

**Nursing License Academic Record Request (To be completed by the educational institution only)****Section 1: Instructions**

Please provide the information requested below in sections 2 and 3 and submit this form with the required official academic records. If the degree and date of graduation are not indicated, please include a copy of the degree certificate. Please make 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.

All academic records should include:

- Applicant's name
- Dates of attendance
- Date of graduate
- Course descriptions for all studies completed.
- Total number of lecture and laboratory/clinical hours of study for each subject and final grade.
- Total number of hours of client contact in each nursing area for practical training

Return this form and requested academic records to Educational Perspectives, nfp:

**Courier Address (FedEx/DHL/etc.)**

Educational Perspectives, nfp  
55 E Jackson Blvd 2175  
Chicago, IL 60604

**Postal Address**

Educational Perspectives, nfp  
PO Box A3462  
Chicago, IL 60690-34

**Section 2: Print or Type**

Name of Student: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Training Institution (hospital school, junior college, university, etc.): \_\_\_\_\_

Program of Study Attended by Individual: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Language(s) of Instruction (theory): \_\_\_\_\_ Language(s) of Instruction (practical): \_\_\_\_\_

Language (s) of textbooks: \_\_\_\_\_

Name of Degree/Diploma/Certificate Awarded: \_\_\_\_\_

Date That the degree/diploma/certificate was awarded: \_\_\_\_\_

Minimum entrance requirement for this program of study: \_\_\_\_\_

The Program is Regulated/recognized by which authority: \_\_\_\_\_

Is the student eligible to practice nursing in the country of study (yes/no): \_\_\_\_\_

Is there a Licensing Authority/Process for nurses? If yes, please specify: \_\_\_\_\_

Studies Verified By (name & title): \_\_\_\_\_

Signature and Date: \_\_\_\_\_

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**Section 3: Print or Type**

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: \_\_\_\_\_
3. How many weeks make up each term? \_\_\_\_\_
4. In the table below, please provide the number of hours of instruction for the subjects below, where applicable. Please indicate whether the subjects are taught under a different course title in the program of study. If the subjects are combined in your program, please provide an estimate of the total number of hours of theoretical practical instruction.

Subject Areas	Total Theoretical Hours	Total Practical Hours (if applicable)	Course Title (if different)
<b>Nursing Education</b>			
1. Adult Medical Nursing			
2. Adult Surgical Nursing			
3. Pediatric Nursing			
4. Obstetric Nursing			
5. Psychiatric Nursing			
6. Geriatric Nursing			
7. Community Nursing			
<b>Other Nursing Education</b>			
<b>Bio Sciences &amp; Pharmacy</b>			
1. Anatomy			
2. Physiology			
3. Microbiology			
4. Nutrition			
5. Pharmacology			
6. Any other courses			
<b>Social/Behavioral Sciences</b>			
1. Psychology			
2. Sociology			
3. Other			

**Affix Seal Here**