

Request for Academic Records/Transcripts

FOR SCHOOL TO COMPLETE, page 2

8. School telephone _____ School fax _____

9. School email address _____ School web address _____

10. Is this school accredited or government approved? Yes No _____

By whom? _____ Date accredited or approved ____/____/____
Month Day Year

Is this educational program accredited or government approved? Yes No _____

By whom? _____ Date accredited or approved ____/____/____
Month Day Year

I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.

11. Registrar signature _____ Date ____/____/____
Month Day Year

Do not print, sign entire name. School seal or stamp must cover signature.

Print name _____ Title _____

In addition to attaching a copy of the academic records/transcripts, 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. Both the completed form and educational academic records/transcripts must be sent directly to CGFNS. All documents must be in English.

		Theoretical Lab/Ward hours*	Clinical practice hours			Theoretical instruction hours*
Subject				Subject		
NURSING	Care of the adult — Medical nursing			HUMANITIES	Art	
	Care of the adult — Surgical nursing				English	
	Maternal/Infant nursing (excluding gynecology)				Foreign language	
	Gynecology				History	
	Nursing care of children				Music	
	Psychiatric/Mental health nursing (excluding neurology)				Philosophy	
	Neurology				Religion	
	Community health/Public nursing				Speech	
	Gerontology/Geriatric nursing				TOTAL	
	Mental health concepts					
	Long-term care nursing					
	Acute care nursing					
	Physical assessment					
		Theory	Lab	SOCIAL AND BEHAVIORAL SCIENCES	Anthropology	
					Archaeology	
SCIENCE RELATED TO	Anatomy and Physiology				Economics	
	Microbiology				Human geography	
	Pharmacology				Political science	
	Nutrition				Psychology	
GENERAL SCIENCE	Chemistry				Sociology	
	Physics				TOTAL	

* Includes classroom education, laboratory and planned clinical conferences (ward teaching) hours. CGFNS must have the breakdown of theoretical instruction hours and applicable clinical practice hours for all of the subjects.

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to : CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA