The University of the State of New York The State Education Department Office of the Professions Division of Professional Licensing Services <u>www.op.nysed.gov</u>		Nurse Form 2F Certification of Foreign Nursing Education							
			I is located outside the U te nursing license review you are not uti	of your CG	FNS Credentia	als Verification			
1. 2.	Applicant Instructions 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. 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.								
Che	eck what you ar	e applying for (check	one): 🗌 Registered P	rofessional	Nurse	Licensed P	ractical Nurse		
Sec	ction I: Applica	Int Information							
1.	Social Securit		S. Social Security Number)	2.	Birth Date	Month	Day	Year	
3.	Print Name	Last							
		First				5.	Telephone/Em		
		Middle					Daytime Pho		
Lic	<u>ensee</u> business	address, phone and em	ail address are public inf	formation. F	ailure to				
			each item will deem it p	ublic inform	ation.		Area Code	Phone	
4.	Mailing Addre (You must no Line 1		Business thin 30 days of any addı	ress or nam	e changes)		Email Addres	ss (please print cle e or Business	early)
	Line 2								
	Line 3					6.	New York Stat (Driver or Non	te DMV ID Numbe -Driver ID)	r
	City						(,	
	State	ZIP Code						k if you do not have DMV ID Number)	а
	Country/ Province							· · · ·	
7.	Name as it appears on your Degree/Diploma/Certificate								
8.	Name of instit	Name of institution attended							
	Address of ins	titution							
	Dates of atten		to						
	Title of Degree	mo. e/Diploma/Certificate a	day yr. ۱ warded (in original lang	mo. day juage)	yr.				
	Date Degree/I	Diploma/Certificate aw	arded yr.	Not	yet awarded				
9.	Professions at	ive 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 the address at the end of this form, and to release any other information requested by the State Education Department in my application.							
	Signature					D	late		
Nu	rse Form 2F, P	age 1 of 2, Revised 3	/23						

Section II: Certification of Nursing Education

	ment the applicant's education. Sign and date the Certification. Return the entire tion of the program in an official school envelope directly to the Office of the will not be accepted if submitted by the applicant.																	
Name of the applicant																		
	(see Section I, item 7)																	
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																	
Years of education required for admission	Date of graduation dayyr.																	
Title of degree or diploma awarded	Date degree or diploma was awarded																	
Type of program Baccalaureate Diploma	mo. day yr.																	
This program was approved as propering for licensed pro																		
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 Registratic	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 sch official's signature(s) and an original school seal(s). It must b envelope.	hool showing completed courses by year and grades and bears original school be received directly from the school along with this form in a sealed official school																	
Certification - To be completed by the Registrar: I hereby certify that to the best of my knowledge and belief the education of the individual named on this form.	he information in Section II is a true statement of the record of the professional																	
Signature of Registrar	Date																	
Print Name																		
Title or official position																		
Institution	Institution Seal																	
Address																		
Telephone Fax	Email																	
Return Directly to: New York State Education Department, 89 Washington Avenue, Albany, NY 12234-1000.	Office of the Professions, Division of Professional Licensing Services, Nurse Un																	