



School	Name and Address of School	Did you graduate?	Degree / Certification Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /	
Nursing College		<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /	

Specialty Training (M/S, OR, ICU): \_\_\_\_\_

Continuing Education or Professional Development Courses: \_\_\_\_\_

Professional Organization Membership, Honors Received, Volunteer or Community Service, or other Qualifications related to the position for which you are applying: \_\_\_\_\_

**PROFESSIONAL LICENSES AND / OR CERTIFICATIONS**

Type	Organization or Country Issued	Number	Date Issued
1			/ /
2			/ /

Total years of nursing experience: \_\_\_\_\_

Is there anything, which may limit your ability to perform any functions required of a Registered Nurse?  
 Yes  No If Yes, please describe: \_\_\_\_\_

**QUALIFYING TEST EVALUATION**

If you are a citizen of India, Philippines, Indonesia, Nigeria, Barbados, Jamaica, Guyana, Ghana, Trinidad, Zimbabwe, South Africa, Israel, China, Korea, Ethiopia, St. Lucia, Bermuda, Switzerland, Germany, Nepal, Malaysia, or any other country with the exception of UK, New Zealand, Canada, Ireland or Australia, you are required to take the TOEFL/TSE Exams, unless you have completed your nursing education in the United States and graduated from a US college.

- Have you passed the **CGFNS Exam**?  Yes  No  
If No, when are you scheduled to take the CGFNS Exam? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Have you passed the **NCLEX Exam**?  Yes  No
- Have you passed the **TOEFL Exam**?  Yes  No  
If No, when are you scheduled to take the TOEFL Exam? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Have you passed the **TSE Exam**?  Yes  No

**CGFNS Exam:** Commission on Graduates of Foreign Nursing Schools exam is given by CGFNS of Philadelphia, PA. To get an application call: (215) 349-6721.

**TOEFL Exam:** Test of English as a Foreign Language & **TSE** (Test of Spoken English) are offered by **ETS**. For more information for to [www.ets.org](http://www.ets.org) or call (609) 771-7100.

**Visa Screen Certificate:** In order to complete your permanent residency filing, you must contact **The International Commission on Healthcare Professionals (ICHP)** at (215) 349-6721 to obtain a Visa Screen Application. You must complete the application and pay the Visa Screen Application fee in order to receive your Visa Screen Certificate.

**SPECIFIC NURSING EXPERIENCE / SKILLS CHECKLIST**

Indicate your experience in the following areas:	Yes	No	Amount of Experience	
Anesthetist (CRNA)			_____	Years _____ Months
Cardiac Catheter Lab			_____	Years _____ Months
Case / Care Manager			_____	Years _____ Months
Charge Nurse			_____	Years _____ Months
Clinical / Physicians Office			_____	Years _____ Months
Critical Care (CCU)			_____	Years _____ Months
Dialysis			_____	Years _____ Months
Emergency Room (ER)			_____	Years _____ Months
Home Health Care			_____	Years _____ Months
Hospice			_____	Years _____ Months
Intensive Care (ICU)			_____	Years _____ Months
Labor & Delivery (Obstetrics)			_____	Years _____ Months
Long Term Care (Nursing Home)			_____	Years _____ Months
Management - Mgr./Coord./Team/Chg.			_____	Years _____ Months
Medical / Surgical			_____	Years _____ Months
Neonatal Care			_____	Years _____ Months
Obstetrics			_____	Years _____ Months
Oncology			_____	Years _____ Months
Operating Room (OR)			_____	Years _____ Months
Orthopedics			_____	Years _____ Months
Pediatric (Maternal Child Health)			_____	Years _____ Months
Psychology (Mental Health)			_____	Years _____ Months
Rehabilitation / Detox			_____	Years _____ Months
Telemetry			_____	Years _____ Months
Utilization Review / QA			_____	Years _____ Months

Any other positions: \_\_\_\_\_

**EMPLOYMENT HISTORY**  
 List current (or most recent) employer first and all others in reverse chronological order.

Company's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Immediate Supervisor's Name & Title: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Your Position Title: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
 To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Job Description & Responsibilities: \_\_\_\_\_

May we contact for reference?  Yes  No Reason for leaving: \_\_\_\_\_

Company's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Immediate Supervisor's Name & Title: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Your Position Title: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
 To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Job Description & Responsibilities: \_\_\_\_\_

May we contact for reference?  Yes  No Reason for leaving: \_\_\_\_\_

Company's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Immediate Supervisor's Name & Title: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Your Position Title: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
 To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Job Description & Responsibilities: \_\_\_\_\_

May we contact for reference?  Yes  No Reason for leaving: \_\_\_\_\_

Company's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Immediate Supervisor's Name & Title: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Your Position Title: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Salary: \$ \_\_\_\_\_  
 To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Job Description & Responsibilities: \_\_\_\_\_

May we contact for reference?  Yes  No Reason for leaving: \_\_\_\_\_

<b>REFERENCES</b> List Three (3) References who are not relatives or former employers.			
Name & Relationship	Title	Company Name & Address	Telephone
1			

