



BREAKDOWN OF INTERNATIONAL NURSING EDUCATIONAL PROGRAM

PRINT OR TYPE Must be completed and submitted directly to the Board from nursing program

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:	
LANGUAGE OF INSTRUCTION:			

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 (Do Not Leave Blank)	THEORY HOURS OF INSTRUCTION (Total Hours)	SKILLS LAB, or SIMULATION HOURS OF INSTRUCTION AT SCHOOL (Total Hours)	CLINICAL PRACTICE HOURS OF INSTRUCTION IN HOSPITAL (Total Hours)	ONLINE CLINICAL PRACTICE* (Check if completed online)
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WRITTEN & ORAL
COMMUNICATIONS

GENERAL PSYCHOLOGY

SOCIAL SCIENCE

ANATOMY &
PHYSIOLOGY & LAB

MICROBIOLOGY & LAB

MEDICAL NURSING **

SURGICAL NURSING **

OBSTETRIC NURSING

PEDIATRIC NURSING

PSYCHIATRIC NURSING

* Provide clarification if clinical coursework was completed Online in lieu of direct patient care hours.

** 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)