

NCLEX MASTERS

NURSING EXAM ONLINE PREP

Dear Foreign Educated RN:

Congratulations in your interest in passing the CGFNS/NCLEX exam..! You have taken step one of a journey into your future and NCLEX-MASTERS is ready to walk with you assisting along the roadway to your success..!

NCLEX-MASTERS Promise to our RNs

NCLEX-MASTERS promises in writing the benefits below to all our foreign educated RNs participating in its International Recruiting Efforts program. (Benefits may vary amongst participating hospitals)*

NCLEX-MASTERS client hospitals offer the following terms:*

1. Salaries ranging from the \$ 50,000 to \$ 97,000 per year, depending on experience and/or specialty.*
2. Weekly day and night shifts of 3 days on and 4 days off.
3. Shift differentials for night shifts and additional shifts
4. Shift differential for weekends, and holidays
5. Medical insurance and dental for the RN and family
6. Paid vacation and paid time off of over 25 days per year
7. Pension and 401K retirement plans
8. Discounted share hospital share buying options
9. Education reimbursement and loan consolidation

Eligibility to Nclex-Masters International program – requirements :

1. RN must hold a bachelor nursing degree form recognized university or nursing school
2. RN must have at least two (2) of clinical experience.
3. RN must speak, read and write English as evidenced by a TOEFL score
4. RN must have passed the CGFNS or NCLEX exam.

Permanent Residence for Registered Nurses

For registered nurses, the immigration process is currently a much faster process due changes in labor certification criteria no longer required. Classed under the "Schedule A" employers wishing to immigrate foreign educated nurses are exempt from some certifications processes. The permanent residence process may begin with the employer submitting a visa petition and supporting documents on behalf of the RN to the office of the INS. Upon approval of such petition, assuming her date is current and the RN has violated his/her entry permit or visa status, the RN and her spouse, and unmarried children under 21 years of age, may apply for adjustment of status to a permanent residence.

*eligibility refers to RNs having CFGNS Visa-Screen certification/passed the NCLEX exam and shows passing score.

After passing the NCLEX

The U.S. Citizenship and Immigration Services (USCIS) requires, under section 343 of the Illegal Immigration Ref seeking temporary or permanent occupational visas as well as those who are seeking Trade NAFTA (TN) status, to first obtain a CGFNS/ICHP Visa-Screen Certificate as part of the visa process. Visa-Screen is administered by the International Commission on Healthcare Professions (ICHP) a division of CGFNS International. To be eligible to apply for a Visa Screen certificate the RN must have first passed the NCLEX exam.

Visa-Screen Certificate Criteria

A Visa-Screen certificate is issue only to Rns who demonstrate (1) an education equivalent to nurses educated in USA, and (2) demonstrate level of competence in oral and written English appropriate to practice professional nursing in USA hospitals. Visa-Screen certification must be presented to an Embassy/Consulate when outside USA, or to INS when in USA already as part of the adjustment of visa process.

Please indicate what information is applicable to you, if any, below. Please place check on blank line.

__Country of origin : _____, _____.

__CFGNS __passed ___N/A

__NCLEX __passed _____ NCLEX No. _____ Date _____.

__TOEFL __passed _____ score _____ Date.

__Foreign RN license No. _____, Specify country _____

__VisaScreen Certificate __No. _____ Date issued _____

__Previous USA Visa __Expired _____ Denied visa year and month _____

__Previous US Employment Authoirzation __Past INS Action _____

Suggestions and Recommendations

Foreign educated nurses should initiate their VisaScreen application as soon as they pass the NCLEX-RN exam.

It may take nurses a substantial amount of time gathering all the supporting documentation to fulfill the requirements of the CGFNS agency.

Additionally, the nurse must consider registering for the TOEFL exam For the most updated information on the English requirements visit the [www. CGFNS.Org](http://www.CGFNS.Org) or contact us at www.NCLEX MASTERS CorpUSA.com

Fees for VisaScreen Certification

Fees for VisaScreen: Visa Credentials Assessment	Fee
• VisaScreen Initial Certificate (valid for five years)	\$398.00
• Second year re-applicant (service incomplete during first year of application)	\$128.00**
• VisaScreen Renewal Certificate	\$150.00
• VisaScreen Replacement Certificate	\$100.00
• VisaScreen Verification of Certificate letter	\$75.00

NCLEX-MASTERS "International Recruitment Program"

Overview

NCLEX-MASTERS International Recruitment program has been successfully recruiting foreign trained healthcare workers.

NCLEX MASTERS program includes all the essential steps, starting with recruitment and ending with orientation that places the individual in NCLEX-MASTERS client facilities, legal and ready to work.

NCLEX MASTERS recruits for potential placement in American hospitals, registered Nurses, Radiology and Rehab professionals, Pharmacists and laboratory personnel from local and international markets.

International Recruitment Program.

The following outlines the technical and business elements of NCLEX-MASTERS Program Recruitment Strategy.

International Medical Employer Developer (NCLEX MASTERS) unique global strategy provides FREE traveling/reimbursement*, loan assistance, vehicle loan assistance, 30 days FREE housing, and many more benefits to foreign nurses per eligibility.

We recruit healthcare professionals from the following regions in Latin America and the Caribbean Basin, Asia, India and the Philippines, as well as South Africa.

Countries with asterisk indicate International Training Centers and TOEFL, CGFNS, and NCLEX preparation programs lasting no less than 10 months. Other countries programs lasting less than 10 months.

NCLEX RN exam takers may include nurses from Filipinas, India, China, Colombia, Puerto Rico, Venezuela, Chilea, Uruguay, Bahamas, Curacao, Trinidad Tobago, Virgin Islands, Peru, Nicaragua, Honduras, Guatemala. Salvador, Bolivia, Hawaii, Ecuador, Argentina, Africa, South America, Mexico, Mejico, Canada, Middle East, Arab Emirates, Kuwait, Iran, Jordan, Saudi Arabia, Egypt, Costa Rica, Philippines, Manila, Pinoy Nurses, Korea, Israel, Nigeria, Kenya, South Africa, Jordan.

Russia, Japan, Spain, England, Australia, Belize, Poland nurses, Filipino, Panama, Grenadines, Jamaica, Haiti, Cuba, Canada, Bahamas, St Martin, Trinidad Tobago, Ecuador, Suriname, Australia, GN's from USA, California, Florida, Texas, Georgia, Tennessee, Kentucky, Illinois, New York, New Jersey, New Mexico, Utah, Nevada, Oregon, Wyoming, Montana, Dakota, Missouri, Mississippi.

Alabama, Nebraska, Kansas, North Carolina, South Carolina, Virginia, West Virginia, Michigan, Indiana, Colorado, Arizona, Massachusetts, New Hampshire, Delaware, Washington, Minnesota, as a sample of exam takers internationally. Algeria, Benin, Cameroon, Cote d'Ivoire, Eritrea, Gambia, Ghana, Kenya, Libyan Arab Jamahiriya, Madagascar, Maldives, Mali, Mauritius, Morocco, Nigeria, Senegal, Somalia, South Africa, Tanzania, United Republic of Togo, Tunisia, Uganda, Zimbabwe, Afghanistan, Bangladesh.

China, India, Indonesia, Japan, Kyrgyzstan, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Thailand, Viet Nam, Albania, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Republic of Netherlands (Holland)

Norway, Poland, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Uzbekistan, Yugoslavia, Bahrain, Egypt, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen, Antigua and Barbuda, Canada, Dominican Republic, Honduras, Mexico, Nicaragua, Panama, Trinidad and Tobago, United States, Australia, Fiji, New Zealand, Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Guyana, Peru, Uruguay, Venezuela, Ethiopia.

Enfermeras, enfermeria, nurses, registered nurses, RN, and other nursing professionals. LPN, RNP, RN, CNA, NICU, PACU, MED SURGE, PICC, ICU, CCU, Nurses.

Visa Processing

NCLEX MASTERS manages and oversees the visa processing for candidates through its legal aid division and affiliated legal counselors. The preparation and filling of the documents is done through contractual arrangements with affiliated legal firms for timely and cost-effective processing.

A member of the NCLEX-MASTERS department signs all immigration related documents for our dept. after verifying accuracy and appropriateness of the contents and compliance with contracted legal fees.

A copy of all documents is kept in our office and all correspondence and key information is logged into our tracking system.

We have experience with the following aspects of visa processing:

1. Permanent Residency or Immigrant Visas. A foreign national can become a permanent resident and receive a green card through one of three possible methods: Family based immigration, employment based immigration or an annual lottery.
 - a. Permanent Residency for an RN using "Schedule A" with consular processing. This is used to obtain an immigrant visa (green card) for the candidate that is overseas. Ninety nine percent of NCLEX MASTERS RN candidates are brought to the U.S. under this process or CGFNS Visa-Screen.
 - b. Permanent Residency for an RN using schedule A with adjustment of status. This is used to convert or adjust those candidates who contract our facilities for employment opportunities. These candidates would be in the U.S.A. on an occupational visa, or authorization to work through VisaScreen after successfully passing the CGFNS and/or NCLEX exams.
2. Non-Immigrant or Temporary Visas. These visas are temporary in nature and are employer specific so that employees may not change jobs without prior notification to the BCIS. Family members may accompany a non-immigrant worker but they cannot be employed unless they obtain a work visa.

Family Involvement

NCLEX MASTERS acknowledges the critical role that the family has on a foreign trained applicant's adjustment to the U.S.A. life style while away from home. We address this need on the initial contact with the candidate and on going through the process. The family composition is determined to minimize those variables affecting the transitional process of each nurse.

1. We abide by the USCIS policy
 - a. We petition the spouse and any children under 21 along with the qualified candidate.
 - If the marriage or birth of the child occurs after the submission of the packet 3, NCLEX MASTERS must be notified. All of this information is provided candidates and family members in the initial orientation.
2. We encourage the healthcare professional to arrive first and then bring family members within a 6 to 9 months period of time, allowing professional to get acclimated to daily living and professional demands.
3. Prior to arrival of family members, we address all needs related to schools, day care, and employment opportunities for the spouse, and any other needs related to family issues that may affect the final length of staying and retention rates.

Communication-Assessment of English Skills

During the initial contact with the applicant an assessment of their ability to communicate in English is conducted via several placement test and verbal interviews quantify each nurse potential for learning a new language within the program time frame. All initial interviews are conducted in English using a standardized format. NCLEX MASTERS pre-testing methodology assists in determining their ability to understand the English language basic components in reading, comprehension, grammar and verbal expression similar in many ways to English standards used by international English exams. All candidates are required to take and pass English TOEFL (writing, speaking, reading and overall English skills.) The maximum TOEFL score is demanded from all participants to the International Nurse Program as requisite to continue in NCLEX MASTERS International Nurses Program.

Assessment of English Skills throughout the length of NCLEX MASTERS program.

English skills levels are assessed several times throughout the duration of the program; all candidates are interviewed via telephone by native English speaking recruiters prior to any interviewing session with CNO's or HR authorities. Over-the-phone interviewing is done prior and after successfully passing TOEFL examinations in their places of origin.

All migrating nurses are expected to be fully bilingual upon their arrival to USA facilities, and to continue into advanced English classes for no less than 6 months after arrival to USA as part of contractual terms and requisites of admission to the International Nurses program. Special arrangements are made for just arrived nurses to attend classes as scheduled once in USA.

Interview Assessment and Arrival Procedure

The candidate's orientation begins on initial contact with NCLEX MASTERS recruiting personnel and is ongoing during the process and last beyond their placement with each facility to monitor performance and track retaining rates for up to three years. The local NCLEX MASTERS office represents both NCLEX MASTERS and the facility when the candidate arrives in the U.S.A. Designated office staff member greets the candidate at the airport and assists them by transporting them to NCLEX-MASTERS FREE housing units; additional assistance is provided to help new arrival in obtaining a social security number, opening a bank account, buying food and other necessities, as well as, acculturating to a new society's values.

Transportation

All nurses are transported to and from hospitals for up to (4) weeks after arrival while taking driving school instruction.

RN Candidates Pre-Screening.

1. NCLEX MASTERS interview assessment tool determines the candidates rating for the following categories:
 - a. Communications Skill
 - b. Professional Appearance
 - c. Professional Development
 - d. Clinical Judgment
 - e. Clinical Specialty potential for all clinical area (see appendix C)
2. When the applicant first enrolls in NCLEX MASTERS program, we assign them to an NCLEX MASTERS recruiter or placement specialist who maintains communication with the individual on a consistent basis. Communication includes compliance with requirements to eventually be deployed to the U.S.A for employment.
3. Prior to deployment, to the U.S.A., each medical professional receives an orientation on the U.S. This includes:
 - Flying in a airplane and transfer procedures
 - Clearing immigration and customs
 - Obtaining a social security number and the role it plays in their ability to work
 - Opening a bank account, paying bills and how to use a checking account
 - Credit Cards
 - Housing procedures, utilities and phone connections
 - Long distance calls
 - Public transportation and getting around until a drivers license is obtained
 - Driving schools and how to obtain a drivers license.

Education

1. A critical component of NCLEX MASTERS successful recruitment of foreign trained personnel is the medical related education of all foreign personnel.
2. NCLEX MASTERS recognizes this need and has instituted a variety of initiatives that contribute to NCLEX MASTERS success.
 - a. NCLEX MASTERS monitoring via Online the progress of each RN preparing for the TOEFL, CGFNS and NCLEX exams.
 - b. Foreign instructors hold medical degrees and/or hold advanced degrees in Adult Education from prestigious universities.
 - c. Foreign instructors have a thorough understanding of CGFNS/NCLEX exams and have reviewed and studied books that have been printed by major publishing companies on these topics.
 - d. Foreign instructors have successfully trained and taught instruction for CGFNS/NCLEX bilingual preparation and review.
 - e. NCLEX MASTERS employs American published books for NCLEX preparation.
3. NCLEX MASTERS education program includes:
 - I. Live Review Classes for no less than 10 consecutive months.
 - II. Review books from American publishing companies.
 - III. Libraries in NCLEX MASTERS foreign offices to provide supplemental study material as needed.
 - IV. Placement and Post Testing several times a year to determine the candidate's readiness for the exam. Tests are analyzed and a prescription study plan is provided to the candidates to aid in their success in passing the exam. Overall scores of no less than 95% are demanded in all testing sessions.
 - V. Bulletin Board Access – NCLEX MASTERS host a web site, and Online NCLEX preparation test at www.NCLEXMASTERSCORPUSA.COM and www.Nclex-Masters.com with access to over 1000 questions and answers for the NCLEX preparation stages, as well as, Online English Skills Preparation program accessible FREE to all participating nurses.

Online Access Info

Through this site NCLEX-MASTERS candidates are provided bulletin board access. The site offers the candidate the ability to pose questions about the various examinations, learn more about the latest trends, access updated education material, find links related to examinations, practice test-taking skills, access announcements, express concerns and find clinical information related to nursing intervention in USA.

VI. Internet based exams are provided to determine candidate's readiness take the CGFNS and NCLEX RN licensure exam.

VII.E-mail – We manage e-mails at RNeducator@nclex-masters.net. This site provides an avenue where candidates can ask questions related to education or the status of their application and any other questions related to their future employment.

Evaluations.

NCLEX MASTERS evaluates the progression of participating candidates through the process on monthly basis. This is accomplished through NCLEX MASTERS tracking system. In this report we provide the timeframe between the following events:

- I. Interview & initiation of Visa Processing
- II. Initiation of Visa processing and date visa granted
- II. Date visa granted and arrival to the U.S.A
- III. Practice testing

Additional factors that can negatively impact timeline

- U.S. embassies closing cause delays in candidates getting their passport stamped at the local level.
- Fingerprinting
- Homeland Security Compliance
- CGFNS accreditation papers lost/misplaced.
- Unresponsive nursing boards.

Communication

A critical aspect of any foreign recruitment program is the communication maintained with the facility, applicant and family members. The length of the immigrant visa process and the varied requirements to qualify for academic accreditation, CGFNS and NCLEX exam taking, and TOEFL demands on going communication between candidates and NCLEX MASTERS recruiting personnel.

Applicants must apply directly to ETS in order to take the TOEFL exam. For information or an application, contact: Test of English as a Foreign Language, Educational Testing Service, P.O. Box 6151, Princeton, NJ 08541-6151 USA; telephone: (609) 771-7100; or e-mail: toefl@ets.org.

This communication starts within days after the initial registration of the candidate to NCLEX MASTERS International Nurses Program. NCLEX-MASTERS personnel contact candidate on a bi-weekly based schedule to assure compliance with all steps of the process and submission of documentation needed from the applicant nurse. All candidates are provided with an email address to enhance communication and transference of documentation or files as needed.

NCLEX-MASTERS Educational Online NCLEX preparation website is provided free to all applicant nurses. NCLEX-MASTERS Online NCLEX preparation website provides the following didactic and informational advantages:

- a. Information on their Online-Practice test scores to qualify them to take the necessary exams. Includes a plan for studying, and monitoring test-taking progress is based on the results from Online-Practice testing.
- b. Exam application process and NCLEX review information.
- c. Exam results information.
- d. Visa Processing Information.

Immigration Process and Progress

Candidates are informed via email when their petition is sent to BCIS and receipt from BCIS is received. A copy of that receipt is sent to the applicant for their records. This tool is used to reassure and support candidates throughout the transitional process.

As the candidate moves into the phase where packet 3 and 4 are completed, they receive communication and instruction from their coordinator. It is also during this time that the CGFNS and/or RN NCLEX application is filed and the candidate is set up to take an exam to determine their readiness to sit for the NCLEX RN licensure exam. Following the exam, a plan is provided to them to assist them in appropriate study procedures and topics that the individual should focus on.

Facilities and NCLEX-MASTERS Placement Specialists

Liaison Placement Specialists communicate with each hospital/facility and candidate on an ongoing basis. Communication regarding arrivals starts 3 months prior to arrival. Once the visa is granted arrangements begin for their departure to the U.S.A. All arrivals are coordinated with facilities and take into account the facilities and candidates readiness and the hospitals Orientation Schedule.

NCLEX MASTERS PROCESSING FEES AND SCHEDULE OF PAYMENTS FOR VISA STATUS

Fees and schedule of payments for foreign educated RNs here or refer to PRIVATE LAWYER specialized in immigration law . Legal fees range from \$ 1500 to 1750.00 per nurse payable to assigned lawyer.

Schedule A for International Nurses – Change of Migratory Status

The major benefit of being on Schedule-A is that the foreign employees can get their permanent residence status ('green card') without undergoing the entire labor certification procedures. Therefore the employees get green card quickly. Schedule A occupations also ensure that the employment of foreign workers will not negatively influence the salaries and working atmospheres of United States workers similarly employed.

Requirements for Getting a Schedule A Visa:

To qualify for Schedule A processing, the professional nurses must meet the following criteria:

- They must hold a diploma from a nursing school in their country.
- A Professional Nurse registration or RN (Registered Nurses) license in their country, and a
- Full and unrestricted license to practice professional nursing in the state of intended employment.
- They must have a CGFNS (Commission on Graduates in Foreign Nursing Schools) certification, or a NCLEX-RN certification. (See CGFNS Overview)

Immigration Support Service:

The Schedule A process is divided into two phases: Each phase has its own set of documents needed from you, required CIS forms to complete, deadlines, rules to follow, etc.

For each phase, we will tell you what we need, when we need it, and when you can expect results.

Phase I: The petition. We "petition" the USCIS (US Citizenship and Immigration Services) to prove that you have the qualifications for the job, and your prospective employer has the capability to hire and pay you. You complete our questionnaire. We complete USCIS forms and review documentation.

Phase II: (Processing out of U.S.) The "complete" background check: This is for you (and us) to prove to the consulate that you are who you say you are, that you have no criminal record, etc. This phase is highly variable, and different by country.

OR

Phase II: (Processing in the U.S.) The "complete" background check: This involves the procedures of adjusting the foreign employee's status from non-immigrant to immigrant (**See Adjustment of Status**). This can take place as a part of the green card processing. The application can be filed concurrently (together) with the Phase I application form if the priority dates are current.

Employment: An alien looking for adjustment of US immigration status based on an employment-based visa should be in a lawful non-immigrant status at the time of AOS filing. He/she will also need a U.S. firm to sponsor him/her in order to get a green card

NCLEX MASTERS

PASS NCLEX AT FIRST TRY !!

NCLEX-MASTERS
INTERNATIONAL MEDICAL EMPLOYMENT DEVELOPMENT CORP.

THIS INFORMATION IS IMPERATIVE,
TO CONTINUE THE APPLICATION PROCESS!!!!!!!!!!!!!!

PLEASE PROVIDE US WITH A COPY OF THE FOLLOWING ITEMS:

1. COPY OF TWO OF THE ITEMS FROM THE I-9 FORM - (EMPLOYMENT VERIFICATION).

You are free to select any from list A or B and C

- a. Preferably Driver's License
- b. Preferably Social Security Card

2. COPY OF YOUR CURRENT " CPR ":

- a. BLS
- b. ACLS
- c. PALS
- d. Or Other

3. COPY OF YOUR CURRENT PROFESSIONAL LICENSURE (S) and / or CERTIFICATIONS.

(ie., RN License) for Reg. Nurses or if your discipline does not require a license, simply include a copy of your certification(s).

Employment History

List you current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____
City and State: _____
Telephone Number: _____
Supervisor's Name and Title: _____
Position Held: _____
Reason for Leaving: _____
Salary: _____ per Hour Week Month Year (Circle One)
Dates of Employment: From: _____ To: _____
May We Contact Your Employer: Yes: _____ No: _____

Previous Employer: _____
City and State: _____
Telephone Number: _____
Supervisor's Name and Title: _____
Position Held: _____
Reason for Leaving: _____
Salary: _____ per Hour Week Month Year (Circle One)
Dates of Employment: From: _____ To: _____
May We Contact Your Employer: Yes: _____ No: _____

Previous Employer: _____
City and State: _____
Telephone Number: _____
Supervisor's Name and Title: _____
Position Held: _____
Reason for Leaving: _____
Salary: _____ per Hour Week Month Year (Circle One)
Dates of Employment: From: _____ To: _____
May We Contact Your Employer: Yes: _____ No: _____

Name: _____ Signed: _____
Date: _____

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Last Name		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City		State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.			I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature				Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Nature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States. The document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Nature of Employer or Authorized Representative	Date (month/day/year)
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NURSE APPLICANT 'S AUTHORIZATION

By way of the following, I _____, authorize NCLEX-MASTERS to act and/or sign on my behalf, when in relation to opening, and/or licensure by the Florida Board of Nursing, reading, writing and translating any and all correspondence to and from any and all of the below listed organizations, requesting information, copies of documents, filing and/or submitting applications, making inquiries: telephonically, in writing, via fax and/or by way of any other means of communication, regarding any and all applications, processes and/or requirements pending and/or in process and/or finalized, by ANY and/or ALL of the following organizations, public and/or private entities, but not limited to the below listed:

FLORIDA BOARD OF NURSING, THE BOARD OF NURSING FROM PUERTO RICO, NATIONAL COUNCIL OF STATE BOARDS OF NURSING, INC. AKA (NCLEX), THE CHAUNCEY GROUP INTERNATIONAL LTD., THE EDUCATIONAL TESTING SERVICE, ANY AND ALL BOARDS OF NURSING GOVERNING LICENSURE, WITHIN THE CONTINENTAL AND NON-CONTINENTAL US TERRITORIES, ANY AND ALL UNIVERSITIES, TECHNICAL SCHOOLS, AND LEARNING INSTITUTIONS, WHICH I HAVE ATTENDED OR MAY ATTEND, ANY AND ALL ORGANIZATIONS HOLDING PUBLIC AND/OR PRIVATE RECORD(S). INCLUDING POLICE DEPARTMENTS, CREDIT RATING FIRMS, DOMESTIC AND ABROAD, DIVISION OF MOTOR VEHICLES, PHYSICAL RECORDS FOR DRUGS DETERMINANTS AND/OR SIMILAR USES, ANY AND ALL TESTING CENTERS WHICH SERVE AS AN (NCLEX), AND/OR PSYCHOMETRIC/PSYCHOLOGICAL TESTING CENTERS, OR RELATED TESTING CENTERS AS DEEMED NECESSARY FOR LICENSURE WITH THE FLORIDA BOARD OF NURSING AND/OR EMPLOYMENT.

Person SIGNING Authorization: _____ Signature: _____

Social Security No.: _____ Nursing License No.: _____ (if available) Date: _____

Signer's Phone Number: (_____) _____

SEAL : _____

SIGNATURE : _____

LIST OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<p style="text-align: center;">Documents that Establish Both Identity and Employment Eligibility</p>	<p style="text-align: center;">Documents that Establish Identity</p>	<p style="text-align: center;">Documents that Establish Employment Eligibility</p>
OR		AND
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (INS Form N-560 or N-561) 3. Certificate of Naturalization (INS Form N-550 or N-570) 4. Unexpired foreign passport, with I-551 stamp or attached unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card With photograph (INS Form I-151 or I-551) 6. Unexpired Temporary Resident Card (INS Form I-688) 7. Unexpired Employment Authorization Card (INS Form I-688A) 8. Unexpired Reentry Permit (INS Form I-327) 9. Unexpired Refugee Travel Document (INS Form I-571) 10. Unexpired Employment Authorization Document issued by The INS which contains a photograph (INS Form I-6888) 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and addresses 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address. 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="padding-left: 20px;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment) 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (INS Form I-197) 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) 7. Unexpired employment authorization document issued by the INS (other than those listed under LIST A)

NCLEX-MASTERS
INTERNATIONAL MEDICAL EMPLOYMENT DEVELOPMENT CORP.

I, _____ authorize NCLEX-MASTERS to use

my name, picture, and testimonies, including, but not limited to salary

compensation package to be used for flyers, publications, including but

not limited to television / video and radio advertisement, and any/all other

promotions.

Furthermore, I agree from now on and forever to release NCLEX-MASTERS from any and all liabilities.

Agreed: _____ Date: _____

Jeb Bush
Governor



John O. Agwunobi, M.D., M.B.A.
Secretary

NURSING LICENSE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT

Send to your original and current state(s) of licensure (not Florida). Make Copies as necessary.

Applicant Name _____ SS# _____

Address _____

Name original license was issued under _____

License Number _____ State of _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.

Applicant Signature _____ Date _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD

Please complete this part regarding the above individual and return this form to:
Florida Board of Nursing
4052 Bald Cypress Way
Bin # C02
Tallahassee, FL 32399-3252.

Thank you for your cooperation in this matter.

APPLICANT NAME: _____ STATE OF: _____

RN _____ LPN _____ LICENSE NUMBER: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

LICENSE BASED ON: STATE EXAM _____ NATIONAL EXAM _____
RECIPROCITY WITH _____ ENDORSEMENT _____

IS LICENSE IN GOOD STANDING? _____

*HAS THIS LICENSE EVER BEEN ENCUMBERED (DENIED, REVOKED, SUSPENDED SURRENDERED, LIMITED, PLACED ON PROBATION)? _____

REMARKS: _____

VERIFIED BY: _____

Signature of Official

BOARD SEAL

Name (print)

DATE: _____

Title

*If this license has ever been encumbered please forward all orders to the Florida Board of Nursin

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Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A., M. P. H
Secretary

NURSING EMPLOYMENT VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT

Complete this part and submit a copy to each place of employment **if you have not taken the NCLEX** and need to show proof of employment for two of the last three years

Applicant Name: _____ SS#: _____

Address: _____

NAME OF HOSPITAL OR AGENCY: _____

I hereby authorize release of any information regarding my employment status with your facility to the Florida Board of Nursing.

Applicant Signature: _____ Date: _____



PART II: TO BE COMPLETED BY THE HOSPITAL PERSONNEL OR AGENCY/EMPLOYER

Please complete this part regarding the above individual and return this form to:
Florida Board of Nursing, 4052 Bald Cypress Way, Bin # C02, Tallahassee, FL 32399-3252.
Thank you for your cooperation in this matter.

APPLICANT NAME: _____ SS#: _____

PLACE OF EMPLOYMENT: _____

BUSINESS ADDRESS: _____
(Mailing address, city, state and zip)

POSITION TITLE: _____

DATES OF EMPLOYMENT: RN _____ Through _____ LPN _____ Through _____

VERIFIED BY: _____
Verifying Agent

DATE: _____
Name

PHONE NUMBER: _____
Title

FOR REVENUE RECEIPTING ONLY
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF NURSING
Post Office Box 6330
Tallahassee, FL 32314
(850) 245-4125
www.doh.state.fl.us/mqa

APPLICATION FOR NURSING LICENSURE
(ENDORSEMENT OR EXAMINATION)

FAILURE TO SUBMIT FEE (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION
WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL IT IS COMPLETE.

APPLICATIONS ARE PROCESSED IN TIME ORDER RECEIVED.

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

1. PROFILE INFORMATION

NAME: Last _____ First _____ Middle _____

MAILING ADDRESS: _____ Apt.No. _____

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____ E-MAIL ADDRESS _____

DATE OF BIRTH (MD/Y) _____ PLACE OF BIRTH: _____

*SOCIAL SECURITY NUMBER (U.S.) _____ MOTHER'S MAIDEN NAME: _____

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996(Welfare Reform Act. 104 Pub.L. Section 317)

2. APPLICATION TYPE

Indicate below the type of license and method of qualification you wish to use to qualify for licensure in the State of Florida. Consult instructions for eligibility requirements.

TYPE OF LICENSE/METHOD OF QUALIFICATION (Check one only):

Registered Nurse (RN) Examination (1701) \$190

License Practical Nurse (LPN) Examination (1702) \$190

Examination applicants: The name on this application must match the name on your NCLEX application to Pearson VUE exactly. Not matching the names exactly as they appear on your identification could result in your being not allowed to take the exam at your scheduled time and cause a substantial increase in costs for re-application to this Board and to Pearson VUE.

Registered Nurse (RN) Endorsement (1701) \$212

License Practical Nurse (LPN) Endorsement (1702) \$212

NOTE: Florida law prohibits your functioning at an advanced or specialized level (nurse midwife, nurse anesthetist or nurse practitioner) until you have received a license as an ARNP from the Florida Board of Nursing. If you seek licensure as an ARNP, you must also request a separate application for ARNP certification. Contact the Board office for an application.

Availability for Disaster: Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes No

EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2. Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical purposes only and does not in any way affect your candidacy for licensure.

RACE: White Black Asian/Pacific Islander Hispanic Other _____

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NAME _____

Special Testing Accommodations:

Yes No

Please complete supplemental documentation form and send in with application.

3. APPLICANT BACKGROUND

Attach additional sheets, if necessary

A. List any other name(s) by which you have been known in the past. _____

B. What name(s) did you use when you received your nursing education? _____

C. What name did you use when you were first licensed? _____

D. Have you ever applied for RN licensure by examination in Florida? Yes No Date _____

E. Have you ever applied for LPN licensure by examination in Florida? Yes No Date _____

F. Have you ever applied for RN licensure by endorsement in Florida? Yes No Date _____

G. Have you ever applied for LPN licensure by endorsement in Florida? Yes No Date _____

H. Have you ever been licensed in Florida as an RN? Yes No Date _____

I. Have you ever been licensed in Florida as an LPN? Yes No Date _____

J. List all nursing licenses (active, inactive or lapsed). Submit a License Verification Form to your original and an active state of licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

<u>State/Country</u>	<u>License No.</u>	<u>RN or LPN</u>	<u>Date Of Licensure</u>	<u>If no longer licensed, state why & when</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

K. Are you in active military, reserve military or do you have a military connected spouse? Yes No

4. NURSING EDUCATION HISTORY

A. NURSING SCHOOL ATTENDED: _____

Address _____

City _____ State _____ Zip _____ Country _____

B. Type of Program (LPN, DIPL, ADN, BSN) _____ C. Date Graduated or Anticipated Graduation _____

D. ADDITIONAL NURSING PROGRAM ATTENDED: _____

E. Type of Program (LPN, DIPL, ADN, BSN) _____ F. Date Graduated or Anticipated Graduation _____

NAME

5. EXAMINATION HISTORY

Attach additional sheets, if necessary

A. Have you ever taken an examination for RN or LPN licensure? YES NO

B. If YES, complete the following information for each jurisdiction for which the examination was taken:

<u>Examination</u>	<u>State/Country</u>	<u>Month/Year</u>	<u>Results</u>
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<input type="checkbox"/> RN <input type="checkbox"/> PN _____	_____	_____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Refer to Chapter 464.008(3)F.S., for remedial requirements for applicants who have taken the exam 3 times and failed.

6. MANDATORY CONTINUING EDUCATION REQUIREMENT

All applicants for initial licensure must complete a two-hour course on medical errors, a three (3) hour course on HIV/AIDS, and a one (1) hour course on Domestic Violence prior to licensure. These courses must be from an approved Florida Board of Nursing provider. If unable to do so for good cause, you will be allowed six months to complete this requirement. (Good cause is defined as: applicants who have been residing outside of Florida or have been on active military service.) Check the appropriate statement.

- I have completed these required by Florida Statutes.
- At this time I have not completed the required courses for good cause.

Note: Proof of mandatory continuing education contact hours completed within six months of licensure should be retained by the applicant and sent to the Board only if requested.

7. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)

- A. In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? Yes No
- B. In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment? Yes No
- C. In the last 5 years have you been treated for or had a recurrence of a diagnosed physical impairment? Yes No
- D. In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder? Yes No

NAME _____

8. CRIMINAL HISTORY

Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. **Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.** (Review Questions & Answers section in instructions.)

Yes No

If you answered YES, please send a typed or printed letter with arrest dates, City and State, charges and final dispositions/

If you were convicted of a felony, were your civil rights taken away? Yes No

If yes you must show proof your civil rights have been restored.

You must have arrest and court records of final disposition for each offense listed. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must have certification of their unavailability.

9. DISCIPLINARY HISTORY

Attach additional sheets, if necessary

Have you ever been denied or is there now any proceeding to deny your application for any health care license to practice in Florida or any other state, jurisdiction or country? Yes No

Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, jurisdiction or country? Yes No

Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you? Yes No

Do you have any disciplinary action pending against your license? Yes No

If you answered YES to any of the above questions please send a typed or printed description of the discipline. You must contact the Board(s) in the States in which you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Florida Board of Nursing.

10. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for licensure in the State of Florida.

I affirm these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.3067, 775.0083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Practical Nurse in the State of Florida.

I further state I have read and understand Chapter 464, Florida Statutes, and Chapter 64B9, Florida Administrative Code as they pertain to the practice of nursing (Note: A current copy of Ch 464 and Ch 64B9 may be obtained by calling 850-488-0595 or via the internet at <http://www.doh.state.fl.us/mqa/>).

Florida Law requires you to immediately inform the Board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I affirm that I will comply with all requirements for licensure renewal including continuing education credits.

Applicant's Signature _____

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Jon Bush
Governor

M. Roni Francois
M.D., M.S.P.H., Ph.D.
Secretary

Florida Board of Nursing

Third-Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form and have your signature notarized. Discard this form if you are submitting the application for yourself and do not want another person to act on your behalf.

I, _____, the undersigned, do hereby authorize _____, whose address is

his/her agents, or employees, to act for me and in my name with respect to my application for licensure with the Florida Board of Nursing, with the exception of withdrawing my application or requesting a refund.

Date _____ Signature _____

State of _____

County of _____

This Instrument was acknowledged before me on ____/____/____ by _____

SEAL

Notary Public

To withdraw your authorization of a third party representing you, please submit a written request to the board office at the address below.

Florida Department of Health - Division of Medical Quality Assurance - Florida Board of Nursing
4052 Bald Cypress Way, Bin C02 - Tallahassee, FL 32399-3252
Phone: (850) 245-6125
Web: www.doh.state.fl.us/mqa/nursing - Forum: <http://forum.doh.state.fl.us/~MQANursing>
Email: MQA_Nursing@doh.state.fl.us

NCLEX MASTERS