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.

Sec	on I - Applicant Information	
1.	check what you are applying for Registered Professional Nurse Licensed Practical Nurse	
2.	eave this blank if you do not have a U.S. Social Security Number.) 3. Birth Date Month Day Year]
4.	Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1).	
	Last	
	First	
	Middle Middle	
5.	lailing Address (You must notify the Department promptly of any address or name changes).	
J.		
	Line 1	
	Line 2	
	Line 3	
	City	
	State ZIP Code ZIP Code	
	Country/ Province	
6.	rint your name as it appears on your degree or diploma	
7.	lursing school attended	
	ddress	_
	pates of attendance from mo. day yr. to mo. day yr.	
	pate degree/diploma was awarded	
	lame/Title of the Degree/Diploma issued to you	
8.	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 ducation 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.	<u>,</u>
	pplicant's Signature Date Form 2F, Page 1 of 2, Revised 3/18	_

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) (State/Province) (ZIP Code) City (Country) 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 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 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 Institution Seal Telephone Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit,

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89 Washington Avenue, Albany, NY 12234-1000, U.S.A..

Section II - Certification of Nursing Education