

Nurse Form 3F

Verification of Foreign Professional Licensure/Certification

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

Complete this form if you hold, or have ever held, a license or certificate to practice any profession* in any jurisdiction outside the U.S. 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 or you are not utilizing the services of CGFNS.

*Profession is defined as professional titles licensed under New York State Education Law.

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 10.**
2. Send the entire form to the appropriate licensing/registration authority for completion of Section II. Be sure to include any fee required by that licensing/registration authority. **This form will not be accepted if submitted by the applicant or any person or agency other than the proper licensing/registration 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. Name of licensing/registration authority to which this form is being sent _____
7. If you were issued a license/certificate by this licensing/registration authority, print your name as it appears on your license/certificate.
Print name _____
Professional title on license/certificate issued (native language spelling) _____
Professional title on license/certificate issued (English-language spelling) _____
8. If you took a licensing examination using a different name, enter that name below.

Last _____ First _____ Middle _____
9. If licensed/certified as a nurse, name of school of nursing _____
Address _____
Date certificate or diploma in nursing was awarded _____ Certificate/Diploma Title _____
mo. day yr.
10. I request and give my permission to the licensing/registration authority listed in item 6 above to complete the information on this form and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Applicant's Signature _____

Date _____

Section II - Verification of Licensure/Certification (Please print or type.)

Instructions to the Licensing/Registration Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an sealed official institution envelope directly to the Office of the Professions at the address below. Do not return this form to the **applicant**. **This form will not be accepted if returned by the applicant or any person or agency other than the proper licensing/registration authority.** Attach additional sheets if necessary.

1. Name of the applicant _____
(see Section I, item 7)

2. Professional title on license/certificate (native language spelling) _____
Professional title on license/certificate (English-language spelling) _____
License/Registration number _____ Date of licensure/registration _____
mo. day yr.

3. Verification of licensure/certification - Complete if applicant was licensed/registered as a nurse or was approved to take a state/provincial/national examination in nursing or was otherwise qualified to practice nursing in your jurisdiction.

A. The nursing program indicated in item 9 on page 1 was:

- 1. Approved by this licensing authority at the time of the applicant's attendance. Yes No
- 2. Approved by this licensing authority at the time of the applicant's graduation. Yes No
- 3. A first level/professional (registered) nursing program of at least 2 years in length Yes No

OR

A secondary level/auxiliary (practical) nursing program of at least 9 months in length.

B. Initial approval date of this school's nursing program _____
mo. day yr.

If noted school program is not approved for General Nursing Practice, please explain _____

C. Basis of licensure (check one): Examination Education Only Other (Explain) _____

Is the applicant's practice of general nursing restricted? (If yes, attach an explanation) Yes No

4. Complete if applicant was issued a license/certificate by your jurisdiction.

- A. Has disciplinary action been taken against this license? Yes No
- B. Are disciplinary charges pending against this license? Yes No

If the answer to either of these questions is "yes", please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, except as noted in item 4 above or in any attachments, in so far as the licensing/certifying authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature _____ Date _____

Print Name _____

Title _____

License/Registration authority _____

Full Address _____

Institution Seal

Telephone _____ Fax _____

Email _____

Web site address _____

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 DPLSVerif@nysed.gov.**