



TRANSCRIPT REQUEST FORM for Applicants for Nursing Licensure in the United States (for **Florida only**)

To be completed by the educational institution only

Section 1: Instructions

Please provide the information requested below and on the reverse of this page and submit this form with the official transcripts.

All transcripts of study should be clear and official academic records and include the individual's name, dates of attendance and date of graduation. If the degree and date of graduation are not indicated, please include a copy of the degree certificate. **The transcripts of study should also indicate the total number of lecture and laboratory/clinical hours of study for each subject, as well as the final grade earned. For the practical training, please identify the nursing area (medical, pediatric...) and the total number of hours of client contact in each nursing area.**

Also submit clear, detailed course information for all studies completed by the individual at the time of study. **Please be sure that the names of the subjects in the course information match the names of the subjects on the student's academic records, in the order they have been listed. Any discrepancies will delay the evaluation.**

Please mail this form, along with the requested academic records, directly to International Education Research Foundation at:
Post Office Box 3665
Culver City, California 90231-3665
USA

Section 2: Please print or type.

Name of student: _____

Name of institution: _____

Address of institution: _____

Telephone: () _____ Fax: () _____ Email: _____

Type of training institution (e.g. hospital school, junior college, university, vocational school, etc.): _____

Program of study attended by individual: _____

Length of program (please specify whether the length is in years, semesters, or weeks): _____

Language of instruction (theory): _____ Language of instruction (practical): _____

Language of textbooks for nursing education: _____

Name of degree/diploma/certificate awarded: _____

Date that the degree/diploma/certificate was awarded: _____

What is the minimum entrance requirement for this program of study? _____

The program is regulated/recognized by which authority (Ministry of Education, Health...)? _____

Is the person eligible for admission to a university program at the master's or doctoral level? _____

Is the person eligible to practice nursing in the country of study? _____

Is there a licensing authority/process for nurses? If yes, please specify. _____

Studies verified by (name): _____ Title: _____

Signature _____ Date: _____

Affix school seal here.

Section 3:

PART A: SUMMARY OF HOURS

Please provide the number of hours of instruction for the subjects below, where applicable. Please also indicate the course title where each subject area was covered. If the subjects are combined in your program, please provide an estimate of the total number of hours of theoretical and practical instruction.

Subject Area	Total Theoretical Hours	Total Practical Hours	Course Title (incomplete or omitted information may cause delays)
Medical Nursing			
Surgical Nursing			
Obstetric Nursing			
Pediatric Nursing			
Psychiatric Nursing			

PART B: CHECKLIST FOR CONTENT

Please check off each subject area that was covered in the applicant's program. Please also indicate the course title where each subject area was covered.

	Theory	Practical	Course Title (incomplete or omitted information may cause delays)
General Subject Areas			
Medical Nursing			
Surgical Nursing			
Obstetric Nursing			
Pediatric Nursing			
Psychiatric Nursing			
Geriatric Nursing			
Personal Health Concepts			
Family Health Concepts			
Community Health Concepts			
Nutrition			
Human Growth & Development throughout the Life Span			
Body Structure and Function			
Interpersonal Relationship Skills			
Mental Health Concepts			
Pharmacology & Administration of Medications			
Legal Aspects of Practice			
Leadership Skills			

PART B: CHECKLIST FOR CONTENT (continued)

	Theory	Practical	Course Title (incomplete or omitted information may cause delays)
General Subject Areas (cont'd)			
Professional Role and Function			
Health Teaching			
Counseling Skills			

	Check (if present)	Course Title (incomplete or omitted information may cause delays)
Clinical Training Experience		
Acute Care Settings		
Long-Term Care Settings		
Community Settings		

PART C: OTHER:

1. If the transcript reports the educational program in credits or units, please indicate how many hours of theory and / or practical training 1 credit represents: _____

2. How many terms are in an academic year at your institution? _____
 How many weeks make up each term? _____