



All About Staffing (India) Pvt. Ltd.

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Licensure Applications Instructions

CES Application forms and instructions for candidates:-

1. CES Application Fee :- 385 USD
 - a. Mode of Payment :-
 - i. Pay online through CGFNS website or by Draft of \$385 payable to CGFNS
2. To download CES application form please click on the below link.
http://www.cgfns.org/files/pdf/apps/CES_Handbook.pdf
3. Authorization form to be attached with the CES application form, filled & signed by the candidate. http://www.cgfns.org/files/pdf/forms/Authorization_to_Release_form.pdf
4. Photo ID form to be attached with the CES application form, filled & signed by the candidate. http://www.cgfns.org/files/pdf/forms/Photo_Identification_Form.pdf
5. **Instructions for candidates to fill mandatory column required by AAS to file your CES application:-**
 - a. Start from Page No-10 of the application
 - i. Column-1 : Credentials Evaluation Service Preliminary Information.
 1. Tick on any of the options
 2. Tick on any of the options
 3. Title of your profession Registered Nurse
 4. Tick accordingly on Yes/No for NCLEX exam
 5. If you have given CGFNS exam or applied before please mention your ID number
 6. Mention details regarding your work experience
 - ii. Column-2: Mention your name as mentioned in the Passport.
 - iii. Column-3: If there is any change in the name, mentioned the name used in past.
 - iv. Column-4a: Mention the Address where you would like to receive correspondence from CGFNS.
 - v. Column-4b : Can be same as above
 - vi. Column-5 : Mention your Marital status.
 - vii. Column-6 : Your Birth date.
 - viii. Column-7 : Your Gender
 - ix. Column-8 : Your Citizenship details
 - x. Column-9 : Mention your contact details.
 - xi. Column-10 : Leave blank
 - xii. Column-11 : Please list the following information of Primary school attended (Till 5th class), Secondary school attended (10th class), Non healthcare Post Secondary school attended (12th Class), and Healthcare Post Secondary attended.
 1. Name of the School
 2. Address of the school
 3. Professional title obtained
 4. Month & Year entered in the school
 5. Month & Year completed the school
 6. Column-12C : Name & Place where your Nursing council is located and Registered Nurse & Midwife License Number

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