

Request for Official School of Nursing Credential Assessment

PLEASE PRINT CLEARLY

<p style="background-color: yellow; font-weight: bold; margin: 0;">PLEASE READ THIS PRIOR TO PLACING YOUR REQUEST</p> <ul style="list-style-type: none"> The cost of each assessment is \$250. This includes the cost of regular postal mail. Additional expedited courier fees are listed below. Payment is required prior to request being processed. All assessment requests, including duplicate requests, are not refundable. Requests will be processed within 2 weeks. However, during busy periods such as registration time, end of term, and convocation, it may take as long as 6 weeks depending on volume of requests received. The university is not responsible for assessments lost or delayed in the mail. Outstanding fees will prevent release of assessments. <p style="background-color: yellow; font-weight: bold; margin: 0;">Optional Additional Fees:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Courier Charges</u></td> <td style="border: none;"><u>Fax/Email Charges</u></td> </tr> <tr> <td style="border: none;">\$8 to Ontario</td> <td style="border: none;">\$4 per fax/email</td> </tr> <tr> <td style="border: none;">\$20 to other Canadian Provinces</td> <td style="border: none;">(Original can be picked up or</td> </tr> <tr> <td style="border: none;">\$30 anywhere in the United States</td> <td style="border: none;">mailed if address is provided)</td> </tr> <tr> <td style="border: none;">\$80 to all other countries</td> <td style="border: none;"></td> </tr> </table>	<u>Courier Charges</u>	<u>Fax/Email Charges</u>	\$8 to Ontario	\$4 per fax/email	\$20 to other Canadian Provinces	(Original can be picked up or	\$30 anywhere in the United States	mailed if address is provided)	\$80 to all other countries		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: center; padding: 5px;">Student Information</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Student ID: _____</td> <td style="padding: 5px;">Birthdate: ____ / ____ / ____ <small>(Not mandatory if date of birth provided) Month Day Year</small></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Last Name: _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">First Name: _____ Middle Name: _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Former Name(s) (if applicable): _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email: _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Current Address: _____ _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Contact Telephone: (____) _____ - _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Student Signature: _____</td> </tr> </tbody> </table>	Student Information		Student ID: _____	Birthdate: ____ / ____ / ____ <small>(Not mandatory if date of birth provided) Month Day Year</small>	Last Name: _____		First Name: _____ Middle Name: _____		Former Name(s) (if applicable): _____		Email: _____		Current Address: _____ _____		Contact Telephone: (____) _____ - _____		Student Signature: _____	
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Please use additional forms for more than two destinations.

<p style="font-size: x-small; margin: 0;">Protection of Privacy The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and required by the Nipissing University School of Nursing to support your application for international nursing. By completing this form, you are authorizing the School of Nursing to disclose the completed information to the international governing bodies who require it for certification purposes. If you have any questions about the collection, use and disclosure of this information, please contact the Nipissing University School of Nursing, Room A201 – 100 College Drive, North Bay, ON P1B 8L7, 705-474-3450, ext. 4090.</p>					
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