



TO: ALL APPLICANTS EDUCATED OUTSIDE THE UNITED STATES

FROM: CALIFORNIA BOARD OF REGISTERED NURSING

SUBJECT: SUPPLEMENTAL APPLICATION INSTRUCTIONS

Applicants who have graduated from schools outside the United States may face unique problems as they attempt to complete their application for California licensure. This document is intended to provide suggestions and information to assist with those special problems.

Application Submission

The Board strongly recommends that you try to ensure that your application, school transcript(s), and all other required documents reach the Board as soon as possible to prevent delays in issuing an interim permit, temporary or permanent license. In some instances, delays and difficulties may be encountered when requesting documentation for those who have graduated from an international nursing program.

In many cases, the Board must obtain additional information from the school in order to clarify course content and/or curriculum requirements. We may also request clarification for the amount of theory and clinical training completed. Also, additional information is required if the applicant is the first graduate from their school of nursing to apply for California licensure. The schools curriculum, catalogs and/or other documents may be requested to evaluate the programs content (these items are in addition to the individuals nursing transcripts.)

Obtaining additional information from the school may take from one to six months, depending on the responsiveness of the school and allowing for mail time. All requirements must be met in order for an interim permit or permanent license to be issued.

Requesting Transcripts

When submitting the "Request for Transcript" form to your school of nursing, please include the "Breakdown of Educational Program for International Nursing Programs" form. Both forms do not take the place of a complete, official transcript. The transcripts should include all completed coursework (both theoretical and clinical practice). All training documents must come directly from the school of nursing. Training documents from applicants are not acceptable.

Commission of Graduates of Foreign Nursing Schools (CGFNS)

The Board does not require applicants to pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination in order to be licensed in California. Although, if you have been evaluated by CGFNS, the Board will accept official copies of your nursing transcripts (including the clinical portion of your training) from this organization. Requests must be made in writing, and the appropriate CGFNS fee must be included for this service.

Translation of International Academic Credentials

For the Board to fairly evaluate compliance with California requirements, any applicant with non-English, non-U.S. academic credentials must provide both 1) original, certified transcripts and 2) certified translations of those original transcripts and academic documents. **Original language transcripts must be forwarded directly from the school of nursing and sent directly to the Board (photocopies are not accepted).** When requesting official transcripts and academic documents, an applicant whose education was completed at an institution in a bilingual country where English is one of the official languages, may be able to avoid the necessity of arranging for a translation by asking the school to generate an English language version of the transcript. Please note that in this instance, the original language transcript must accompany the English translation and be forwarded directly to the Board.

Applicants must have their transcripts translated by an independent, professional translator who is not related to the applicant. Each translator must provide an original declaration with each translation attesting to his/her fluency in the particular language and certifying under penalty of perjury that the translation is complete and accurate to the best of the translator's ability and knowledge. (See attached form.) The Board refers applicants with non-English academic credentials to one of the following sources for translation:

- 1. Translator accredited by the American Translators Association (ATA):** The ATA accredits individual translators by examination. Although accreditation is available only to individuals, ATA membership includes not only individuals but also companies that employ accredited translators. An accredited translator must sign the translation and declaration in the presence of a Notary Public, unless the translation is a service provided by a known translation agency which affixes the document with its own official seal. ATA membership includes accredited translators residing in the US, Canada, Mexico, and overseas. Although the ATA does not make referrals, a listing of accredited translators and member companies is available through its web site at www.atanet.org. The ATA may be reached by phone at 703-683-6100 or by e-mail at ata@net.org.
- 2. Certified or registered court interpreter:** Some state court systems offer examinations for certification or registration of court interpreters. In California, the Judicial Council is charged with these functions. Information on court interpreters is available through the Judicial Council at 415-865-7530. General information is available via its web site, www.courtinfo.ca.gov. The Judicial Council has contracted with Cooperative Personnel Services (CPS) for examination and certification of Certified Administrative Hearing and Medical Interpreters. A master list of these interpreters is available at the CPS web site, www.cps.ca.gov, or telephone at 916-263-3600. The court interpreter must sign the translation and declaration in the presence of a Notary Public. Applicants residing outside California but within the United States may call the National Center for State Courts at 757-259-1517 for information on certification and registration of interpreters in other states.

Applicants who present documents in a language for which accredited translators or certified/registered court interpreters are not readily available may require special assistance. The usual next step is to inquire at the nearest consulate representing the nation in which the documents originated.

Exec

CERTIFIED ENGLISH TRANSLATION

Name of Applicant:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
PREVIOUS NAMES: (Including Maiden)		DATE OF BIRTH: (Month/Day/Year)

TO BE COMPLETED BY TRANSLATOR

I, _____, solemnly declare, under penalty of perjury, that to the best of my knowledge and belief the English-language translation of the _____ language documents named below are true, accurate and complete.

Please list translated documents below: *(i.e. transcripts, license, diploma, curriculum, etc.)*

These documents have been translated by: _____
(Print name)

Please list translator's qualifications, certifications and accreditations below:

I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct and complete and that this declaration is executed at _____ this date _____.
(City/State or Country)

Name and Address of Translation Agency: _____

Telephone Number: _____

Web Site: _____

Signature of Translator



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Ruth Ann Terry, MPH, RN
 Executive Officer

BREAKDOWN OF EDUCATIONAL PROGRAM FOR INTERNATIONAL NURSING PROGRAMS

PRINT OR TYPE

STUDENT'S LAST NAME:		FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH: <i>(Month/Day/Year)</i>	PREVIOUS NAMES: <i>(Including Maiden)</i>	HIGH SCHOOL GRADUATION: <i>(Year)</i>	

NAME AND LOCATION OF PROFESSIONAL REGISTERED NURSING SCHOOL:	
ENTRANCE DATE:	GRADUATION DATE:

All of the information requested on this form must be submitted including complete official transcript(s) along with the course description(s)** stated below. Failure to submit all requested documents will result in application processing delays.

COURSE NUMBER <u>or</u> TITLE	TOTAL NUMBER OF THEORY HOURS OF INSTRUCTION	TOTAL NUMBER OF LAB/CLINICAL PRACTICE HOURS OF INSTRUCTION
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ANATOMY & PHYSIOLOGY	_____	_____	_____
MICROBIOLOGY	_____	_____	_____
MEDICAL NURSING **	_____	_____	_____
SURGICAL NURSING **	_____	_____	_____
OBSTETRIC NURSING	_____	_____	_____
PEDIATRIC NURSING	_____	_____	_____
PSYCHIATRIC NURSING	_____	_____	_____

**** Send course description(s) attached to this form showing evidence of geriatric content in these nursing areas. Failure to submit course description(s) will result in delays in processing the application.**

SIGNATURE OF SCHOOL OFFICIAL: _____	DATE: _____
TITLE: _____	

(SCHOOL OR HOSPITAL SEAL/STAMP)