Examination for Registered Nurses (NCLEX-RN® examination) or its predecessor, the State Board Test Pool Exam (SBTPE). If you have not passed the CGFNS Exam, please indicate whether or not you passed the NCLEX-RN®.

What is the CGFNS Certification Program Qualifying Exam?

For registered nurses who have not passed the NCLEX-RN®, successful completion of the CGFNS Certification Program Qualifying Examination will also meet the nursing examination requirement of Section 343. The CGFNS Certification Program is a three-part program designed specifically for first-level general nurses who were educated and licensed outside of the United States who wish to practice nursing in the US. The program consists of:

- a credentials review of your secondary and professional education and licensure, to ensure comparability to a US-educated and licensed registered nurse
- the CGFNS Qualifying Exam of nursing knowledge (administered three times a year in over 45 test sites worldwide and once a year in select test sites)
- a passing score on an approved English proficiency examination (TOEFL, TOEFL iBT, TOEIC or the academic module of the IELTS)

Successfully completing all three parts of the Certification Program results in the issuance of a CGFNS Certification Program Certificate. A CGFNS Certification Program Certificate will assist registered nurses in three ways:

1. The Certificate will help nurses meet the state registration and other requirements in order to be eligible to sit for the NCLEX-RN® examination
2. Passing the CGFNS Qualifying Exam portion of the Certification Program will help you to feel reasonably assured of success on the NCLEX-RN®. This is because the CGFNS Certification Program Qualifying Examination is modeled after the NCLEX-RN®. Passing the CGFNS Certification Program Qualifying Examination does not guarantee that you will pass the NCLEX-RN®, but CGFNS Certification Program Certificate holders consistently have a higher rate of success on the NCLEX-RN® than nurses educated outside the U.S. who have not passed the CGFNS Certification Program Qualifying Examination.
3. The Certification Program Certificate helps you to qualify for an occupational visa because it satisfies the nursing examination requirement of Section 343 and the *VisaScreen®* Assessment.

For further information on the CGFNS Certification Program, please visit the CGFNS website at www.cgfns.org.

What is the NCLEX-RN® examination?

The NCLEX-RN® examination is the national licensure exam for registered nurses in the United States. All registered nurses must pass this examination in order to become licensed as a registered nurse in the United States. To take the NCLEX-RN® examination, nurses must apply directly through the U.S. Board of Nursing in the state where they wish to become licensed. Because licensure requirements differ from state to state, nurses should contact the board of nursing in the state where they wish to become licensed.

To confirm current examination, registration, and any other practice requirements. The website of the National Council of State Boards of Nursing (www.ncsbn.org) provides a list of all U.S. Boards of Nursing and Licensing jurisdictions with relevant contact information.

Nurses who passed the NCLEX-RN® examination must send a “Request for Validation of Registration/License” form to the State Board of Nursing where they passed the NCLEX-RN®. The Board of Nursing must complete this form, confirm your examination information, and return the form directly to CGFNS/ICHP as part of your *VisaScreen*® application.

Item 17: English Language Proficiency

To satisfy the CGFNS/ICHP *VisaScreen*® English language proficiency requirement portion of the evaluation, you must sit for a series of approved English language proficiency tests acceptable for your profession and administered by either the Educational Testing Service (ETS) or the IELTS, Inc. CGFNS does not administer these exams and is independent of the testing services.

Applicants may choose to take one of the following groups of ETS-administered English language proficiency tests:

1. Test of English as a Foreign Language (TOEFL), Test of Written English (TWE), and Test of Spoken English (TSE); or
2. Test of English as a Foreign Language, internet-based version (TOEFL iBT), measuring all four skills of communication: reading, writing, listening, and speaking; or
3. Test of English for International Communication (TOEIC), TWE and TSE

If you choose to take the IELTS, Inc.–administered English language proficiency tests, you will be required to sit for:

- the IELTS, Inc. International English Language Testing System (IELTS); listening, reading, writing and speaking (Spoken Band) modules: Academic module for Registered Nurse, Physician Assistant, Speech Language Pathologist and Audiologist, Clinical Laboratory Scientist (Medical Technologist); or General module for Clinical Laboratory Technician (Medical Technician), Licensed Practical Nurse/Vocational Nurse.
- Physical Therapists and Occupational Therapists may take the TOEFL plus TSE and TWE or TOEFL iBT only.

U.S. Citizenship and Immigrant Services (USCIS) does not allow the combining of test scores from different testing services. Contact either ETS, or IELTS, Inc. for testing policies. See page 12 for contact information and page 13 for all passing scores. All English language proficiency scores are valid for two years from date of exam administration. In addition, all exam scores must be forwarded to CGFNS/ICHP by the administering body; CGFNS/ICHP will not accept score reports submitted by the applicant or other individual. You must request that your scores are sent electronically. Paper score reports are not accepted with the exception of IELTS and TOEIC. (Refer to page 12 for further information on forwarding scores).

If you took the ETS or IELTS tests in the last two years, or have applied to take these tests, provide CGFNS/ICHP with the full test date and your test registration number or test report form number as soon as possible. **English scores are valid only for two years from date of testing, and all scores must be forwarded to CGFNS/ICHP by the examining institution.** If registering for IELTS please be sure to request that your test scores be made available to CGFNS electronically.

Item 18: Application Fee

The Application fee can be paid by:

- Credit card — CGFNS accepts Visa, MasterCard and Discover/Novus (CGFNS does not accept American Express).
- International money orders or certified bank checks made payable to “CGFNS”.

Personal checks are not accepted.

Do not send cash in the mail.

All fees must be paid in U.S. dollars drawn on a U.S. bank.

The full application fee must be paid before your application and file will be reviewed. Note that any money submitted to CGFNS/ICHP will first be applied to any unpaid balance from previously ordered products or services before new orders are processed. The fee covers the expense of processing your application and certificate upon successful completion of the program and reviewing your credentials.

Item 19: Terms and Conditions of CGFNS/ICHP *VisaScreen*® Certificate

This is a summary of the responsibilities of both the applicant and CGFNS/ICHP.

Item 20: Attestation

The attestation in Item 19 creates a contract between you and CGFNS/ICHP. It explains the terms under which CGFNS/ICHP will review your application. After reading it carefully, sign and date the application. By signing and dating the form, you 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. CGFNS/ICHP and others will rely on this application and on the documents and information submitted. If any portion of the documents or information submitted is falsified, altered or tampered with, or if you alter a CGFNS/ICHP Certificate or a CGFNS Report or misrepresent a copy as an original, CGFNS/ICHP may take any disciplinary action against you that it deems appropriate, including barring you from future examinations or from participation in any CGFNS/ICHP programs. The consequences could adversely affect your professional license, immigration status, employment and other matters.

Item 21: Photographs and Photo Identification Form

CGFNS/ICHP requires you to provide one, passport-sized photograph with your application. The photograph must be recent, clear and signed on the front. If you are applying on-line, print out the Photo Identification Form and attach one photo with your signature on the front and send it to CGFNS.

If You Choose to Mail Your Application

After completing the “Application Form for CGFNS/ICHP VisaScreen®,” send all enclosures and payment in full for all services to the address below by airmail or First Class mail. Also be sure to enclose (1) passport-sized photograph (NO profiles), with your signature on the FRONT (across the bottom).

Mail to:

CGFNS/ICHP VisaScreen®: Visa Credentials Assessment
ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2665 USA

Are Documents Authentic?

Submitting falsified or altered documents will result in your file being closed, loss of your entire application fee and ineligibility for future CGFNS/ICHP services. This includes all documents and application materials submitted by you or on your behalf by another person. Therefore, before anything is sent to CGFNS/ICHP, make certain that no portion of the material has been falsified or altered in any way. In addition, CGFNS/ICHP will notify the appropriate federal, state or local agency about the falsified or altered documents as it sees fit.

Chart 3: Application Documents Checklist

For an Eligibility Review, CGFNS/ICHP Must Receive

1. The completed and signed **Application Form** for the VisaScreen®: Visa Credentials Assessment
2. Bank check or international money order (drawn on a U.S. bank in U.S. funds) made payable to CGFNS/ICHP or credit card payment (Visa, MasterCard or Discover), for the full application fee in U.S. dollars. **DO NOT SEND CASH.**
3. Documentation of your secondary school (high school) education or external exam certificate, with literal English translations, including a Certificate of Accuracy
4. **For Physical Therapists Only:** Self-reported clinical summary of your supervised clinical experience completed during your professional training
5. The completed “**Request for Academic Records**” form and full academic records/transcripts from each of your professional schools
6. **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.
7. The completed “**Request for Validation of Registration/License**” form from each licensing agency where you have ever held a registration/license/certification as a professional in your field or, in cases where your diploma authorizes legal practice, this same form mailed to ICHP from the institution that issued your diploma
8. **For Registered Nurses Only:** Documentation verifying successful completion of the NCLEX-RN® (or State Board Test Pool Exam) directly from the relevant U.S. Board of Nursing (if applicable) or evidence of CGFNS Certification.

CGFNS/ICHP does not return any of the documents that are part of your complete application.

Remember to send readable photocopies, not originals, of the documents CGFNS/ICHP requests directly from you.

Applications remain open for one year (12 months).

Registering with the Appropriate Examining Body for the English Proficiency Examinations

English Language Proficiency Examinations Accepted by CGFNS/ICHP

To satisfy the English language proficiency requirement of Section 343, applicants must sit for a series of English examinations to ensure proficiency in listening comprehension, structure and written expression, reading comprehension and speech. The U.S. Department of Education and U.S. Department of Health and Human Services have designated certain examinations administered by either the Educational Testing Service (ETS) or the IELTS, Inc., as meeting the English proficiency requirements outlined in Section 343.

If you choose to take the ETS-administered English language proficiency tests, you will be required to sit for either the:

- Test of English as a Foreign Language (TOEFL), Test of Written English (TWE), and Test of Spoken English (TSE); or
- Test of English for International Communication (TOEIC), TWE and TSE; or
- TOEFL iBT, measuring all four skills of communication: reading, writing, listening, and speaking

If you choose to take the IELTS-administered English language proficiency tests, you will be required to sit for the International English Language Testing System (IELTS) test that includes listening, reading, writing and speaking modules. Licensed Practical Nurses and Medical Laboratory Technicians may take the General Module. **All other health professionals must take the Academic Module. IELTS and TOEIC scores cannot be accepted for Physical Therapists or Occupational Therapists.**

Physical Therapists and Occupational Therapists may sit for the TOEFL, TWE, TSE and TOEFL iBT only.

Healthcare professionals applying to the CGFNS/ICHP VisaScreen® Program must contact ETS or IELTS, Inc., to obtain information about applying for these English language proficiency tests.

You may submit your CGFNS/ICHP VisaScreen® Application to ICHP before or after registering for the English language proficiency examinations. However, all applicants must ask either ETS or IELTS, Inc., to send their English language test scores electronically to CGFNS/ICHP.

See Chart 4 (page 13) for test options and passing scores.

When you fill out the ETS application for the TOEFL exam, use the following code number for CGFNS when identifying score recipients: **9988** to ensure that your ETS test results are sent electronically to CGFNS/ICHP for inclusion in your file.

On your application for the IELTS exam, indicate that you want your test scores made available to CGFNS/ICHP, electronically.

Contact Information for Each Examining Institution

The Educational Testing Service (ETS) gives the following tests:

- Test of English as a Foreign Language (TOEFL)
- Test of English for International Communications (TOEIC)
- Test of Written English (TWE)
- Test of Spoken English (TSE)
- TOEFL iBT, (internet Based Testing)

TOEFL, TWE, TSE and TOEFL iBT

TOEFL Services

Educational Testing Service
P.O. Box 6151
Princeton, NJ 08541-6151 USA
Telephone: (609) 771-7100
Website: www.ets.org

TOEIC Testing Program

Educational Testing Service (ETS)
Rosedale Road, MS 49-N
Princeton, NJ 08541 USA
Telephone: 1 (800) 241-5393
Fax: (609) 683-2667
Email: toeic@ets.org
Website: www.ets.org/toeic

You must contact ETS directly for information and application materials at the following :

IELTS International gives the following test modules:

- Academic
- General

You must contact IELTS directly for information and application materials at the following:

IELTS

IELTS International
825 Colorado Blvd., Suite 112
Los Angeles, CA 90041 USA
Telephone: (323) 255-2771

Fax: (323) 255-1261
Email: ielts@ceii.org
Website: www.ielts.org

Chart 4: Passing Score By Profession

Healthcare Profession	OPTION 1			OPTION 2			OPTION 3		OPTION 4	
	TOEFL <i>Test of English as a Foreign Language</i>	TWE <i>Test of Written English</i>	TSE <i>Test of Spoken English</i>	TOEIC <i>Test of English for International Communication</i>	TWE <i>Test of Written English</i>	TSE <i>Test of Spoken English</i>	IELTS <i>IELTS, Inc.</i>	IELTS <i>Spoken Band</i>	TOEFL iBT <i>Total</i>	TOEFL iBT <i>Speaking Section</i>
Registered Nurse	207 (540 *)	4.0	50	725	4.0	50	6.5 (Academic)	7.0	83	26
Practical/Vocational Nurse (LPN/LVN)	197 (530)	4.0	50	700	4.0	50	6.0 (General)	7.0	79	26
Physical Therapist	220 (560)	4.5	50						89	26
Occupational Therapist	220 (560)	4.5	50						89	26
Speech Language Pathologist	207 (540)	4.0	50	725	4.0	50	6.5 (Academic)	7.0	83	26
Audiologist	207 (540)	4.0	50	725	4.0	50	6.5 (Academic)	7.0	83	26
Clinical Laboratory Scientist (Medical Technologist)	207 (540)	4.0	50	725	4.0	50	6.5 (Academic)	7.0	83	26
Clinical Laboratory Technician (Medical Technician)	197 (530)	4.0	50	700	4.0	50	6.0 (General)	7.0	79	26
Physician Assistant	207 (540)	4.0	50	725	4.0	50	6.5 (Academic)	7.0	83	26

*Scores in parentheses refer to the minimum passing score acceptable on the paper-based version of the TOEFL examination

Note: English scores are valid only for two years from date of testing. All scores must be valid at the time that the *VisaScreen*® Certificate is issued.

Criteria for Exemption from the English Proficiency Requirement

For CGFNS/ICHP *VisaScreen*® applicants to be exempt from the English language proficiency examination requirement of Section 343, they must meet ALL of the following criteria:

- Their entry-level professional education occurred in the United States, Canada (except most of Quebec), the United Kingdom, Ireland, Australia or New Zealand
- The language of instruction was English
- The language of textbooks was English

An applicant who does not meet ALL of these criteria is not exempt from the English language proficiency requirement and must pass one of the approved groups of English examinations listed in the previous section.

CGFNS/ICHP Notifies Eligible and Ineligible Applicants

When a file is complete, it is sent for review to the CGFNS/ICHP Global Assessment and Professional Services. If an International Credentials Evaluator (ICE) receives and reviews incomplete or inaccurate documentation, the ICE will contact the issuing institution or licensing authority by mail to request the specific information. A copy of CGFNS/ICHP's request is sent to the applicant for his/her records. After all required documentation and fees are received, processed, and reviewed, the ICE will determine whether or not the applicant meets all of the requirements set forth in Section 343 of IIRIRA and whether the applicant is eligible for the *VisaScreen*® Certificate.

After reviewing the complete file of an applicant who meets the requirements of the CGFNS/ICHP *VisaScreen*® Assessment for his or her profession, the ICE will approve the applicant for CGFNS/ICHP *VisaScreen*® Certification and a Certificate will be issued. Once processed, the original Certificate will be sent via trackable mail to the applicant's preferred mailing address on file at the time the Certificate is issued (could be authorized agent).

After reviewing an incomplete file, or in cases where the applicant does not meet the requirements of the CGFNS/ICHP *VisaScreen*® Assessment for his or her profession, the ICE will send a letter detailing the outstanding requirements as well as the steps that the applicant must take in order to make up the deficiency and earn the CGFNS/ICHP *VisaScreen*® Certificate.

Revocation of CGFNS/ICHP VisaScreen® Certificates and 212(r) Certified Statements

Grounds for Revocation

CGFNS may revoke a CGFNS/ICHP VisaScreen® certificate or 212(r) Certified Statement even if the validity period of the Certificate or Statement has expired. It is the policy of CGFNS/ICHP that a person who is not eligible for a CGFNS/ICHP VisaScreen® Certificate or Statement should not benefit from the fact that a CGFNS/ICHP VisaScreen® may have been, for whatever reason, mistakenly issued.

CGFNS may revoke a CGFNS/ICHP VisaScreen® Certificate or 212(r) Certified Statement if CGFNS learns that:

1. The applicant was not eligible for such a Certificate or Statement when it was granted
2. The applicant, after receiving a certificate, became ineligible for such a Certificate or Statement
3. The applicant obtained or tried to obtain a Certificate or Statement by fraud or by misrepresentation of a material fact
4. The applicant took actions that would compromise the integrity of one of the elements of the certification process or of the certification process itself.

When it revokes a Certificate, CGFNS/ICHP informs appropriate authorities and organizations that the revocation occurred.

The reasons cited above and described below are also grounds for denying a CGFNS/ICHP VisaScreen® Certificate or 212(r) Certified Statement to an applicant.

1. **Ineligibility after issuance.** CGFNS/ICHP may revoke a VisaScreen® Certificate or 212(r) Certified Statement upon learning that one of its current Certificate-holders or Statement-holders is ineligible or has become ineligible for that document.
2. **Fraud or misrepresentation.** Fraud or misrepresentation includes, but is not limited to:
 - using an impostor to sit for one or more of the tests or examinations; or
 - submitting false or erroneous academic, educational, personal, professional or testing information or documentation (including pictures), in any form, by the applicant or by others on the applicant's behalf, if that information or documentation was or could have been relevant to the issuance of a Certificate or Statement, and if CGFNS/ICHP determines that the submission of that material was not an unwitting or innocent mistake; or
 - deliberately omitting information which, if known to CGFNS/ICHP, would affect the applicant's eligibility to obtain or keep a Certificate or Statement. We consider the action "deliberate" if the missing information is something that the applicant or the other involved person could have known or should have known was missing.

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

3. **Actions compromising the integrity of the certification process.** CGFNS/ICHP may revoke any CGFNS/ICHP VisaScreen® Certificate or 212(r) Certified Statement if it learns that the applicant took actions at any time to compromise the integrity of the certification process. "Compromise the integrity of the process" includes fraud or misrepresentation as defined above, and/or attempts to compromise the tests or examinations that are required for certification, or to compromise the people who give the tests or examinations, for the benefit of any applicant or applicants. This category includes trying to memorize or obtain test questions in advance for a test that is not freely available to the public.
4. **Ineligibility.** If CGFNS/ICHP learns that an applicant was not eligible for a CGFNS/ICHP VisaScreen® Certificate or 212(r) Certified Statement when it was issued, any such Certificate or Statement issued to the applicant will be revoked. If the applicant was not eligible when the Certificate or Statement was granted, but later became eligible for a Certificate or Statement, CGFNS has the option (assuming the applicant did not engage in fraud or other improper actions) of revoking the Certificate or Statement altogether, or revoking and reissuing the Certificate or Statement as of the current date or the date on which the applicant became eligible for such a Certificate or Statement.

Procedure in Case of Revocation

If CGFNS/ICHP learns that there may be a reason to revoke someone's Certificate or Statement, we notify the person by mail or e-mail. CGFNS/ICHP makes a good-faith effort to contact such applicants/holders and to confirm that they know that their Certificate may be revoked. Notification occurs at least 20 days before the potential revocation is considered, which gives the applicant/holder a reasonable period in which to present information relevant to that decision. The applicant/holder may choose to present this information electronically, by mail or in person.

Decisions about revocation are made by CGFNS/ICHP.

If the applicant/holder is not satisfied with the decision, he or she may submit a written appeal to the Chief Executive Officer of CGFNS/ICHP. 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, the applicant/holder may submit the new evidence to the original decision-making panel with a request that the panel review the evidence and reconsider the original decision to revoke.

Re-Process an Application

Applicants applying for the *VisaScreen*® Program will be given 12 months to meet the requirements of the program. Orders for the *VisaScreen*® Program that have not resulted in the issuing of a *VisaScreen*® Certificate within 12 months of the application date will be expired. Once an order is expired, an applicant can re-apply with a re-process application and pay a second year re-process an expired order fee. Re-process orders remain open for 12 months starting from the date the re-process order is placed. A re-process order cannot be placed until the previous order is expired.

Guidelines for Communicating with CGFNS/ICHP

Earning a CGFNS/ICHP *VisaScreen*® Certificate takes time and has multiple steps. This means that communication between you and CGFNS/ICHP is particularly important. We offer the following guidelines to make this communication easier (see Chart 5 on page 16 for additional information).

Non-applicant Third Party Inquiries

CGFNS/ICHP treats your application as confidential, to be discussed only with you in order to protect your privacy unless authorized by the applicant in writing. If an applicant chooses to let CGFNS/ICHP disclose file information or provide file status information to someone else by telephone, e-mail or in person, the applicant must provide a completed and signed “**Authorization to Release Information**” form for the designated authorized agent. This form is available on CGFNS/ICHP’s website at www.cgfns.org and page 23 of this booklet. **A letter signed by the applicant authorizing CGFNS/ICHP to communicate with a relative, recruiter or any other person is not acceptable.**

To facilitate their correspondence with CGFNS/ICHP, some applicants may choose to have all of their mailings from CGFNS/ICHP sent to someone else. You can do this by either indicating this on the “**Authorization to Release Information**” form, or providing that other person’s mailing address on your completed *VisaScreen*® Application form. The “**Authorization to Release Information**” is valid for two years. You can revoke the authorization at any time. Revocation must be received by U.S. mail or courier service.

PLEASE NOTE: CGFNS/ICHP keeps one mailing address per applicant. Therefore, if you choose to have your correspondence from CGFNS/ICHP sent to an alternative address, any potential Certificate you may earn will be sent to that recipient. CGFNS/ICHP cannot be held responsible for any correspondence withheld by a third party designated by the applicant as an authorized recipient of his/her documentation.

The completed “**Authorization to Release Information**” form may be submitted to CGFNS/ICHP by mail or by hand delivery.

CGFNS/ICHP Website and the On-Line Application System

Detailed information about the CGFNS/ICHP *VisaScreen*® Assessment is on the CGFNS/ICHP website at www.cgfns.org. Information about the assessment, program requirements, passing scores, etc. are provided 24 hours a day through our easy access system. Applicants interested in any CGFNS or ICHP program can now apply directly on our website at www.cgfns.org.

Another benefit of the On-Line Application System is that applicants can access application status information on the internet. By registering with the system and creating an account with CGFNS/ICHP, applicants can check their file status, verify receipt of documentation and scores, make changes to their contact information, confirm mailing dates, and many other services.

E-mail

Applicants may contact the CGFNS Customer Service Department with questions regarding their application by e-mail at www.cgfns.org “**Contact us**” link.

Letters

CGFNS/ICHP treats your application as confidential, to be discussed only with you. When you send a letter, it must be written and signed only by you. When you write to us, always include your CGFNS/ICHP ID Number, full name, and birth date. When sending letters to CGFNS/ICHP, find out what delivery options are available to you. CGFNS/ICHP recommends that you send all correspondence by first-class airmail, and that you consider other faster mailing options when time is limited.

On-site Appointments

An applicant or authorized agent may make an appointment to discuss the applicant’s file by scheduling a 30-minute appointment in our CGFNS/ICHP office in Philadelphia, PA. Appointments are available Monday through Friday between 10:00 a.m. - 3:30 p.m. (Eastern Standard Time in the United States) and may be made by calling the office at 215-222-8454

Telephone Calls

The CGFNS/ICHP Customer Service Department provides applicant status information by telephone to applicants only. CGFNS/ICHP will not release information by phone to anyone else unless a completed and signed “**Authorization to Release Information**” form has been received from the applicant. If you wish to telephone CGFNS/ICHP, call our Customer Service Department at (215) 349-8767. To save time, have your CGFNS/ICHP ID Number ready. If the Customer Service Representative is unable to adequately verify your identity, information will not be released by telephone.

Phone lines are generally open Monday through Thursday between 9:00 a.m. and 5:00 p.m. (Eastern Standard Time in the United States), and 9:00 a.m. and 4:30 p.m. on Friday. The phone lines are not open evenings, weekends or on U.S. holidays. In an effort to keep our costs to you at a minimum, CGFNS/ICHP will not accept collect telephone calls.

CGFNS/ICHP also has an Automated Voice Response telephone system that is available 24 hours a day, 7 days a week. By inputting their identification number and date of birth, applicants can verify receipt of documentation and examination scores, confirm file status, and access other information. Applicants can reach this system at (215) 599-6200.

In the Event of a Disaster

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

It is the applicant’s responsibility to notify CGFNS/ICHP of any change in the applicant’s contact information especially in the event of a disaster in the applicant’s country.

Chart 5: Communication Guidelines

Reasons for Communication	Who Can Initiate Request?	Communication Channel	Special Tips
You wish to obtain copies of the <i>CGFNS/ICHP VisaScreen® Certification: Applicant Handbook</i> .	Anyone	E-mail through our website www.cgfns.org “Contact Us”, write, telephone or download from the web site.	An individual can receive 1 book free of charge by mail. If ordering additional copies, the fee (and any shipping costs) must be pre-paid.
You want to confirm whether CGFNS/ICHP received your application documents.	Only you or your authorized agent	E-mail through our website www.cgfns.org “Contact Us”, write, telephone, visit the On-Line Application System (CGFNS Connect) at www.cgfns.org , or schedule an appointment.	Include your Full Name, CGFNS/ICHP ID Number and date of birth.
You have a question about a letter that you received from CGFNS/ICHP.	Only you or your authorized agent	E-mail through our website www.cgfns.org “Contact Us”, write, telephone, or schedule an appointment.	We advise you to write for this kind of information. If you must phone, have your CGFNS/ICHP ID Number available and date of birth.
You need to notify CGFNS/ICHP of a change of address.	Only you or your authorized agent	E-mail through our website www.cgfns.org “Contact Us”, write, or make changes online at www.cgfns.org via the On-Line Application System (CGFNS Connect).	Include your Full Name, CGFNS/ICHP ID Number and date of birth.
You want to order a study aid or other item.	Anyone	Write, download the order form from the website or order online at www.cgfns.org .	Give the name and address for delivery of the study aids and enclose the appropriate fee.
You want CGFNS/ICHP to send verification of your certificate status.	Only you or your authorized agent	Write, or request online at www.cgfns.org via the On-Line Application System (CGFNS Connect) and place a CGFNS additional services order.	State the request and to whom the letter should be sent. Include your CGFNS/ICHP ID number, birth date, signature, and proof of name change (if applicable) and enclose appropriate fee.
You want CGFNS/ICHP to mail a copy of your nursing education information to a school or U.S. board of nursing.	Only you or your authorized agent	Write, or request online at www.cgfns.org via the On-Line Application System (CGFNS Connect) and place a CGFNS additional services order.	State the request and to whom the letter should be sent. Include your CGFNS/ICHP ID number, birth date, signature, and proof of name change (if applicable) and enclose appropriate fee.
You wish to report a legal name change	Only you	Write to CGFNS, include legal documentation of name change.	Include signature, full name, CGFNS/ICHP ID number and date of birth.

Request for Validation of Registration/License For VisaScreen®



(Required for all Applicants)

Dear Registration Authority:

Please promptly **complete the Registration Authority portion of this form** and send it to the International Commission on Healthcare Professions (ICHP) as validation of my professional registration/license, *accompanied by an English translation*.

My current name is:

First Name	Middle Name	Last Name
------------	-------------	-----------

Date of Birth: ____/____/____ Date of Licensure Exam: ____/____/____ Registration/License Number: _____

The registration/license was issued under the name of:

First Name	Middle Name	Last Name
------------	-------------	-----------

My CGFNS ID# (if known) is: _____ My Order# (if known) is: _____

Applicant Signature _____

My current address is:

Address

Address – Continued

City

State/Province	Postal/Zip Code
----------------	-----------------

Country

Telephone Number _____ Fax Number _____ E-Mail Address _____



FOR REGISTRATION AUTHORITY USE ONLY:

1. This is to certify that _____ was first issued registration/license/diploma
(Applicant Name)
number _____ to practice as a _____ on: ____/____/____
(Specify legal title) Month Day Year

The expiration date of this registration/license is: ____/____/____ Birth date of individual: ____/____/____
Month Day Year Month Day Year

2. Ability to Practice Granted by:

- ☐ National/Provincial/State Examination
☐ Review of another license (endorsement)
☐ Registration ☐ Diploma
☐ 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 location of professional education program completed: _____

5. Date of graduation: ____/____/____
Month Day Year

6. Professional education program accredited/government approved? ☐ Yes ☐ No By whom? _____

7. Type of Program: ☐ Diploma ☐ Baccalaureate Degree
☐ Associate Degree ☐ Other (specify) _____

8. Signature of registration authority _____ Date: ____/____/____
(Do not print) Sign entire name Month Day Year

Print Name

Registration authority title: _____

State/Province and Country: _____

Please send this document and any attachments in English, in the enclosed envelope. Sign your name over the flap after sealing. Send by airmail to: ➡

VisaScreen®: Visa Credentials Assessment
CGFNS/ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2665, USA

Registration
Authority
Seal or Stamp
Must Cover
Signature



Request for Academic Records of Nurses for VisaScreen®

(Required for Nurse Applicants)

Dear Registrar:

Please promptly **complete the other side of this form** and send it to the International Commission on Healthcare Professions (ICHP) along with my academic record(s) listing the courses taken, hours of study, and grades earned, **accompanied by an English translation.**

My current name is: (Print or type your current name)

First Name	Middle Name	Last Name
------------	-------------	-----------

I attended (name of school) _____ between (dates of attendance) _____ and _____

My birth date is: Month (spell out) _____ Day _____ Year _____

The name I used when I attended your school was: (Print or type the names you used when attending this school)

First Name	Middle Name	Last Name
------------	-------------	-----------

My CGFNS ID# (if known) is: _____ My Order# (if known) is: _____

Applicant Signature _____

My current address is:

Address

Address - Continued

City

State/Province	Postal/Zip Code	Country
----------------	-----------------	---------

Telephone Number	Fax Number	E-mail Address
------------------	------------	----------------



FOR SCHOOL USE ONLY:

Applicant Name: _____

What was the language of instruction for this applicant? _____ Applicant's Date of Birth _____ / _____ / _____
Month Day Year

What was the textbook language for the applicant's program/course of study? _____

Type of program (i.e. diploma, baccalaureate) _____ Country of education _____

Dates of Attendance _____ / _____ to _____ / _____ Course of Study _____
Month Year Month Year

Is your school a government-approved school? ☐ Yes ☐ No

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) _____ Date _____
Sign entire name and date
Print Name _____ Title: _____

Please send this document and the transcript/academic record(s) in English, in the enclosed envelope. Please sign your name and place school seal or stamp over the flap of the envelope after sealing. Send by airmail to ➡

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Signature

In addition to a copy of the transcript/academic record(s), 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. Please attach a copy of the actual transcript. Both the completed form and educational transcript must be sent directly to CGFNS. All documents must be in English.

Subjects	Hours of Theoretical Instruction*	Number of Hours of Clinical Practice
Care of the Adult — Medical Nursing		
Care of the Adult — Surgical Nursing		
Maternal/Infant Nursing, excluding Gynecology		
Nursing Care of Children		
Psychiatric/Mental Health Nursing, excluding Neurology		
Gerontology Nursing		
Pharmacology		
Physiology		
Psychology		
Sociology		
Anatomy		
Nutrition		

* Includes hours of classroom education, laboratory, and planned clinical conferences (ward teaching).



Request for Academic Records of Physical Therapists for VisaScreen®

(Required for Physical Therapist Applicants)

Dear Registrar:

Please promptly **complete Form A below** and send it to the International Commission on Healthcare Professions (ICHP) along with my academic record(s) listing the courses taken, hours of study, and grades earned, **accompanied by an English translation.**

My current name is: (Print or type your current name)

First Name	Middle Name	Last Name
------------	-------------	-----------

I attended (name of school) _____ between (dates of attendance) _____ and _____

My birth date is: Month (spell out) _____ Day _____ Year _____

The name I used when I attended your school was: (Print or type the names you used when attending this school)

First Name	Middle Name	Last Name
------------	-------------	-----------

My CGFNS ID# (if known) is: _____ My Order# (if known) is: _____

Applicant Signature _____

My current address is:

Address

Address - Continued

City

State/Province	Postal/Zip Code	Country
----------------	-----------------	---------

Telephone Number	Fax Number	E-mail Address
------------------	------------	----------------



FORM A: FOR SCHOOL USE ONLY

Applicant Name: _____

What was the language of instruction for this applicant? _____ Applicant's Date of Birth _____ / _____ / _____
Month Day Year

What was the textbook language for the applicant's program/course of study? _____

Type of program (i.e. diploma, baccalaureate) _____ Country of education _____

Dates of Attendance _____ / _____ to _____ / _____ Course of Study _____
Month Year Month Year

Is your school a government-approved school? ☐ Yes ☐ No

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

Please send this document and the transcript/academic record(s) in English, in the enclosed envelope. Please sign your name and place school seal or stamp over the flap of the envelope after sealing. Send by airmail to ➡

Signature (Do not Print) _____

Sign entire name and date

Date _____

Print Name _____

Title: _____

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School
Seal or Stamp
Must Cover
Signature

FORM B: FOR PHYSICAL THERAPISTS ONLY

In addition to sending the above request and Form A to your educational institution requesting that they send the form and a copy of the actual transcript/academic record(s) in English directly to CGFNS/ICHP, the physical therapist must include with their application a self-reported, typewritten summary of their supervised clinical experiences obtained during their physical therapy education with the following information. All documents must be in English.

Date of each supervised clinical experience	Hours/weeks of each supervised clinical experience	Type of facility in which each supervised clinical experience took place (In-Patient, Out-Patient, Other describe)	Overall focus of each supervised clinical experience (orthopedics, pediatric, geriatrics, medical-surgical)	Approximate number of patients cared for during supervised clinical experience	Age ranges of patients cared for during supervised clinical experience (0-18, 19-55, 56 and over)

If you need additional space, please use a separate sheet of paper and be sure to include your name.

Request for Academic Records of Occupational Therapists for VisaScreen®



(Required for Occupational Therapist Applicants)

Dear Registrar:

Please promptly **complete the lower portion of this form** and send it to the International Commission on Healthcare Professions (ICHP) along with my academic record(s) listing the courses taken, hours of study, and grades earned, **accompanied by an English translation.**

My current name is: (Print or type your current name)

First Name	Middle Name	Last Name
------------	-------------	-----------

I attended (name of school) _____ between (dates of attendance) _____ and _____

My birth date is: Month (spell out) _____ Day _____ Year _____

The name I used when I attended your school was: (Print or type the names you used when attending this school)

First Name	Middle Name	Last Name
------------	-------------	-----------

My CGFNS ID# (if known) is: _____ My Order# (if known) is: _____

Applicant Signature _____

My current address is:

Address

Address – Continued

--

City _____

State/Province	Postal/Zip Code	Country
----------------	-----------------	---------

Telephone Number _____ Fax Number _____ E-mail Address _____



FOR SCHOOL USE ONLY:

Applicant Name: _____

What was the language of instruction for this applicant? _____ Applicant's Date of Birth _____/_____/_____
Month Day Year

What was the textbook language for the applicant's program/course of study? _____

Type of program (i.e. diploma, baccalaureate) _____ Country of education _____

Dates of Attendance _____/_____/_____ to _____/_____/_____ Course of Study _____
Month Year Month Year

Is your school a government-approved school? ☐ Yes ☐ No

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) _____ Date _____

Sign entire name and date

Print Name _____

Title: _____

School Seal or Stamp Must Cover Signature

Please send this document and the transcript/academic record(s) in English, in the enclosed envelope. Please sign your name and place school seal or stamp over the flap of the envelope after sealing. Send by airmail to ➡

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In addition to a copy of the transcript/academic record(s), please provide details of the occupational therapist's supervised clinical fieldwork, including the name and credentials of the supervisor, and the numbers of hours/weeks of each experience and the types of clients treated.

Description of Clinical Fieldwork	Name & Credentials of Supervisor	Number of Hours/Weeks	Types of Clients Treated

Request for Academic Records of Clinical Laboratory Scientists and Clinical Laboratory Technicians for VisaScreen®



(Required for Clinical Laboratory Scientists and Clinical Laboratory Technicians Applicants)

Dear Registrar:

Please promptly **complete the lower portion of this form** and send it to the International Commission on Healthcare Professions (ICHP) along with my academic record(s) listing the courses taken, hours of study, and grades earned, **accompanied by an English translation.**

My current name is: (Print or type your current name)

First Name	Middle Name	Last Name
------------	-------------	-----------

I attended (name of school) _____ between (dates of attendance) _____ and _____

My birth date is: Month (spell out) _____ Day _____ Year _____

The name I used when I attended your school was: (Print or type the names you used when attending this school)

First Name	Middle Name	Last Name
------------	-------------	-----------

My CGFNS ID# (if known) is: _____ My Order# (if known) is: _____

Applicant Signature _____

My current address is:

Address

Address – Continued

--

City

State/Province	Postal/Zip Code	Country
----------------	-----------------	---------

Telephone Number

Fax Number

E-mail Address



FOR SCHOOL USE ONLY:

Applicant Name: _____

What was the language of instruction for this applicant? _____ Applicant's Date of Birth _____ / _____ / _____
Month Day Year

What was the textbook language for the applicant's program/course of study? _____

Type of program (i.e. diploma, baccalaureate) _____ Country of education _____

Dates of Attendance _____ / _____ to _____ / _____ Course of Study _____
Month Year Month Year

Is your school a government-approved school? ☐ Yes ☐ No

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

Please send this document and the transcript/academic record(s) in English, in the enclosed envelope. Please sign your name and place school seal or stamp over the flap of the envelope after sealing. Send by airmail to ➡

Signature (Do not Print) _____ Date _____

Sign entire name and date

Print Name _____

Title: _____

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School
Seal or Stamp
Must Cover
Signature

In addition to a copy of the transcript/academic record(s), please provide details of the Clinical Laboratory Scientist's or Clinical Laboratory Technicians'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.

Scientific Area	Practice Hours
Clinical Chemistry	
Hematology	
Hemostasis	
Urine and body fluid analysis	
Specimen collection and handling	

Scientific Area	Practice Hours
Parasitology	
Mycology	
Microbiology	
Immunohematology	
Immunology	

Request for Academic Records of Speech Language Pathologist & Audiologist for VisaScreen®



(Required for Speech Language Pathologist & Audiologist Applicants)

Dear Registrar:

Please promptly **complete the lower portion of this form** and send it to the International Commission on Healthcare Professions (ICHP) along with my academic record(s) listing the courses taken, hours of study, and grades earned, **accompanied by an English translation.**

My current name is: (Print or type your current name)

First Name	Middle Name	Last Name
------------	-------------	-----------

I attended (name of school) _____ between (dates of attendance) _____ and _____

My birth date is: Month (spell out) _____ Day _____ Year _____

The name I used when I attended your school was: (Print or type the names you used when attending this school)

First Name	Middle Name	Last Name
------------	-------------	-----------

My CGFNS ID# (if known) is: _____ My Order# (if known) is: _____

Applicant Signature _____

My current address is:

Address

Address - Continued

City

State/Province	Postal/Zip Code	Country
----------------	-----------------	---------

Telephone Number _____ Fax Number _____ E-mail Address _____



FOR SCHOOL USE ONLY:

Applicant Name: _____

What was the language of instruction for this applicant? _____ Applicant's Date of Birth _____/_____/_____
Month Day Year

What was the textbook language for the applicant's program/course of study? _____

Type of program (i.e. diploma, baccalaureate) _____ Country of education _____

Dates of Attendance _____/_____/_____ to _____/_____/_____ Course of Study _____
Month Year Month Year

Is your school a government-approved school? ☐ Yes ☐ No

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

Please send this document and the transcript/academic record(s) in English, in the enclosed envelope. Please sign your name and place school seal or stamp over the flap of the envelope after sealing. Send by airmail to ➡

Signature (Do not Print) _____ Date _____

Sign entire name and date

Print Name _____

Title: _____

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CGFNS/ICHP
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Philadelphia, PA 19104-2665 USA

School Seal or Stamp Must Cover Signature

For Speech Language Pathologists Only: In addition to a copy of the transcript/academic record(s), please provide details of the Speech Language Pathologist's clinical observation and clinical practicum hours for the evaluation and treatment of speech disorders in children and in adults, the evaluation and treatment of language disorders in children and in adults, prevention of communication disorders and audiology.

Hours	Speech Disorders in Children		Speech Disorder in Adults		Language Disorders in Children		Language Disorders in Adults		Prevention of Communication Disorders	Audiology
	Evaluation	Treatment	Evaluation	Treatment	Evaluation	Treatment	Evaluation	Treatment		
Clinical Observation										
Clinical Practicum										

For Audiologists Only: In addition to a copy of the transcript/academic record(s), please provide details of the Audiologist's clinical observation hours, clinical practicum hours, and total supervised hours for the evaluation of hearing in children and hearing in adults, treatment of hearing disorders in children and hearing disorders in adults, selection and use of amplification and assistive devices for children and for adults.

Audiologist Hours	Evaluation of Hearing		Treatment of Hearing Disorders		Selection and Use of Amplification and Assistive Devices	
	Children	Adults	Children	Adults	Children	Adults
Clinical Observation						
Clinical Practicum						
Total Supervised						

AUTHORIZATION TO RELEASE INFORMATION

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

This Authorization will remain valid for two years from the date written below (or if none, from the date this Authorization is received by CGFNS/ICHP).

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 within 30 days from the day that CGFNS/ICHP receives your written revocation by regular mail or courier at its headquarters office in Philadelphia, PA, USA.

AUTHORIZATION: I authorize CGFNS/ICHP to release to the below-named Authorized Agent any and all information about me and my application/order for services from CGFNS/ICHP, including 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/ICHP. **I understand that all mail (including Certificate, exam scores and reports) will be sent to the Authorized Agent.**

This Authorization revokes all previous Authorizations submitted by the applicant.

CGFNS/ICHP ID No. _____ (if known)

Date of Birth: _____ (M/D/YR)

Sign name as it appears
on your Application/Order: _____

Print name: _____

Date: _____ (M/D/YR)

AUTHORIZED AGENT:

Print Contact Name: _____

Print Organization Name: _____

Print Address: _____

Telephone: Day: _____

Fax number: _____

Evening: _____

E-mail: _____

Credit Card Payment Form:

To pay by credit card, please fill in your full name (as it appears on this application) and your CGFNS/ICHP Applicant ID Number (if known) below. Complete the cardholder information requested on the other side. Detach this form only if payment is being made by a third party.

Name of Applicant:

CGFNS/ICHP Applicant Identification Number
(if known)

--	--	--	--	--	--	--	--

Applicant's Date of Birth:

Day

--	--

 Month

--	--

 Year

--	--	--	--

Credit Card Type (check one): CGFNS does not accept American Express

☐ Visa ☐ MasterCard ☐ Discover/Novus

Name of Cardholder (as it appears on card):

Cardholder Address: (For processing credit card payments only. All materials requested will be sent to the applicant address provided on the appropriate forms.)

***Explanation of Credit Card CVV2 Number:**
(To be entered below)

Visa and MasterCard: This number is printed on your MasterCard & Visa cards in the signature area of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).



Credit Card #:

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Expiration Date: _____ *CVV2 Number _____
(See explanation on other side.)

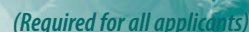
Total Charges (see "Fee Schedule"): U.S. \$ _____

Cardholder Signature (authorization for payment):

I hereby authorize a charge to my credit card for the total of all services requested on the attached **Certification Program Application Form**, including any fee adjustments in effect as of the date the order is received.

X

Signature of Authorized Cardholder



***Note: You are responsible for notifying CGFNS/ICHP if your address changes.**

8b Your Mailing Address

Use the address to which CGFNS/ICHP should mail all correspondence to you.

Street Address/Post Office Box Number	
Street Address – Continued	
City	
State/Province	Postal Zip Code
Country	

***Note: You are responsible for notifying CGFNS/ICHP if your address changes.**

9 Your Telephone Number, Mobile (cell phone) Number, FAX Number & E-mail Address

()	()	()
Telephone: Include Country Code and/or Area Code	Mobile Telephone: Include Country Code and/or Area Code	FAX: Country Code and/or Area Code, or TELEX Number
E-mail: (example: name@usenet.com)		
What is your preferred method of communication from CGFNS? <input type="checkbox"/> Mail <input type="checkbox"/> email		
May CGFNS/ICHP contact you in the future to discuss your experience transitioning to practice in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May CGFNS/ICHP send you a text message on your mobile (cell) phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		

10 Country of Birth, Native Language and Current Citizenship

Country of Birth	State/Province	Citizenship ID Number
Native Language		
Current Citizenship		
Country of initial professional education		

11 For which healthcare profession are you being screened?

Enter the title of the healthcare profession for which you are being screened. (See Chart 1 on pg. 4 of Handbook.)

List only one. Title of Profession: _____

12 Occupational Visa Information

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

☐ H-1B ☐ H-1C ☐ 212(r) ☐ TN (Status) ☐ Permanent (Green card) ☐ Other _____

13 For which VisaScreen® category are you applying?

☐ VisaScreen® Certificate ☐ 212(r) (Certified Statement)

Please note: VisaScreen® Certification is valid for 5 years after date of issue. If renewing, begin the renewal process 6 months before expiration of your current VisaScreen® Certificate.

14 Education Evaluation

Your education must be evaluated by CGFNS/ICHP.

Education/Institutions Attended

Please list all educational institutions in the order you attended. Explain any gaps in your educational history. If your school has closed or merged, provide the name and address, if known, where your records are located.

a. Pre-Professional/Other Education

List information for each school attended whether completed or not, beginning with the first year of your secondary school education and ending with the last year of non-profession-related education. Enclose a photocopy of your diploma, certificate, or external exam certificate from your secondary school and non-profession-related post-secondary school, including a word-for-word English translation of each of these documents. If you are unable to provide your secondary school diploma or external exam certificate, the school or external agency must submit directly to CGFNS/ICHP your exam results or verification of graduation date and level of education completed.

Name of Non-Professional Schools Attended	City, State/Province & Country	Month/Year Entered	Month/Year Completed/ Graduated	Name of Diploma or Certificate in its Original Language	Degree Obtained (/)
Secondary:					
Post-secondary non-profession-related programs:					

b. Professional Education

List information for each school attended, whether completed or not. Complete and send a "Request for Academic Records Form" along with one of the enclosed envelopes marked "Transcripts" to each school listed below. The school will be required to forward the completed "Request for Academic Records Form" and your academic record directly to CGFNS/ICHP. Physical Therapists also must include a self-reported summary of supervised clinical experiences (refer to item 14 in the instructions).

Professional Education

List all information requested for each professional school attended, whether completed or not.

Name of Professional Schools Attended	City, State/Province, Country	Professional Title Obtained	Month/Year Entered	Month/Year Completed/Graduated	Name of Diploma or Certificate in its Original Language	Degree Obtained (✓)

15 Registration/License

Complete and send a "Request For Validation of Registration/License" form and one of the enclosed envelopes marked "Validations" to every registration/licensing authority responsible for issuing/validating your license(s)/registration(s) in your country of education and in the country(ies) **where you hold licenses**. The registration/licensing authorities must send the "Request For Validation of Registration/License" form directly to CGFNS/ICHP. CGFNS/ICHP must have a validation for **every** license you have held, past and present. If your diploma authorizes practice in your country, forward this form to the institution that issued it (school, Ministry of Health, etc.).

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

If "yes", please attach an explanation to your Application.

Nurses Only

- a. Have you ever been issued a nursing license in your country of education? ☐ Yes ☐ No
If yes, indicate the title of your registration/license: _____
Registration Number: _____
- b. If your country does not issue a license, does your diploma give you the right to practice? ☐ Yes ☐ No
- c. In which other country or countries do you currently have, or have ever held a nursing license?

Registration Number: _____
- d. If licensed in the United States, Canada, India or Australia, please list the state or province in which you were licensed:

Registration Number: _____

Non-Nursing Healthcare Professionals

- a. Does your country of education require licensure for your profession? ☐ Yes ☐ No
- b. Have you ever been licensed in your country of education? ☐ Yes ☐ No
- c. Are you licensed in the United States? ☐ Yes ☐ No
If yes, are you licensed with a State or National registration authority? ☐ State ☐ National
Please name the state or states in which you are licensed: _____ Registration number(s): _____
Please name the National registration authority by which you are licensed: _____
- d. Are you licensed in Canada? ☐ Yes ☐ No
If yes, are you licensed with a Provincial or National registration authority? ☐ Provincial ☐ National
Please name the province or provinces you are licensed in: _____
Please name the National Registration authority by which you are licensed: _____

16 For Nurses Only

- a. Have you ever taken the CGFNS Certification Program Qualifying Examination, the State Board Test Pool Examination (SBTPE), or the U.S. Licensure Examination (NCLEX-RN® or NCLEX-PN®)? ☐ Yes ☐ No
If yes, which examination(s) did you take: ☐ CGFNS CP Qualifying Exam ☐ SBTPE ☐ NCLEX-RN® ☐ NCLEX-PN®
- b. Have you ever passed any of the above exams? ☐ Yes ☐ No
If yes, which examination(s) did you pass: ☐ CGFNS CP Qualifying Exam ☐ SBTPE ☐ NCLEX-RN® ☐ NCLEX-PN®
- c. If you passed either SBTPE or NCLEX-RN, Please list date and location where you passed the examination:
Month _____ Day: _____ Year: _____ State/Province _____ Country _____
Did passing of this exam lead to a license being issued in the same state/province and country? ☐ Yes ☐ No

17

Non-exempt applicants must submit English language proficiency scores from either Educational Testing Service (ETS) or IELTS, Inc. Your English test results except TOEIC must be electronically sent to CGFNS/ICHP by ETS or IELTS International. Please note that you may submit your *VisaScreen*® Application prior to registering for the English language proficiency examinations.

ETS Administration Dates:

Registration/Appointment Number:

TOEFL Test Date: Month

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 Day

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 Year

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(Spell Month) Registration/Appointment Number

TOEFL-iBT Test Date: Month

 (Spell Month) Day

 Year

 Registration/Appointment Number

TOEIC Test Date: Month

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 (Spell Month) Day

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 Year

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Registration/Appointment Number

TWE Test Date: Month

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 (Spell Month) Day

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 Year

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Registration/Appointment Number

TSE Test Date: Month

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 (Spell Month) Day

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 Year

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Registration/Appointment Number

IELTS Administration Dates:

Test Report Form Number:

Test Date: Month

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 Day

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 Year

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(Spell Month) Test Report Form Number

18

Enclose the full application fee in U.S. dollars, drawn on a U.S. bank. Send an international money order or certified bank check payable to "CGFNS" or pay with a credit card using the Credit Card Payment Form. CGFNS accepts Visa, MasterCard and Discover/Novus. Personal checks are not accepted. DO NOT SEND CASH. You may also pay on-line using your credit card.

19

This section clarifies ICHP's obligations and your obligations regarding the *VisaScreen*® service. It also explains how this service is delivered.

- CGFNS/ICHP may choose to evaluate only the materials that it considers relevant to the *VisaScreen*® Application.
- All documents submitted, including transcripts, become the property of CGFNS/ICHP and cannot be returned. Do not send originals of diplomas, degrees, certificates, registrations or licenses.
- No evaluation is conducted until CGFNS/ICHP receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request. See the enclosed Fee Schedule.
- The *VisaScreen*® Certificate is valid for 5 years from date of issue only when the official (embossed) 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.
- Fees as published with this Application are subject to change.
- Any payment you send to CGFNS/ICHP will be applied first to any unpaid balance from previously ordered products or services before it is applied as payment for a newer service.
- **NO** refund is given after an application is submitted.

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Please Note: Each Applicant must sign his/her full name in English characters on the Applicant's signature line.

I agree to the Terms and Conditions of the *VisaScreen®: Visa Credentials Assessment* outlined in Item 18 (above).

I certify that all information which CGFNS/ICHP has received as a 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/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 it is falsified, altered or tampered with, or if I alter an CGFNS/ICHP *VisaScreen*® Certificate or an CGFNS/ICHP Report or misrepresent a copy as an original, CGFNS/ICHP may take such disciplinary 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 my CGFNS/ICHP Certificate, any Reports or Evaluations prepared by CGFNS/ICHP, any other information obtained by CGFNS/ICHP, and the results and reasons for any adverse action taken against me by CGFNS/ICHP to any person or organization I designate in writing or to any other recipient which 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 VisaScreen® Certificate at any time if it is determined that I was not eligible to receive the Certificate at the time it was issued.

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

Signature of Applicant (Do Not Print) _____ Date _____
Sign Entire Name Month / Day / Year

CGFNS/ICHP Photo Identification Form

Place
Barcode
Here

For CGFNS use only.

INSTRUCTIONS FOR COMPLETING THE CGFNS INTERNATIONAL PHOTO ID FORM

1. If you know your CGFNS/ICHP ID Number print it clearly. Use one block for each number.
2. Print your Birth Date clearly. Spell the month, and enter the day and year of your birth.
3. Print your name clearly. Use one block for each letter. Start with your first name and your middle (or maiden) name on the first line. Then print your last (family) name only on the second line. Leave a blank space between each name.
4. Securely glue a color, passport-sized photo of your face in the space indicated. It must be a recent picture. Sign your name on the front of the picture before gluing it to the form.
5. Sign your name in ink in this order: first name, middle (or maiden) name, last (family) name.
6. Enclose this Photo ID Form with the other application materials/forms and mail to CGFNS International or use the return envelope (if provided by CGFNS). Photos are not returned to the applicant.

PLEASE FILL IN – SEE INSTRUCTIONS ABOVE

1. CGFNS/ICHP ID NUMBER:

--	--	--	--	--	--	--

Leave blank if not known.

2. BIRTH DATE:

[illegible]

Month

--	--

Day

--	--	--	--

Year

3. NAME:

[illegible]

First Name

Maiden/Middle Name

[illegible]

Last/Family Name (Leave a space between names)

4.

Attach here one recent passport-size photograph of yourself with your signature on the front

5. SIGNATURE OF APPLICANT:

Do Not Print – Sign Entire Name – (First Name, Middle, Last/Family Name)



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CGFNS Mission

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



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HEALTHCARE PROFESSIONS

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