



VisaScreen[®]: Visa Credentials Assessment is a screening program for healthcare professionals applying for occupational visas to work in the United States that meets the statutory requirements of Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996. Applicants' credentials will be reviewed for their ability to meet objective, standardized criteria in education, licensure and English language proficiency. **Applicants who have graduated from a college, university, or professional training school located in Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom and the United States are exempt from the English language requirement of Section 343.** *VisaScreen*[®] Certificates are valid for five years. Unless the applicant has obtained a permanent visa or has become a U.S. citizen, the *VisaScreen*[®] Certificate holder must reapply to CGFNS/ICHP and obtain a new certificate prior to the expiration date of the *VisaScreen*[®] Certificate. Applicants should begin the renewal process six months before the expiration of their current *VisaScreen*[®] certificate.

Instructions for Completing Your *VisaScreen*[®] Renewal Application

If you are using a printed application form to apply for renewal of *VisaScreen*[®], please complete the application by entering the information in the boxes.

Note: A review of your credentials will not take place until we receive a completed *VisaScreen*[®] Renewal Application and full payment.

Item 1: Preliminary Information

Enter your seven-digit CGFNS/ICHP Applicant Identification Number in the space provided.

Item 2: Your Name

Enter your full legal name as you would like it to appear on all correspondence and the *VisaScreen*[®] Certificate. Put only one letter in each box. Leave a blank space after each name.

Item 3: Other Names

Since your initial *VisaScreen*[®] application if you have used any name other than the one listed in Item 2 on any of your professional documents, enter this name and provide ICHP with legal documentation/proof, such as a marriage certificate, verifying your name change.

Item 4: Birth Date

Fill in the month, day and year of your birth, in the spaces provided.

Item 5: Gender

Check the appropriate box.

Item 6: Your U.S. Social Security Number

If you have a U.S. Social Security Number, enter it in the space provided.

Item 7: Marital Status

Check the appropriate box.

Item 8a: Your Permanent Address

Enter the address where you reside. Enter one letter or number into each box. Make sure that you provide CGFNS/ICHP with the exact building number, street name, city, state/province, postal zip code and country.

Item 8b: Your Mailing Address

Enter the address to which ICHP should mail all correspondence to you. Enter one letter or number into each box. Make sure that you provide ICHP with the exact building number, street name, city, state/province, postal zip code and country.

If at any time during the application process you change your address, you must notify ICHP in writing immediately.

Item 9: Your Telephone Number, Mobile (cell phone number), FAX Number and E-mail Address

If available, provide ICHP with your telephone numbers, FAX number and e-mail address. Please make sure to provide the area/country code when filling in your phone and/or FAX number.

Item 10: Additional Registration/License Since Initial Application

List information regarding any additional registration/license obtained since your initial CGFNS/ICHP *VisaScreen*[®] application. Forward a Request for Validation of Registration/License form to the licensing/registration authorities in your country of education and in all the country/countries where you have been licensed. The top portion of the form must be prepared by you, the applicant, the bottom portion is to be completed by the registration authority. If you need more Request for Validation of Registration/License Form(s) simply photocopy the form.

If you hold a lifetime license or certificate to practice you still must have a validation completed to document that there have been no suspensions, revocations or restrictions on your practice since the initial validation was received by CGFNS/ICHP.

The Request for Validation of Registration/License form must be returned to ICHP by mail directly from the licensing body; ICHP will NOT accept this document from any other source.

Item 11: For Which Healthcare Profession Are You Being Screened?

Place a check mark in the box next to the title of the healthcare profession for which you are being screened.

Item 12: Occupational Visa Information

Place a checkmark in the box next to the type of U.S. visa that you plan to obtain from the U.S. Government. If the visa category is not listed, check the box marked "Other" and enter the correct name of the visa.

Item 13: For which *VisaScreen*[®] category are you applying for?

The 212(r) Certified Statement is an alternative process and can be used only if you qualify. To qualify for the Certified Statement you must show that you:

- have passed the NCLEX-RN[®]
- have a current, valid and unrestricted license as a registered nurse from one of the five designated Section 212(r) states, Florida, New York, Illinois, Michigan or Georgia and have graduated from a nursing program in which the language of instruction and textbooks were in English
- have been educated in an English-speaking country — Australia, U.S., U.K., Ireland, Canada (except most of Quebec), New Zealand, South Africa, Trinidad and Tobago, Barbados or Jamaica

If you do not qualify under Section 212(r) Certified Statement, you must check the *VisaScreen*[®] Certificate option.

Item 14: English Language Proficiency

To satisfy the English language proficiency requirement of section 343, applicants must sit for a series of English examinations in order to ensure proficiency in listening comprehension, structure and written expression, reading comprehension and oral speaking. The U.S. Department of Health and Human Services has designated certain examinations administered by the Educational Testing Service (ETS) or the International English Language Testing Systems (IELTS) (administered by the British Council, IDP: IELTS Australia and Cambridge ESOL), as meeting the English proficiency requirements outlined in section 343.

If you choose to take the ETS-administered English language proficiency tests, you will be required to sit for one of the following groups of examinations:

1. Test of English as a Foreign Language (TOEFL), Test of Written English (TWE), and Test of Spoken English (TSE); or
2. Test of English for International Communication (TOEIC), TWE and TSE; or
3. Test of English as a Foreign Language internet-based testing (TOEFL iBT)

Physical Therapists and Occupational Therapists may only sit for TOEFL iBT or the TOEFL/TWE and TSE.

If you choose to take the IELTS exam, you will be required to sit for the listening, reading, writing and speaking sections. Licensed Practical Nurses and Medical Laboratory Technicians may take the General Training module. **All other professions must take the Academic module.**

Healthcare professionals applying to the *VisaScreen*[®] program must contact ETS or IELTS to obtain information about applying for these English language proficiency tests. IELTS and TOEIC scores will not be accepted for physical therapists or occupational therapists. You may submit your *VisaScreen*[®] Renewal application to ICHP prior to registering for the English language proficiency examinations. However, all applicants' English language test scores must be forwarded directly or made electronically available to ICHP by either ETS or IELTS.

If filling out an ETS application for the TOEFL or TSE exams, use the following institution code number when identifying score recipients: 9988. This number is extremely important, as it identifies CGFNS as the designated score recipient and ensures that your ETS test results are forwarded directly to CGFNS/ICHP for inclusion in your file. ETS can be contacted at the following address:

TOEFL/TWE, TSE and TOEFL iBT Services
Educational Testing Service
P.O. Box 6151
Princeton, NJ 08541-6151 USA
Phone: +1(609) 771 7100 or +1 (877) 863 3546
Web site: www.ets.org

TOEIC Testing Program
Educational Testing Service (ETS)
Rosedale Road
Princeton, NJ 08540
Telephone: +1 (609) 771-7170
Fax: +1 (609) 771-7111
Email: toeic@ets.org
Web site: www.ets.org/toeic

If you are applying for the IELTS exam, indicate on the application that you want your test scores made electronically available to:

CGFNS/ICHP
3600 Market Street, Suite 400
Philadelphia, PA 19104-2665 USA

Information on the IELTS Exam can be obtained from the following:

IELTS International
825 Colorado Boulevard, Suite 112
Los Angeles, CA 90041 USA
Telephone: (323) 255-2771
Fax: (323) 255-1261
Email: ielts@ieltsintl.org
Web site: www.ielts.org

Item 15: Application Fee

The Application fee can be paid by:

- Credit card — CGFNS accepts Visa, MasterCard and Discover/Novus (CGFNS does not accept American Express).
- International money orders or certified bank checks made payable to "CGFNS".

Personal checks are not accepted.

Do not send cash in the mail.

All fees must be paid in U.S. dollars drawn on a U.S. bank.

The full application fee must be paid before your application and file will be reviewed. Note that any money submitted to CGFNS/ICHP will first be applied to any unpaid balance from previously ordered products or services before new orders are processed. The fee covers the expense of processing your application and certificate upon successful completion of the program and reviewing your credentials.

Item 16: Terms and Conditions of *VisaScreen*[®] Certificate

This section outlines the Terms and Conditions of the *VisaScreen*[®]: Visa Credentials Assessment.

Item 17: Attestation

This item creates a contract between you and ICHP. Read the information carefully before signing and dating this Attestation.

Note: Photocopy and keep a copy of all pages of your completed application form for your own records.

Photographs and the *Photo Identification* form

CGFNS/ICHP requires you to provide one passport-sized photograph with your application. The photograph must be recent, clear and signed on the front. The *Photo Identification* form is included with this document. Attach one photo with your signature on the front of the form and send it to CGFNS International.

If you choose to mail your application

After completing the *VisaScreen*[®] Visa Credentials Assessment Renewal application, send with full payment to the address below by Airmail or First Class mail. Also be sure to enclose the Photo Identification form with one (1) passport-sized photograph (NO profiles) with your signature on the FRONT of the photo (across the bottom).

Mail to:

CGFNS/ICHP *VisaScreen*[®]: Visa Credentials Assessment
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA



2008 Application Form for VisaScreen®: Visa Credentials Assessment Renewal

Provide all information requested on this application and sign your full name. Failure to respond accurately will delay the processing of your application. Enter responses clearly. Retain a copy for your files. Mail completed application to:

CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA

1 Preliminary Information

a. If known, enter your CGFNS/ICHP Applicant Identification Number here.

b. In which U.S. state(s) do you intend to practice?

c. I worked in _____ as a _____ for _____ years.
City/Country Profession specialty Number

2 Your Name

Enter your full, legal name as you would like it to appear on all correspondence and the VisaScreen® Certificate. Put only one letter in each box.

First (Given) and middle names (Leave a space between names)

Last (family/surname) name(s) (Leave a space between names)

3 Other Names

List alternate names appearing on your documents. Include legal documentation/proof verifying name change.

Name before marriage

Other name

Other name

Other name

Other name

Other name

4 Birth date (Spell the month and enter the day and year of your birth)

Month Day Year

5 Gender

Female Male

6 Your U.S. Social Security Number (If you have one)

7 Marital Status

Married Divorced Widowed Single (never married)

8a Your Permanent Address

Indicate the address at which you reside.

Street address / Post office box number

Street address – continued

City

State/Province

Postal / Zip Code

Country

*Note: You are responsible for notifying CGFNS/ICHP if your address changes.

14 English Language Proficiency

Non-exempt applicants must submit English language proficiency scores from either ETS (Educational Testing Service) or IELTS (International English Language Testing System). Your English test results except TOEIC must be electronically sent to CGFNS/ICHP by ETS or IELTS. Please note that you may submit your *VisaScreen*[®] application prior to registering for the English language proficiency examinations.

ETS administration dates

TOEFL / TWE test date:	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>
	Spell month			Registration / Appointment number
TOEFL iBT test date:	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>
	Spell month			Registration / Appointment number
TOEIC test date:	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>
	Spell month			Registration / Appointment number
TSE test date:	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>
	Spell month			Registration / Appointment number

IELTS administration dates

Test date:	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>
	Spell month			Test report form number

15 Application Fee

Enclose the full application fee in U.S. dollars drawn on a U.S. bank. Send an international money order or certified bank check payable to "CGFNS International" or pay with a credit card using the Credit Card Payment form. CGFNS accepts Visa, MasterCard and Discover/Novus. Personal checks are not accepted. **DO NOT SEND CASH.** You may also pay online using your credit card.

16 Terms and Conditions of *VisaScreen*[®]: *Visa Credentials Assessment*

This section clarifies ICHP's obligations and your obligations regarding the *VisaScreen*[®] service. It also explains how this service is delivered.

- CGFNS/ICHP may choose to evaluate only the materials that it considers relevant to the *VisaScreen*[®] application.
- All documents submitted, including transcripts, become the property of CGFNS/ICHP and cannot be returned. **Do not send originals of diplomas, degrees, certificates, registrations or licenses.**
- No evaluation is conducted until CGFNS/ICHP receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request.
- The *VisaScreen*[®] Certificate is valid for five years and only when the official (embossed) CGFNS and ICHP seals are affixed.
- **If your application includes any forged, altered, or falsified documents or information, CGFNS/ICHP will not issue a *VisaScreen*[®] Certificate.**
- Fees as published with this application are subject to change.
- Any payment you send to CGFNS/ICHP will be applied first to any unpaid balance from previously ordered products or services before it is applied as payment for a newer service.
- **NO** refund is given after an application is submitted.

17 Attestation

Please note: Each applicant must sign his/her full name in English characters on the applicant's signature line.

I agree to the Terms and Conditions of the *VisaScreen*[®]: *Visa Credentials Assessment* outlined in Item 16 (above).

I certify that all information which CGFNS/ICHP has received as a part of this application or in the past, from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to CGFNS/ICHP for any purpose have not been falsified, altered or tampered with by any person.

I understand that CGFNS/ICHP and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter an CGFNS/ICHP *VisaScreen*[®] Certificate or an CGFNS/ICHP report or misrepresent a copy as an original, CGFNS/ICHP may take such disciplinary action against me as it deems appropriate, and the consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS/ICHP from all liability.

I authorize CGFNS/ICHP to disclose the information and documents in this application, the status of my CGFNS/ICHP Certificate, any reports or evaluations prepared by CGFNS/ICHP, any other information obtained by CGFNS/ICHP, and the results and reasons for any adverse action taken against me by CGFNS/ICHP to any person or organization I designate in writing or to any other recipient who CGFNS/ICHP may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.

I understand that CGFNS/ICHP may revoke my *VisaScreen*[®] Certificate at any time if it is determined that I was not eligible to receive the Certificate at the time it was issued.

You must sign and date this application in order for it to be processed.

Signature of applicant (do not print)

Date

Sign entire name

Month / Day / Year



2008 *VisaScreen*[®]: Visa Credentials Assessment Renewal Checklist

Please note: Do not send unessential documents with your application – only relevant documents will be maintained in your file. Please refer to checklist below to determine which documents are relevant. Remember to keep a copy of all documents and applications for your files.

Complete and send to CGFNS/ICHP:

- The completed and signed *Application form* for the *VisaScreen*[®]: Visa Credentials Assessment Renewal;
- the full application fee by credit card (Visa, MasterCard or Discover), bank check or international money order (drawn on a U.S. bank in U.S. dollars) made payable to CGFNS International (**DO NOT SEND CASH**);
- documentation of any legal name change, such as a copy of a marriage certificate; and
- certified English translation of all documents not in English.

Complete and send to licensing/registration authorities:

- Fill out the top portion of the *Request for Validation of Registration/License Form(s)*; and
- mail a *Request for Validation of Registration/License Form* to **all** of the licensing registration authorities where you have ever held a registration/license/certification as a professional in your field, whether current or not.

In cases where your diploma authorizes legal practice, the same form must be mailed to CGFNS/ICHP from the institution that issued your diploma. If you hold a lifetime license or certificate to practice you still must have a validation completed to document that there have been no suspensions, revocations or restrictions on your practice since the initial validation was received by CGFNS/ICHP.

Note: Some licensing/registration authorities may charge a fee for verifying your license(s)/registration(s). You are responsible for any additional fees associated with processing your *VisaScreen*[®] application.

Arrange to take English language proficiency exams:

- Non-exempt applicants must submit English language proficiency scores from either ETS (Educational Testing Service) or IELTS (International English Language Testing System). Your English test results except TOEIC must be electronically sent to CGFNS/ICHP by ETS or IELTS. Please note that you may submit your *VisaScreen*[®] Renewal Application prior to registering for the English language proficiency examinations. Contact either ETS or the IELTS to arrange to take the English language proficiency exams. **Note:** Physical therapists and occupational therapists may only take the TOEFL iBT or the TOEFL/TWE and TSE exams administered by ETS.

English scores are only valid for two years from date of testing. All scores must be valid at the time that the *VisaScreen*[®] Certificate is issued.

The passing scores for the English language proficiency examinations are located in the *VisaScreen*[®] Application Handbook and the *VisaScreen*[®] Requirements on the CGFNS International Web site: www.cgfns.org.