

## Nurse Form 2F Certification of Foreign Nursing Education

**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.**

### Applicant Instructions

1. 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 9.**
2. 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 <https://www.op.nysed.gov/about/general-information-policies#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.**

Check what you are applying for (check one):  Registered Professional Nurse     Licensed Practical Nurse

### Section I: Applicant Information

1. Social Security Number <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> (Leave this blank if you do not have a U.S. Social Security Number)	2. Birth Date    Month <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Day <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Year <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
3. Print Name    Last <input style="width: 500px; height: 20px; border: 1px solid black;" type="text"/>	
First <input style="width: 350px; height: 20px; border: 1px solid black;" type="text"/>	
Middle <input style="width: 350px; height: 20px; border: 1px solid black;" type="text"/>	

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address  Home or  Business  
 (You must notify the Department within 30 days of any address or name changes)

Line 1

Line 2

Line 3

City

State     ZIP Code

Country/Province

5. Telephone/Email Address

Daytime Phone  
 Home or  Business

Area Code                      Phone

Email Address (please print clearly)  
 Home or  Business

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6. New York State DMV ID Number  
 (Driver or Non-Driver ID)

*(Leave this blank if you do not have a New York State DMV ID Number)*

7. Name as it appears on your Degree/Diploma/Certificate \_\_\_\_\_

8. Name of institution attended \_\_\_\_\_

Address of institution \_\_\_\_\_

Dates of attendance    from         mo.      day      yr.    to         mo.      day      yr.

Title of Degree/Diploma/Certificate awarded (in original language) \_\_\_\_\_

Date Degree/Diploma/Certificate awarded         mo.      yr.     Not yet awarded

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: Certification of Nursing Education**

**Instructions to the Registrar:** Complete Section II to document the applicant's education. Sign and date the Certification. Return the entire form along **with an official transcript** documenting completion of the program in an official school envelope **directly** to the Office of the Professions at the address at the end of this form. **Form 2F will not be accepted if submitted by the applicant.**

Name of the applicant \_\_\_\_\_  
*(see Section I, item 7)*

1. Nursing school name \_\_\_\_\_  
Former school name \_\_\_\_\_  
Address \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*City (State/Province) (ZIP Code) (Country)*

2. 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  
Print Name \_\_\_\_\_  
Title or official position \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Date



**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.