CGFNS Thailand ISPN® Application

CGFNS Thailand, GPO Box 2050, Bangkok 10501 Thailand
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Mail application to the attention of: ISPN Thailand, c/o CGFNS International, 3600 Market Street, Philadelphia, PA 19104-2651 USA

Provide all information requested below. Note that inaccuracies will delay the processing of your application. Enter responses legibly and submit original, retaining a copy for your files.

1 Your name

Please print or type your name as you would like it to appear on all correspondence.

First (given) and middle names (leave a space between names)

Last (family / surname) name(s) (leave a space between names)

2 Your other names (if applicable)

Please print or type all other names appearing in your documents. Include legal documents verifying name change.

Name before marriage

Other name(s) (leave a space between names)

4 Your birth date (spell the month and enter numbers for the day and year)

Month Day Year

5 Your gender

☐ Female ☐ Male

6 Your mailing address (Note: You are responsible for notifying CGFNS if your address changes)

Print or type the address where we will mail all your correspondence.

Street

City

Province / Municipality Post code

7 Your contact details

66 + Telephone

66 + Mobile phone

66 + Fax

Email address

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8 Your education

Please list every school in the order you attended them, whether or not you completed each course. Explain any gaps in time in your educational history on a separate sheet. If the school has closed or merged with another school, provide the name and address where your records are located, if known. Also use a separate sheet if you attended more schools than there is room for in each table.

Secondary school (or equivalent)

Complete all information requested for your secondary school (or secondary school equivalent).

Name of secondary schools (or equivalent) attended and contact information	Address, city and country	Month/Year entered	Month/Year completed	Name of diploma or certificate in its original language (please use English alphabet)
1		/	/	
CONTACT				
2		/	/	
CONTACT				

Post-secondary (tertiary) non-health care education

Complete all information requested for your non-health care post-secondary (tertiary) schools.

Name of non-health care post-secondary (tertiary) schools attended and contact information	Address, city and country	Month/Year entered	Month/Year completed/ graduated	Name of diploma or certificate in its original language (please use English alphabet)	Degree obtained ( )
1		/	/		
CONTACT					
2		/	/		
CONTACT					
3		/	/		
CONTACT					

Post-secondary (tertiary) health care education

Complete all information requested for your non-health care post-secondary (tertiary) schools.

Name of health care post-secondary (tertiary) schools attended and contact information	Street, city, state/province, country (will be verified)	Professional title obtained	Month/Year entered	Month/Year completed/ graduated	Name of diploma or certificate in its original language (please use English alphabet)	Degree obtained ( )
1			/	/		
CONTACT						
2			/	/		
CONTACT						
3			/	/		
CONTACT						

9 Nursing program

	Care of the adult/ Medical nursing	Care of the adult/ Surgical nursing	Maternal/Infant nursing	Nursing care of children	Psychiatric/Mental health nursing	Community/public health nursing
Theory	☐	☐	☐	☐	☐	☐
Clinical	☐	☐	☐	☐	☐	☐

Has your nursing school closed or merged with another school? ☐ Yes ☐ No

Name of new school

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10 Nursing experience

Number of years of full-time nursing since graduation from your general nursing program:

Number of years of experience in the following health care settings:

Hospital	Community health setting	Clinic	Specialty area (name)	Other area (name)

11 Your nursing registration/license

- Are you licensed as a first-level, general nurse in the country in which you received your nursing education? ☐ Yes ☐ No

  If yes, what is the legal title in the country where you received your general nurse education as it appears on your diploma or license in the original language?

  If yes, is your nursing license from your country of education active (unexpired)? ☐ Yes ☐ No

  If no, please list any other countries, states or provinces in which you currently hold a license to practice nursing:

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

  If yes please explain:

- Nursing license number

- Country where nursing license was granted

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12 The CGFNS Photo Identification Form

Enclose with this application one (1) passport-size signed photograph of you, signed on the front. Attach the photo to the *CGFNS Photo Identification Form* on page 9.

13 ISPN Application payment information

The fee is **US$300**.

CGFNS is offering the special price of US$200, a US$100 discount to the first 100 Thai nurses who apply for the ISPN Program in Thailand and are eligible to take the November 2011 CGFNS Qualifying Exam®

Total fees enclosed $_____

14 Terms and conditions of the ISPN Program

The following clarifies the obligations of the International Standards for Professional Nurses Program provider (CGFNS) and the applicant (you), as well as the manner in which this service is delivered.

- CGFNS may choose to verify only the documents that it considers relevant to the International Standards for Professional Nurses Program application.
- All documents submitted become the property of CGFNS and will not be returned to you. Do not send original registrations or licenses.
- No verification is conducted until CGFNS receives a complete application and full payment. Please include payment with your application.
- Fees are subject to change.
- Any payment sent to CGFNS will be applied first to any unpaid balance from previous orders for CGFNS products or services before it is applied as payment to this application.
- No refund is given after an application is submitted.
- You are given 12 months to meet the requirements of the initial application order, after which it expires. If an initial application that has been paid in full expires, you will need to start the process over and pay the full fee.
- The ISPN Program certificate is valid only when the official (embossed) CGFNS seal is affixed.
- If you are approved to take the CGFNS Qualifying Exam®, you will receive an *Authorization to Test* notification with instructions.
- If your application includes any forged, altered or falsified documents or information, you will not be issued a ISPN Program certificate.

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15 Attestation

I agree to the Terms and Conditions of the ISPN Program outlined in Item 14 on page 4.

I certify that all information that CGFNS has received as a part of this application, now or in the past, from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.

I understand that CGFNS and others will rely on this application and on the documents and information submitted, and that if any of the items are falsified, altered or tampered with or if I alter a CGFNS certificate or misrepresent a copy as an original, CGFNS may take 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 from all liability.

I authorize CGFNS to disclose the information and documents in this application, the status of any CGFNS certificates, reports or evaluations prepared by CGFNS, any other information obtained by CGFNS, and the results and reasons for any action taken against me by CGFNS to any person or organization I designate in writing or to any other recipient who CGFNS may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.

I understand that unauthorized use of exam materials, giving or receiving aid during an examination and/or violating instructions at the examination site may be grounds to expel me from the examination, bar me from future examinations and/or from participation in any CGFNS programs, or to otherwise take action against me as appropriate. Applicants should refuse any requests by third parties (e.g., friends, recruiters or employers) to memorize questions or give them details regarding the content of the tests. Such activities will result in the applicant's exam being voided and may prevent them from being approved for all future exams.

I understand that the ISPN Program certificate and all copies of it remain the property of CGFNS and must be returned to CGFNS if CGFNS determines that the holder of the certificate was not eligible to receive it or that it was otherwise issued in error.

Sign your name and date, using English characters, for this application to be processed.

Your signature _____

Sign entire name, do not print

Print your name _____ Date _____

Month / Day / Year

Mail the application and payment to ISPN Thailand, c/o CGFNS International, 3600 Market Street, Philadelphia, PA 19104-2651 USA

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Request for Validation of License/Registration/Diploma

FOR APPLICANT TO COMPLETE

My current name

First (given) name | Middle name | Last (family/surname) name

My birth date Month Day Year

My CGFNS ID number (if known)

My order number (if known)

License/Registration/Diploma number

Professional title

The license/registration/diploma was issued under the name

First (given) name | Middle name | Last (family/surname) name

Applicant signature

My current address

Address

City

Province / Municipality

Post code

APPLICANT: PLEASE MAIL, EMAIL OR FAX THIS FORM TO YOUR LICENSING AUTHORITIES AFTER COMPLETING THE SECTION ABOVE.

FOR LICENSING OR SCHOOL AUTHORITY TO COMPLETE

Dear Licensing or School Authority:
Please **complete this section of the form** and attach a copy of the above applicant's professional license/registration/diploma documents issued in its original language, *accompanied by a certified English translation.*

1. This is to certify that _____ was first issued license/registration/diploma
   Applicant name

   number _____ to practice as a _____ on ____ / ____ / ____
   Specify legal title — Month Day Year

   The expiration date of this registration / license is ____ / ____ / ____ (Month Day Year) Applicant birth date ____ / ____ / ____ (Month Day Year)

2. Ability to practice granted by: ☐ National / Provincial / State examination ☐ Licensure exam date ____ / ____ / ____ (Month Day Year)
   ☐ Registration ☐ Review of another license (endorsement)
   ☐ Diploma (***NOTE:*** Please attach a copy of the original language diploma/certificate with literal English translation)
   ☐ 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 address of professional school

5. Graduation date ____ / ____ / ____ (Month Day Year)

6. Is this school accredited or government approved? ☐ Yes ☐ No
   By whom? _____ Approval date ____ / ____
   Is this educational program accredited or government approved? ☐ Yes ☐ No By whom?

7. Program type: ☐ Diploma ☐ Baccalaureate degree ☐ Associate degree ☐ Other (specify)

8. Licensing or school authority signature _____ Date ____ / ____ / ____ (Month Day Year)
   Do not print, sign entire name. Licensing or school authority **seal or stamp must cover signature.**

   SEAL OR STAMP

   Print name

   Licensing or school authority title

   State / Province and country

   Telephone number (include country code and area code) | Fax number (include country code and area code)

   Email address | Web address

LICENSING AUTHORITY: Please send this document and any attachments, in English, in an envelope with your seal or stamp over the flap after sealing. Send to ISPN Thailand, c/o CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA

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CGFNS Photo Identification Form

Place barcode here

For CGFNS use only.

Instructions for completing this form (numbers correspond to the numbers in the items below)

1. If you know your CGFNS ID number print it legibly. Use one block for each number.
2. Print your birth date legibly. Spell the month and enter numbers for the day and year.
3. Print your name legibly. Use one block for each letter. Start with your first (given) name and your middle name on the first line. Then print your last name (surname/family) name and, if applicable, your name before marriage on the second line.
4. Sign your name on the front of a recent, color, passport-size photo of your face in the space indicated. Securely glue it to the form. The photo will not be returned to you.
5. Sign your name in this order: first (given) name, middle name, last (surname/family) name.
6. Enclose this form with the other application documents/forms and mail to CGFNS International.

1 Your CGFNS ID number

Leave blank if not known

2 Your birth date

Month

Day

Year

3 Your name

First (given) name

Middle name

Last (surname / family) name

Name before marriage

4 Your photo

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

5 Your signature

Do not print, sign your entire name (first name, middle name, last name)

Mail the completed form to ISPN Thailand, c/o CGFNS International, 3600 Market Street, Philadelphia, PA 19104-2651 USA

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Authorization to Release Information

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

This Authorization will remain valid for two years from the date supplied by you on the "Date" line below (or if no date is supplied, from the date this Authorization is received by CGFNS).

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 on or after the 30th day after CGFNS receives it, by regular mail or courier, at its headquarters office in Philadelphia, Pennsylvania, USA.

AUTHORIZATION: I authorize CGFNS to release to the authorized agent indicated by me below, any and all information about me and my application/order for services from CGFNS, including, and without limitation, the status of my application/order, the results of any credentials review or exam and any other information in or relating to my file at CGFNS. **I understand that all mail (including certificates, exam scores and reports) will be sent to the authorized agent.**

This authorization revokes all previous authorizations submitted by the applicant.

1 Your CGFNS ID number (if known)

2 Your birth date (spell the month and enter numbers for the day and year)

Month Day Year

3 Your signature

Your signature _____ Date ____ / ____ / ____
Do not print — Month Day Year

Print your name _____

4 Your authorized agent (please print)

Your contact's name _____

The organization your contact is representing _____

Your contact's address _____

_____

Day telephone _____ Fax _____

Evening telephone _____ Email _____

Mail the completed form to ISPN Thailand, c/o CGFNS International, 3600 Market Street, Philadelphia, PA 19104-2651 USA

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Credit Card Payment Form

Please type or print legibly. To pay by credit card, please fill in below your name as it appears on your application and your CGFNS ID number (if known). Complete the cardholder information as requested.

1 Applicant name

First (given) and middle names (leave a space between names)

Last (family/surname) names (leave a space between names)

2 CGFNS ID number (if known)

Leave blank if not known

3 Applicant birth date (spell the month and enter numbers for the day and year)

Month Day Year

4 Cardholder information

Cardholder name (as it appears on card)

First name, middle initial and last name (leave a space between names)

Credit card type (check one) ☐ Visa ☐ Mastercard ☐ Discover

Cardholder address (for processing credit card payments only)

Street

Street

City

Province / Municipality Post code

Credit card number

CVV2 number* (see below for explanation)

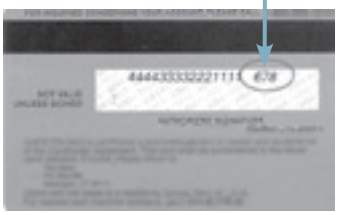
Expiration date Month Year

Total charges US $

(see fees page online at http://www.cgfns.org/sections/apply/fees.shtml)

***Explanation of credit card CVV2 number**

Visa and MasterCard: This number is printed in the signature area on the back of the card (they are the last 3 digits after the credit card number).



5 Cardholder signature (authorization for payment)

I hereby authorize a charge to my credit card for the total of all services ordered in this application including any fee adjustments in effect as of the date the order is received.

Signature of authorized cardholder

Mail the completed form to ISPN Thailand, c/o CGFNS International, 3600 Market Street, Philadelphia, PA 19104-2651 USA

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