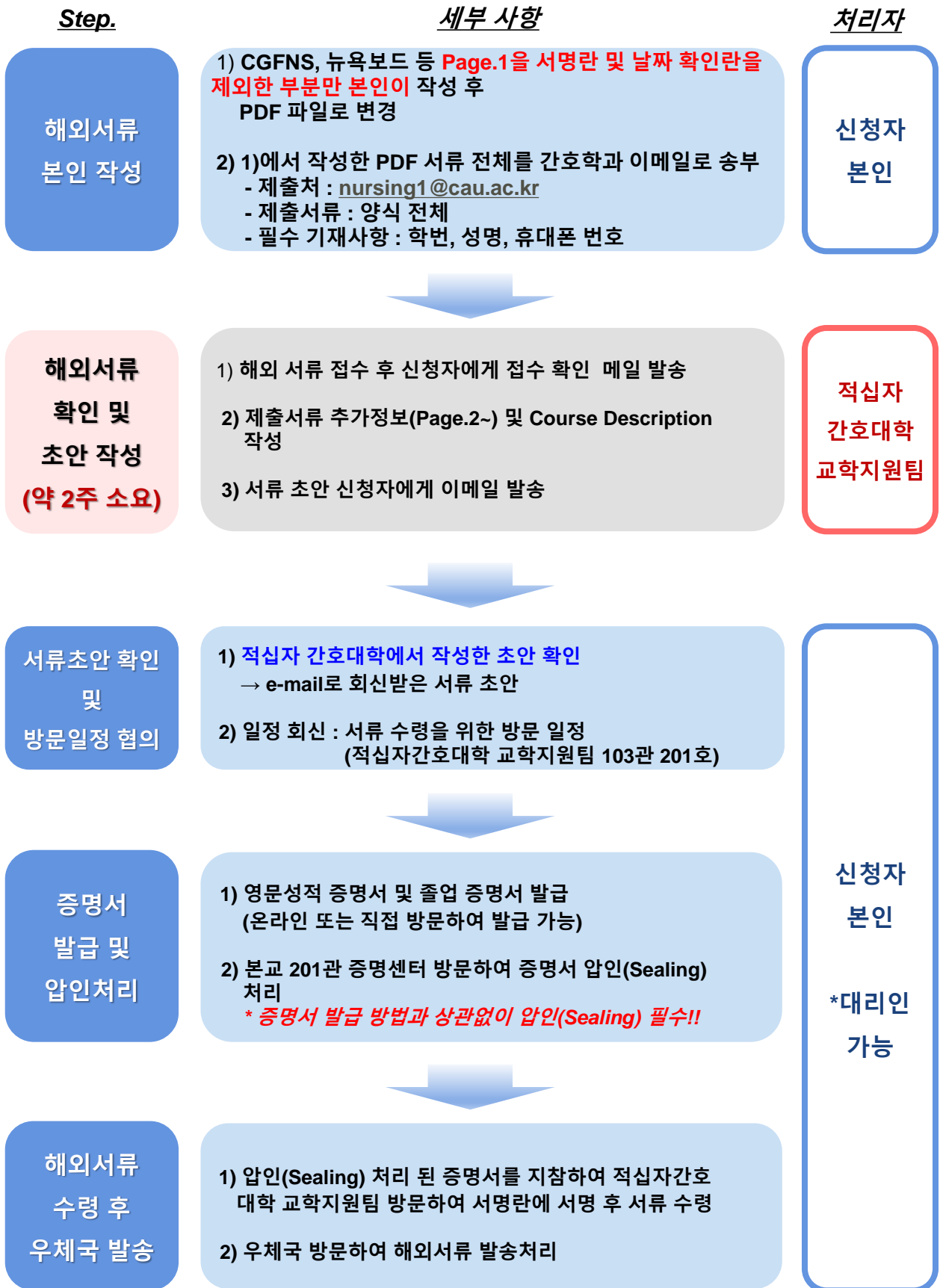


# 해외서류 신청 절차



# CGFNS, 뉴욕보드 Page.1 본인 작성 예시 (형광펜 표시 부분 작성)

## 1. CGFNS



3600 Market St suite 400, Philadelphia, PA 19104  
www.cgfns.org



CGFNS International, Inc. | 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 USA | +1 (215) 222-8454 | www.cgfns.org

**Applicant:** \*Please sign, date and send this form to your professional school (or where your Academic Records / Transcripts are archived) to have an authorized official complete the remaining information.

Current Name:	KIL DONG HONG		
Name When Attended School (if Different):			
Other Names:			
Name of School:	CHUNG-ANG UNIVERSITY		
Dates of Attendance:	March 2015	to	February 2020
Date of Birth:	October 14, 19**		
Email:	*****@naver.com		Telephone:
Mailing Address:			

I, \_\_\_\_\_, hereby give my consent to CHUNG-ANG UNIVERSITY to provide CGFNS International, Inc. the requested information with supporting nursing education documents.

\*Applicant Signature: \_\_\_\_\_ \*Date Signed: 

Month (Jan, Feb, Mar, ...)	Day	Year

# 2. 뉴욕보드

## 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](http://www.op.nysed.gov)

### Applicant Instructions

- 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.**
- 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.**
- 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](http://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.**

### 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. Print your name as it appears on your degree or diploma

7. Nursing school attended

Address

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

Date degree/diploma was awarded     
mo. day yr.

Name/Title of the Degree/Diploma issued to you

8. I 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 Education 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 3. DCA



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • OPEN NEWSROOM GOVERNANCE

**BOARD OF REGISTERED NURSING**  
 PO Box 944210, Sacramento, CA 94244-2100  
 P (916) 322-3350 F (916) 574-8637 | [www.m.ca.gov](http://www.m.ca.gov)



## REQUEST FOR TRANSCRIPT

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

### A. TO BE COMPLETED BY APPLICANT

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)	
City	State	Country	Postal/Zip Code	U.S. SOCIAL SECURITY NUMBER or INDIVIDUAL TAXPAYER ID NUMBER:	
PREVIOUS NAMES: (Including Maiden)					
NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:				YEARS ATTENDED:	
LOCATION: City	State	Country	Postal/Zip Code	YEAR GRADUATED:	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### B. TO BE COMPLETED BY THE OFFICE OF THE SCHOOL OFFICIAL RELEASING TRANSCRIPTS

The above applicant has applied for a license to practice as a registered nurse in California. Please provide the following information and attach a complete official transcript. Please mail to the Board of Registered Nursing at the above address. **DO NOT SIGN OR SUBMIT THIS FORM PRIOR TO COMPLETION DATE OF THE REGISTERED NURSING PROGRAM.**

<b>ENTRANCE DATE:</b>	<b>DATE DIPLOMA/ DEGREE AWARDED:</b>	<b>DATE NURSING REQUIREMENTS COMPLETED:</b>
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If degree received prior to entering nursing program, list name of school and type of degree:

<b>NAME OF SCHOOL:</b>	<b>TYPE OF DEGREE:</b>
------------------------	------------------------

**SIGNATURE OF SCHOOL OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NOTE: ALL INTERNATIONAL NURSING PROGRAMS:** Please include Breakdown of Educational Program for International Nursing Programs form. Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. **The original foreign language transcript and the English translation of the transcript must both be sent to the Board of Registered Nursing.**

(Rev 1/19)

## \* 학교명칭 작성 방법

### 1. 3년제, 전문학사 졸업생

Red Cross College of Nursing, Chung-Ang University

### 2. 4년제, 학사 졸업생

- 1) ~ 2011 학번까지 : Department of Nursing, Chung-Ang University
- 2) 2012학번 : 졸업증명서 확인 후 작성
- 3) 2013학번 이후 : Red Cross College of Nursing, Chung-Ang University

## \* 기타 유의 사항

### 1. 대리인 증명서 및 외국서류 발급 방법

위임장 등 필요 서류 지참 → 중앙대 201관 증명 센터 방문 후 증명서 발급 및 압인 (Sealing) 처리 → 적십자간호대학 교학지원팀 방문

\* 대리인 증명 발급 관련 안내 : 아래 사이트 클릭 후 → 방문 신청 탭 클릭

[https://www.cau.ac.kr/cms/FR\\_CON/index.do?MENU\\_ID=1270&CONTENTS\\_NO=1  
&P\\_TAB\\_NO=1#](https://www.cau.ac.kr/cms/FR_CON/index.do?MENU_ID=1270&CONTENTS_NO=1&P_TAB_NO=1#)

### 2. 문의처 및 운영시간

- 1) 해외 서류 관련 : 적십자간호대학 교학지원팀 02-820-5968, 5672
  - 2) 증명서 발급 관련 : 학사팀 02-820-6035, 6036
  - 3) 운영 시간 : 평일 오전 9시~18시
- \* 방학기간 중에는 운영 시간이 단축 되오니 방문 전 확인하시기 바랍니다.