

Nurse Form 2F

Certification of Foreign Nursing Education

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Applicant Instructions

1. Use this form **ONLY** if your nursing school is located outside the United States or its territories *and* you were advised that **CGFNS did not obtain full documentation needed for a New York State nursing license review of your CGFNS Credentials Verification Service for New York State Application or you are not utilizing the services of CGFNS.**
2. Complete Section I. In item 4, enter your name exactly as it appears on your Application for Licensure (Form 1). **Be sure to sign and date item 8.**
3. Have the professional school you attended complete the appropriate parts of Section II. Be sure to include any fee required by the school. The school of nursing must return the entire form in a sealed official school envelope along with an official transcript directly to the Office of the Professions at the address at the end of this form. If the transcript is not in English, a qualified translation is also required. For information on what constitutes a qualified translation, see our website www.op.nysed.gov/prof/geninfo.htm#verif. **This form and transcript will *not* be accepted if submitted by the applicant or any person or agency other than the proper school authority.**

Section I - Applicant Information

1. Check what you are applying for Registered Professional Nurse Licensed Practical Nurse
2. Social Security Number _____ 3. Birth Date Month _____ Day _____ Year _____
(Leave this blank if you do not have a U.S. Social Security Number.)
4. Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1).
Last _____
First _____
Middle _____
5. Mailing Address (You must notify the Department promptly of any address or name changes).
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State _____ ZIP Code _____
Country/
Province _____
6. Print your name as it appears on your degree or diploma _____
7. Nursing school attended _____
Address _____
Dates of attendance from _____ mo. _____ day _____ yr. to _____ mo. _____ day _____ yr.
Date degree/diploma was awarded _____ mo. _____ day _____ yr.
Name/Title of the Degree/Diploma issued to you _____
8. I request and give my permission to the school listed in item 7 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant's Signature _____

Date _____

Section II - Certification of Nursing Education

Instructions to the School of Nursing: Complete Section II to document the applicant's education. Sign and date the certification and return both pages of this form along with an official transcript in a sealed official school envelope directly to the Office of the Professions at the address below. Do not return this form to the applicant. This form and transcript **will not be accepted if returned by the applicant or any person or agency other than the proper school authority.**

1. Name of the applicant _____
(see Section I, item 6)

2. Nursing school name _____
Former school name _____
Address _____
(Street)
_____ (City) _____ (State/Province) _____ (ZIP Code) _____ (Country)

3. Nursing Program Information

Length of the program _____ Language of instruction used _____

Date of admission _____ Date of completion _____
mo. day yr. mo. day yr.

Years of education required for admission _____ Date of graduation _____
mo. day yr.

Title of degree or diploma awarded _____ Date degree or diploma was awarded _____
mo. day yr.

Type of program Baccalaureate Diploma Associate Other _____

This program was approved as preparing for licensed practice as a general or professional nurse or as an auxiliary/second level nurse by:

Name of the Registration Authority who approved this program _____

Initial date the program was approved by the Registration Authority _____
mo. day yr.

If NOT approved for general nursing practice, please explain _____

Note: An official transcript or marksheets is issued by the school showing completed courses by year and grades and bears original school official's signature(s) and an original school seal(s). It must be received directly from the school along with this form in a sealed official school envelope.

Certification - To be completed by the Registrar

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar _____ Date _____

Print Name _____

Institution _____

Address _____

Telephone _____ Fax _____

Email _____

Institution Seal

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000, U.S.A. OR, Submit this form to the Department by E-mail at DPLSEduc@nysed.gov.