Application for SSA Program

International Nurses Education & Training

3000 Dundee Rd, Suite 204/209, Northbrook, Illinois 60062 USA
Telephone: 847.498.3399 Fax: 847.412.9570
www.fciglobalusa.com

Please provide all the information requested below.
Use a typewriter or neatly print your responses using a pen

1.	**Name** Print or type your full name. Put only 1 letter in each box.	First (Given) & Middle Name (Leave a space between names) Last (Family) Name (Leave a space between names)
2.	**Other Names** List alternate names appearing on your documents, if applicable.	Maiden Name/Other Names (Include legal documentation/proof verifying name change)
3.	**Address/Phone and E-mail** Include telephone, fax numbers and e-mail address where you wish to be contacted.	Street Address/Post Office Box Number Street Address – Continued City State/Province — Postal Zip Code Country — Telephone Number Street Address/Post Office Box Number Fax Number — E-mail Address (example: name@internet.com)
4.	**Language**	Native Language:_____
5.	**Martial Status**	❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed
6.	**Birth Date** Full in the month, day, and year of your birth.	Month ☐☐☐☐☐☐☐☐☐ Day ☐☐ Year ☐☐☐☐ **7. Sex** ❑Female ❑Male
8.	**Citizenship**	Country of Birth: _____ Current Citizenship:_____

9. Pre-Nursing Education
List information for each school attended, whether completed or not. Enclose photocopy of your diploma, certificate or external exam results from incomplete secondary and secondary school of education, including a certified, word-for-word English translation.

Names of School Attended	Country	Month/Year Entered	Month/Year Completed
Incomplete Secondary (9-8 years):			
Secondary (10-12 years):			

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10.	**Nursing Education** List Information for each Nursing school attended. (whether completed or not)	**Name(s) of School(s) Attended**	**City, State/Province, Country**	**Nursing Title Obtained in Home Country**	**Month/Year Entered**	**Month/Year Completed**

11. Nursing Experience

Years of Nursing experience since graduation from your General Nursing program: _____
Number of years experience in the following healthcare settings: Hospital: _____Community Health Setting: _____
Clinic _____ Specialty Area (name area) _____Other (name area) _____

12. Nurse Registration/ Licensure
For both your initial and current licenses.

Your legal nursing title in the country(ies) where you received your General Nursing education as it appears on your diploma or license in the original language _____
_____

13.	**Medical Education** (other then Nursing). Information for each school attended, whether completed or not.	**Name(s) of School(s) Attended**	**City, State/Province, Country**	**Title Obtained in Home Country**	**Month/Year Entered**	**Month/Year Completed**

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)

Please mail or fax this Application and all enclosures to:
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Northbrook, IL 60062 USA
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