

Request for Official School of Nursing Credential Assessment

PLEASE PRINT CLEARLY

<p style="background-color: yellow; margin: 0;">PLEASE READ THIS PRIOR TO PLACING YOUR REQUEST</p> <ul style="list-style-type: none"> The cost of each assessment is \$255. 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; margin: 5px 0;">Optional Additional Fees:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Courier Charges \$8 to Ontario \$20 to other Canadian Provinces \$30 anywhere in the United States \$80 to all other countries </td> <td style="width: 50%; vertical-align: top;"> Fax/Email Charges \$4 per fax/email (Original can be picked up or mailed if address is provided) </td> </tr> </table>	Courier Charges \$8 to Ontario \$20 to other Canadian Provinces \$30 anywhere in the United States \$80 to all other countries	Fax/Email Charges \$4 per fax/email (Original can be picked up or mailed if address is provided)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3; text-align: center;">Student Information</th> </tr> <tr> <td> Student ID: _____ Birthdate: _____ / _____ / _____ <small>(Not mandatory if date of birth provided) Month Day Year</small> </td> </tr> <tr> <td>Last Name: _____</td> </tr> <tr> <td>First Name: _____ Middle Name: _____</td> </tr> <tr> <td>Former Name(s) (if applicable): _____</td> </tr> <tr> <td>Email: _____</td> </tr> <tr> <td>Current Address: _____ _____</td> </tr> <tr> <td>Contact Telephone: (_____) _____ - _____</td> </tr> <tr> <td>Student Signature: _____</td> </tr> </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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1. Assessment		
_____ Quantity	Mailing Name and Address Information	Send assessment by:
	To: _____	<input type="checkbox"/> Regular Mail
	Address: _____ _____	<input type="checkbox"/> Courier <small>(Additional fees apply. Service not available to PO Boxes.)</small>
	Telephone No. (required for courier only) _____	<input type="checkbox"/> Fax/Email <small>(Additional fees apply. Original also sent by regular mail.)</small>
	Fax or Email To: _____ Fax Number: (_____) _____	<input type="checkbox"/> Pick up <small>(ID required upon pickup)</small>
2. Assessment		
_____ Quantity	Mailing Name and Address Information	Send assessment by:
	To: _____	<input type="checkbox"/> Regular Mail
	Address: _____ _____	<input type="checkbox"/> Courier <small>(Additional fees apply. Service not available to PO Boxes.)</small>
	Telephone No. (required for courier only) _____	<input type="checkbox"/> Fax/Email <small>(Additional fees apply. Original also sent by regular mail.)</small>
	Fax or Email To : _____ Fax Number: (_____) _____	<input type="checkbox"/> Pick up <small>(ID required upon pickup)</small>

Please use additional forms for more than two destinations.

Protection of Privacy <small>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.</small>	
Method of Payment (Payment is required prior to your request being processed.)	For Office Use Only
<input type="checkbox"/> Cash <input type="checkbox"/> Visa or Mastercard (You must include the Credit Card Authorization Form) <input type="checkbox"/> Cheque or Money Order (payable to “Nipissing University”) <input type="checkbox"/> Online banking - Use “Pay Bills” option available through your bank. (Confirmation # _____)	Amount Paid \$ _____ Received By: _____ Date sent: _____