



All About Staffing (India) Pvt. Ltd.

406-410, Naurang House, 21, K.G. Marg, New Delhi – 110001 (India) T: 91-11-43587777, Fax: 91-11-41647776

Licensure Applications Instructions

ICHP VISA SCREEN Application

1. Application Fee – USD 540
2. Mode of Payment – Pay online through CGFNS website or by Draft of \$540 payable to CGFNS.
3. For Visa-Screen application forms, please click on the link below.
http://www.cgfns.org/files/pdf/apps/VS_Handbook.pdf
4. Instructions for candidates to fill mandatory column required by AAS to file your Visa-Screen application:-
5. Column 1: Preliminary Information.
 - a) If you have ever applied for any CGFNS services, mark the “Yes” box. If this is your first time applying to CGFNS or ICHP,
 - b) mark the “No” box.
 - c) If you marked the “Yes” box in item 1a, fill in your CGFNS/ICHP Identification Number in the space provided.
 - d) Please fill in the name of the state or states in which you intend to practice.
 - e) Fill in the number of years of practice in your home country and the specialty/location of practice.
6. Column 2: Legal Name
 - a. List your full legal name as you would like it to appear on all correspondence sent to you as well as on your CGFNS/ICHP Visa Screen® Certificate.
 - b. Put only one letter in each box.
 - c. Leave a blank space between each name.
7. Column 3: Other Names
 - a. Please supply all names you have used in the past.
 - b. Any variation of your name should be entered in this space.
 - c. This would include your birth name as well as different spellings, informal variations or abbreviations. Include with your application any legal documentation or notarized affidavit(s) verifying your name change. For instance, if married, a marriage certificate or notarized affidavit should be attached.
8. Column 4: Birth Date
 - a. Enter the month, day and year of your birth. The month should be spelled, not listed as a number.
9. Column 5: Gender
 - a. Enter whether you are male or female.

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10. Column 6: Leave this column blank
11. Column 7: Marital Status Enter your marital status.
12. Column 10:
 - a. Country of Birth, Native Language and Citizenship
 - b. Please list your country of birth and country of current citizenship.
 - c. Please provide a citizenship identification number or identification number from country of birth, if applicable.
13. Column-14 :
 - a. Please list the following information of Secondary school attended (10th class), Non healthcare Post Secondary school attended (12th Class), and Healthcare Post Secondary attended.
 - Name of the School
 - Address of the school
 - Professional title obtained
 - Month & Year entered in the school
 - Month & Year completed the school
 - Column-12C : Name & Place where your Nursing council is located and Registered Nurse & Midwife License Number
14. Column 15: Details of your registration license, title and Registration number of your License.
15. Column 16: Details regarding your CGFNS and NCLEX Exam appeared.

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