

# 国际护士执业水平考试 报考手册

**International Standards for Professional Nurses Exam**

**Quick Reference Guide**

**V2.0**

**Authored by China Health**

**8/10/2020**

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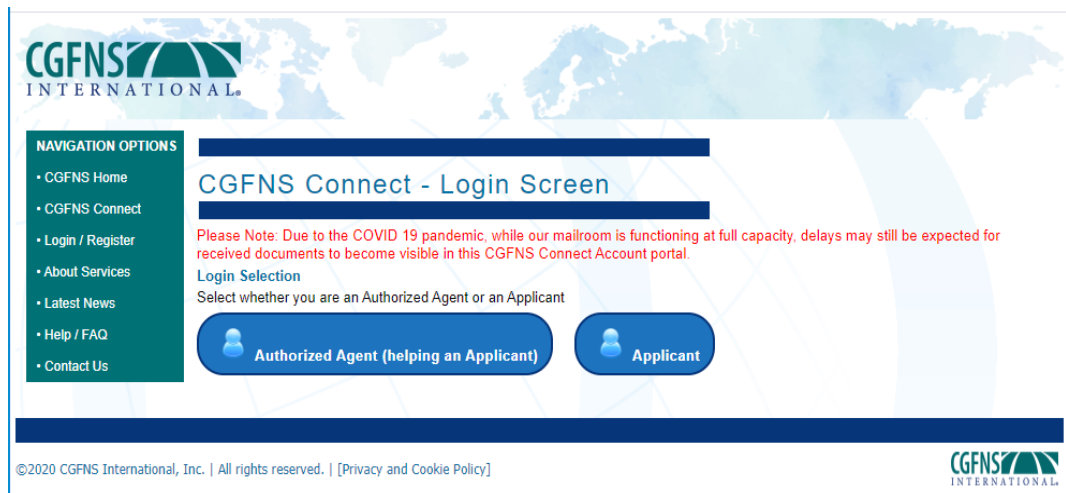
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## 一、进入报名系统

- 1、 打开 [www.cgfnsc.org](http://www.cgfnsc.org) 中国官方代表处网站，选择报名。

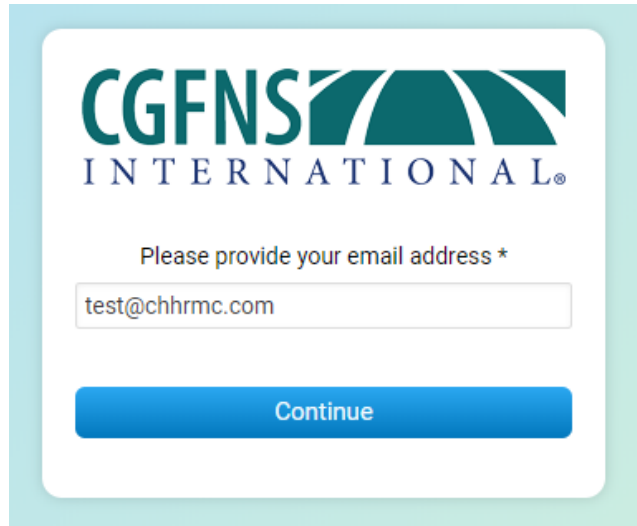


- 2、 2020年8月1日前报名的选择 Authorized Agent (helping an Applicant), 2020年8月1日后报名, 请选择 Applicant 按钮。这里以 Applicant 来介绍。



## 二、新注册帐户

- 1、填写本人正确的邮箱。

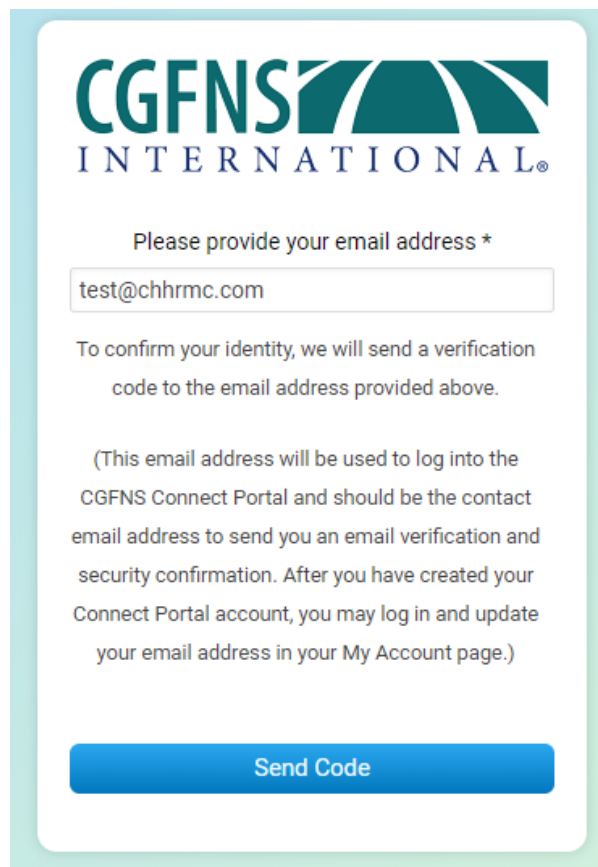


CGFNS  
INTERNATIONAL®

Please provide your email address \*

Continue

- 2、点击 Send Code，发送验证码至邮箱。



CGFNS  
INTERNATIONAL®

Please provide your email address \*

To confirm your identity, we will send a verification code to the email address provided above.

(This email address will be used to log into the CGFNS Connect Portal and should be the contact email address to send you an email verification and security confirmation. After you have created your Connect Portal account, you may log in and update your email address in your My Account page.)

Send Code

3、30 分钟内登录该邮箱查看 CGFNS International Email Verification 的邮件。

Confirm your email - test@chhrc.com

Thank you and welcome to CGFNS International, Inc.

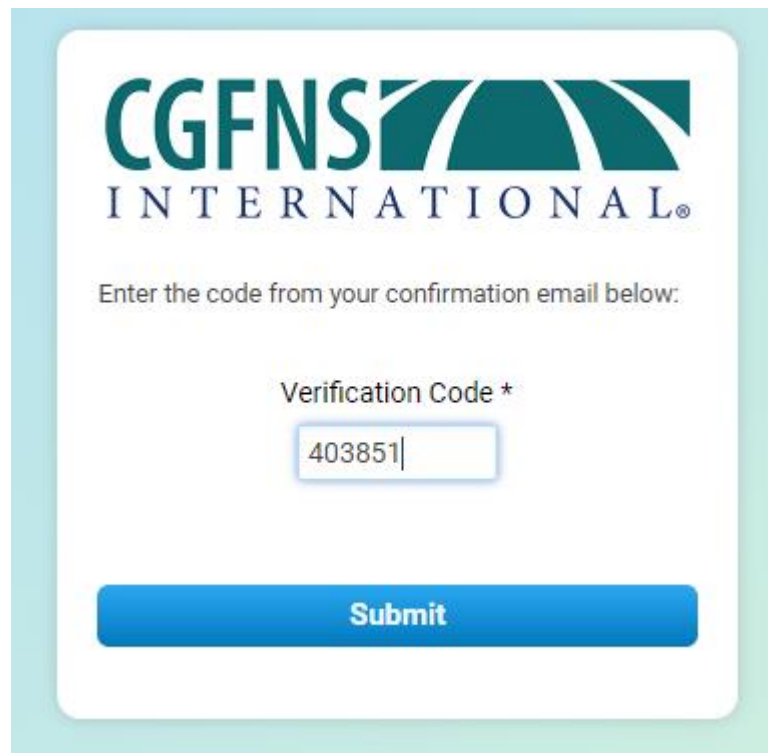
Begin setting up your CGFNS Connect account by verifying your email address. Clicking the following link or copy and

This link will expire in 30 minutes.

[https://applicants.cgfns.org/portal/view/createAccount/tokenAuth?swat\\_authToken=uJQJmiaqQVHF%40VCqViBi3p%40kWsVFJRvJ0eBAAd0eEvX5DRI4BmxURrFY9wXWu%2FV3L9Z9mOe1d5a4f6731fc12caba1d4654e16f60b](https://applicants.cgfns.org/portal/view/createAccount/tokenAuth?swat_authToken=uJQJmiaqQVHF%40VCqViBi3p%40kWsVFJRvJ0eBAAd0eEvX5DRI4BmxURrFY9wXWu%2FV3L9Z9mOe1d5a4f6731fc12caba1d4654e16f60b)

Security Code #: 403851

4、复制验证链接至浏览器窗口地址栏,并输入 Security Code.



The image shows a verification code entry form for CGFNS International. At the top is the CGFNS International logo. Below the logo, it says "Enter the code from your confirmation email below:". There is a text input field labeled "Verification Code \*" with the number "403851" entered. Below the input field is a blue "Submit" button.

## 5、填写个人基本信息

**CGFNS**  
INTERNATIONAL

### Step 1: Account Creation - Basic Information

This is a secure site. We will use the personal information you provide below for security purposes and to set up your profile.

All fields marked with an asterisk (\*) must be completed.

Are you an Applicant or a Sponsor? \*  Applicant  Sponsor **选择申请人**

**Personal Information**

Check here if you have only a single name:

First Name \* **名**

Middle Name  **中国人没有中间名，不要填写**

Last Name \* **姓**

Suffix

Date of Birth (Day / Month / Year) \*    **出生日期**

**Existing Customer Information**

Do you have a CGFNS ID number? \*  Yes  No **是否以前注册过 CGFNS ID**

**Additional Qualifying Information**

Do you have a Passport? \*  Yes  No **是否有护照**

Do you have a current or valid Healthcare Profession License? \*  Yes  No **是否有护士执业执照**

**License Information**

Jurisdiction / Country that issued the Healthcare Profession License: \*  **执照颁发的国家**

License Number: \*  **执照编号**

**Education Information**

Entry-level professional education is the minimum required education you completed. (Certificate, Diploma, Associate's Degree or Bachelor's Degree) that qualified you for initial licensure and/or practice in your profession. **护理专业的学历**

Jurisdiction / Country \*  **学历颁发的国家**

School name \*  **学校名称**

Completion Year \*  **毕业年份**

---

**TERMS AND CONDITIONS**

Please note that before CGFNS can complete the review of an applicant's file we must receive full payment and all the necessary documents. This includes all documents that are to be submitted by the applicant themselves as well as the documents which are to come directly to CGFNS from schools, licensing authorities and testing agencies. It is the applicant's responsibility to provide the appropriate authorization forms that will enable CGFNS to obtain educational transcripts and license validations. CGFNS makes every effort to promptly complete the review of a file, however, the greatest delays in reviewing a file are often the result of not receiving an applicant's documents in a timely manner. With this in mind, as well as the complexity of certain applicants' particular situations, some services may take a matter of weeks to complete, while others may take several months to complete.


You may use this online service 24 hours a day, seven days a week to check the status of your order as well as the status of your required documents.

**Terms and Conditions of the CGFNS Connect Certification**

- CGFNS may choose to authenticate / evaluate only the materials that it considers relevant for this program or service.
- All documents submitted, including transcripts, become the property of CGFNS and cannot be returned to you. Do not send originals of diplomas, degrees, certificates, registrations or licenses.
- No verification / evaluation is conducted until CGFNS receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request for a service. Please refer to the Fees Schedule.
- All Certificates are valid only when the official (embossed) CGFNS seal is affixed and as applicable, until the expiration date.
- All Reports are valid only when there is an official document water mark.
- All Reports issued to U.S. State Boards of Nursing are accessed online directly by the Boards of Nursing. An applicant copy of the report is located in your online account and will be available for one year from when the report was first issued. Non-State Board of Nursing recipients are sent via First Class mail (within the U.S.) or airmail (outside of the U.S.).
- If your application includes any forged, altered, or falsified documents or information, CGFNS will not issue a Certificate or issue an evaluation report, and no refund is issued.
- Fees as published are subject to change. Please refer to the Fees Schedule.
- Any payment you send to CGFNS will be applied first to any unpaid balance from previous orders before it is applied as payment for a newer application or service.
- NO refund is given after an application is submitted.
- All applications are subject to pre-determined expiration dates. Applicants who do not meet the requirements of a program within the expiration date of their order may have the opportunity to continue the application within 12 months after expiration by applying to Re-Process and paying the associated fee.

I accept and have read the above Terms and Conditions. \* **勾选同意**

## 6、填写安全提示。



### Step 2: Account Creation - Security Questions

Select two security questions from the dropdown lists below. Keep the answers to these questions private. You may be prompted to answer these questions when logging in or if you lose your password for your CGFNS Connect account.

Security Questions

Question *	Answer *
1 What is the name of your first pet?	puppy
2 What is the first name of your childhood best friend?	zhangsan

Your healthcare profession license and education information may be used to verify your identity when logging into the CGFNS Connect Portal or speaking with Applicant Navigation Services. Confirm your License Information and Education Information below to use as your security questions.

License Information

Do you have a Healthcare Profession License?  Yes  No

Jurisdiction / Country that issued the Healthcare Profession License: People's Republic of China

License number: 201799999999

Education Information

Select your healthcare profession entry-level school:


Jurisdiction / Country \* People's Republic of China

School Name \* BEIJING UNIVERSITY

Completion Year (YYYY) \* 2017

[Submit](#)

## 7、设置登录密码，最少 7 位，至少包含 1 个大写字母，1 个小写字母，1 个数字，1 个符号。



### Step 3: Account Creation - Set Login Password

Create your password using the following rules:

**Length:** minimum seven characters

**Letters:** include at least one uppercase and one lowercase letter (ABC/abc)

**Numbers:** include at least one number (0-9)

**Special Characters:** include at least one of these: #, ?, !, @, \$, %, \*, &, ^, or -

Password \*

Confirm Password \*

Contact me regarding CGFNS service updates, new and promotions: \*  Yes  No

[Submit](#)

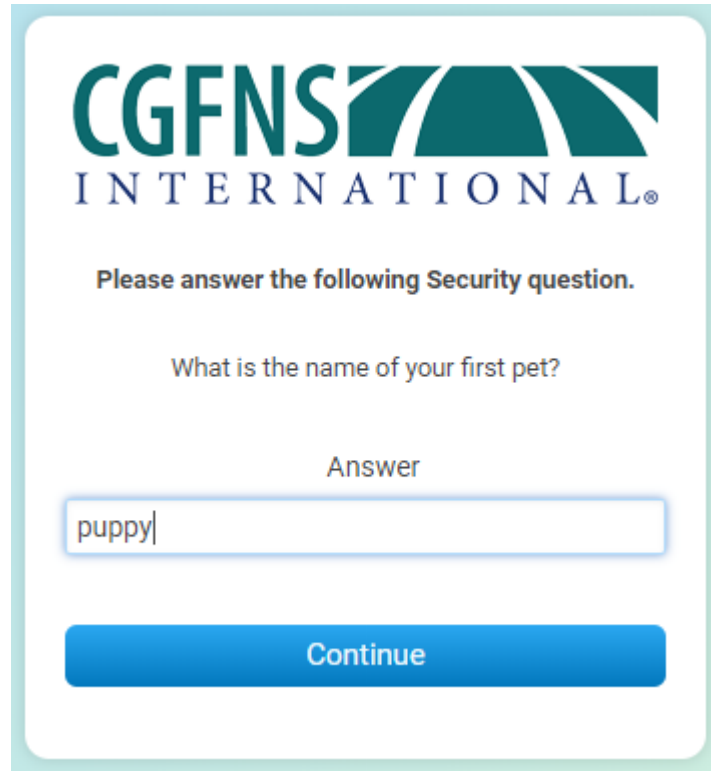
### 三、填写资料

- 1、再次登录系统, 输入邮箱后, 输入密码。

The image displays two sequential steps of the login process on the CGFNS International website. Both screens feature the organization's logo at the top. The first screen prompts the user to provide their email address, with the example 'test@chhrmc.com' entered in the text box and a blue 'Continue' button below. The second screen prompts for a password, with the same email address in the first field and a masked password '.....|' in the second field. It also includes a blue 'Continue' button and a 'Forgot Password' link at the bottom.

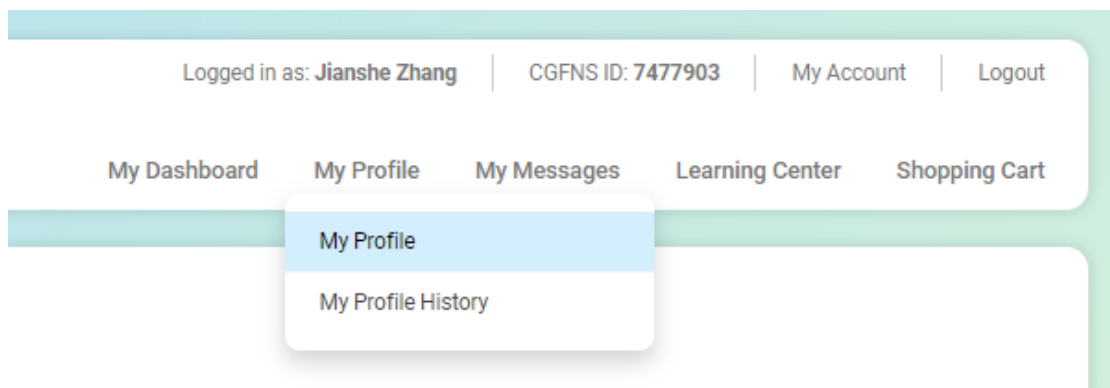


2、输入安全提示问题。注意，安全问题、执照信息、学历信息都有可能被当做安全问题。



The image shows a security question form from CGFNS International. At the top is the CGFNS International logo. Below the logo, it says "Please answer the following Security question." The question is "What is the name of your first pet?". There is a text input field with the word "puppy" entered. Below the input field is a blue "Continue" button.

3、 右上角选择 My Profile – My Profile



## A、Personal Information

### Personal Information

Tell us more about yourself so we can better identify your needs and provide timely service.

All fields marked with an asterisk (\*) must be completed.

If you are unsure what information a field is asking, hover your cursor over the 'i' for details. Once you complete the required sections on each page, click **Next** to go to the next screen.

CGFNS will reference the information you provide to determine your eligibility and requirements to order CGFNS Services before purchase.

#### Name <sup>i</sup>

Enter your current legal name AND any other names you have legally used in the past may appear on documents sent to CGFNS International.

Check here if you have only a single name:

First/Given Name: <sup>i</sup> \* 名 Jianshe

Middle Name: <sup>i</sup> \*

Last Name/Surname: <sup>i</sup> \* 姓 Zhang

Suffix: <sup>i</sup> \*

Other Names <sup>i</sup> 曾用名, 没有的不用填写

Other First Name	Other Middle Name	Other Last Name	Other Suffix
1 名		姓	

#### Personal Details

Sex: <sup>i</sup> \*  Male  Female 性别: 男 女

Marital Status: <sup>i</sup> \*  Single (Never Married)  Married  Widowed  Divorced  
婚姻状况 未婚 已婚 丧偶 离异

Date of Birth

Month \* Day \* Year \*  
January 11 1995 出生日期 月 日 年

Have you been issued a United States Social Security Number? \*  Yes  No 是否有美国社会安全号码

Have you ever had a background check? \*  Yes  No 是否做过背景调查

Country of Birth: \* People's Republic of China 出生的国家

#### Current Citizenship <sup>i</sup>

Country \* 现在的国籍  
1 People's Republic of China  
2  
3

#### Languages 母语

First Language: <sup>i</sup> \* Chinese - Mandarin

#### Languages You Speak Fluently <sup>i</sup>

Spoken Language \* 流利  
1 Chinese - Mandarin  
2 English 口语  
3 语言

#### Languages You Write Fluently <sup>i</sup>

Written Language \* 流利  
1 Chinese - Mandarin  
2 English 书写  
3 语言

#### Professions <sup>i</sup>

Selecting all professions for which you received formal education, a license/registration and employment will help us determine which services you are eligible for.

Profession \* 注册护士  
1 REGISTERED NURSE  
2  
3

#### Passport Information <sup>i</sup>

Passport ID # Country/Jurisdiction  
1 护照信息, 没有可不填

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

Next >>

Close

## B、Contact Information

### Contact Information

Provide your contact information so CGFNS can get in touch with you via telephone or by postal mail.

All fields marked with an asterisk (\*) must be completed.

For help understanding what a field is asking, hover your cursor over the "i" for details. Once all required fields are complete, click **Next** to go to the next screen.

CGFNS will reference the information you provide to determine your eligibility and requirements to order CGFNS Services before purchase.

#### Your Authorized Sponsor i

Currently you do not have a Sponsor on record. Download the [Authorization to Release Information Form](#) to add a new sponsor.

#### Mailing Address i

This is the address where all physical correspondence (including certificates and reports) will be mailed.

Countries * <span>i</span>	People's Republic <span>v</span>	国家	Countries * <span>i</span>	People's Republic <span>v</span>
Street Number & Name * <span>i</span>	Room. 120, Yard. 24	地址	Street Number & Name * <span>i</span>	Room. 120, Yard. 24
Street Address 2 <span>i</span>	Huangsi Avenue, Xicl		Street Address 2 <span>i</span>	Huangsi Avenue, Xicl
City * <span>i</span>	Beijing	城市	City * <span>i</span>	Beijing
State / Province / Territory <span>i</span>		省名	State / Province / Territory <span>i</span>	
Postal Code/Zip Code <span>i</span>		邮编	Postal Code/Zip Code <span>i</span>	

#### Physical Address i

选Yes

Same as Mailing Address? \*  Yes  No

Country Calling Code <span>i</span> * Phone Number *	
Primary Phone Number <span>i</span>	86 17710157797
Alternate Phone Number <span>i</span>	

联系电话

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

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Next >>

Close

## C、Employment / Practice Information

添加工作信息，工作时间不得早于执照获得时间。点击

Add Employer Record

### Add or Edit Employment Record

All fields marked with an asterisk (\*) must be completed.

#### Profession

Select Profession \* REGISTERED NURSE ▼ 注册护士

#### Employer

Name of the Facility / Organization \* Beijing Hospital 医院名称

Name of Supervisor \* Zhang Xiaohong 主管者姓名

Title / Position of Supervisor \* Head Nurse 主管者职位

#### Address of Facility / Organization

Countries \* People's Republic of China ▼ 单位所在国家

Street Number & Name \* No. 1, Dahua Road, Dongdan, Dongcheng Dist 单位地址

P.O. Box

Street Address 2

City \* Beijing 单位所在城市

State / Province / Territory 单位所在省

Postal Code / Zip Code

#### Position Details

Job Title / Position held \* Nurse 本人职位名称

Job Status \* Full-time ▼ 职位性质

Date Employment Started? (Month / Year) \* December ▼ 2017 在职开始时间

Are you still employed with this Facility / Organization? \*  Yes  No 是否仍然在职

Name when Employed Jianshe Zhang ▼ 在职时姓名

Primary Language of the patient population Chinese - Mandarin ▼ 患者的主要语言

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

## D、 Specialty Certification

医疗灾难救援类的特殊证书，没有可跳过。

### Specialty Certification

Specialty Certifications validate a professional's qualifications for practice in a defined function or clinical area or specialty.

Use the **Add Specialty button** to provide information for each Specialty Certification you have received or check **Not Applicable**.

Use the **Edit button to update or change** your Specialty Certification information. Check the **Delete box to delete** a Specialty Certification.

If CGFNS has received documents for your specific Specialty Certification, you may not be able to edit certain information or delete the Specialty Certification record.

Once all required fields are complete, click **Next**, then Yes to Save Changes and go to the next screen.

**CGFNS will reference the information you provide to determine your eligibility and requirements to order CGFNS Services before purchase.**

Add Specialty

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

## E、Continuing Education / Re-Validation

美方继续教育学时信息，没有可以跳过。

### Continuing Education / Re-Validation

Continuing Education (CE) is education received after completion of your entry-level professional education in order to stay current with changes in your profession and advance your career.

Use the **Add Continuing Education** button to provide information for each CE program you have completed or check **Not Applicable** if you haven't completed any CE.

Use the **Edit button to update or change** your Continuing Education information. Check the **Delete box to delete** a Continuing Education Record.

If CGFNS had received documents for your specific Continuing Education, you may not be able to edit certain information or delete the Continuing Education record.

Once all required fields are complete, click **Next**, then Yes to Save Changes and go to the next screen.

**CGFNS will reference the information you provide to determine your eligibility and requirements to order CGFNS Services before purchase.**

Add Continuing Education

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

## F、Licensure / Registration Information

添加护士执照信息，执照有效期不得早于下页的考试日期，点击

Add License Record

### Add or Edit a License Record

All fields marked with an asterisk (\*) must be completed.

#### Profession Details

Countries \* People's Republic of China 国家  
State / Province / Territory  
Authority \* 执照授予单位：卫生部人才交流中心  
HEALTH HUMAN RESOURCES DEVELOPMENT CENTER (AKA Health f  
Professions \* REGISTERED NURSE 注册护士  
Title \* Registered Nurse 注册护士  
Title in Original Language

#### Address of Facility / Organization

Street Number & Name \* Building 8, yard 52, Jiaoda 人才交流中心地址：  
P.O. Box  
Street Address 2 Building 8, yard 52,  
Haidian District  
City \* Beijing Jiaoda East Road,  
State / Province / Territory Haidian District,  
Postal Code / Zip Code  
Beijing  
Website URL

#### License Details

Date Issued (Month / Year) \* September 2017 执照开始日期  
Does your license expire? \*  Yes  No 有期限  
Date Expired (Month / Year) \* September 2022 执照截止日期  
Name on License Jianshe Zhang 执照姓名  
License Number 201788888888 执照编号  
Method of Licensure / Registration \* NATIONAL/PROVINCAL/STATE 国家考试  
License Status ACTIVE 证书有效  
Was your license ever restricted, suspended or revoked? \*  Yes  No 未被限制、暂停、吊销

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

## G、Licensure / Registration Examinations

填写执照考试记录，点击

Add License Examination Record

### Add or Edit License Examination Record

All fields marked with an asterisk (\*) must be completed.

#### Examination Details

Profession	REGISTERED NURSE ▼ 注册护士
Country/Jurisdiction for which the examination was administered *	People's Republic of China ▼ 中国
State / Province / Territory	
Formal Name of the Licensing / Registration Examination you have completed? *	Other ▼ 其他考试
License Examination Other *	Examination of Chinese Nurse Practitioners 执业护士资格考试
Authority *	HEALTH HUMAN RESOURCES DEVELOPMENT CENTER (AKA Health Professionals Credentials Ver. Ctr. MOH) ▼ 卫生部人才交流中心

#### Address of Facility / Organization

Street Number & Name *	Building 8, yard 52, Jiaoda	人才交流中心地址:
P.O. Box		
Street Address 2	Haidian District,	Building 8, yard 52,
City *	Beijing	Jiaoda East Road,
State / Province / Territory		Haidian District,
Postal Code / Zip Code		Beijing
Website URL		

#### Additional Examination Details

How many times did you write this Licensing / Registration examination? *	1	参加过多少次此考试
Did you pass this examination? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	是否通过
Date when you successfully completed (passed) the examination? (Month / YYYY)	May ▼ 2017	通过考试的日期
Did passing this examination result in a license / registration to practice your profession in this jurisdiction? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	是否获得执业许可

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.



## H、 Higher / Tertiary Education Information

填写高等教育信息， 点击

Add Higher Education

Add or Edit Higher / Tertiary Education Record

All fields marked with an asterisk (\*) must be completed.

**Professional (Education that qualified you to practice your Profession):** This category includes the professional education received in colleges, universities, technical and vocational schools in preparation for a healthcare profession. Successful completion of professional higher education normally results in a certificate, diploma, degree (associates, bachelor's, master's, and doctoral).

**Non-Professional:** This category of education provides higher education, such as a college or university, which is not related to the healthcare profession. Completion or graduation from a Higher Secondary Education and entrance exams are often required to enter these schools. Technical or vocational schools may be included in this category, if the training you received is not related to healthcare. Usually, completion or graduation from this type of school results in a certificate, diploma, or degree.

Is this a Professional Education record? \*  Yes  No 是否是护理专业学历

Profession \* REGISTERED NURSE 注册护士

Education Level \* Entry Level Education 入职前教育、入职后教育

Education Type \* Bachelor's Degree 学历选择

Country / Jurisdiction \* People's Republic of China 中国

Name of School Attended \* BEIJING UNIVERSITY 学校名称

Your name when you attended this school? Jianshe Zhang 当时在校姓名

Did you complete or graduate from this program? \*  Yes  No 是否毕业

Name of the Diploma / Degree / Credential in English? \* Bachelor's Degree in Medi 学历学位英文名称

Name of the Diploma / Degree / Credential in native language? \* 医学学士学位 学历学位中文名称

Admission / Start Date (Month / Year) \* September 2012 入学日期

Completion / End Date (Month / Year) \* June 2016 毕业日期

Has this school closed? \*  Yes  No 现在学校是否停办了

Has this school merged with another school? \*  Yes  No 现在学校是否被其他学校合并了

Address of School Attended

Street Number & Name \* 5 Yiheyuan Road

P.O. Box

Street Address 2

City \* Beijing Shi 学校信息

State / Province / Territory

Postal Code / Zip Code 100871

Website URL

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

## I、General Education Information

填写小学，初中，高中教育信息，点击

Add General Education

Add or Edit General Education Record

All fields marked with an asterisk (\*) must be completed.

**Primary and Lower Secondary:** This category includes the first and second stages of compulsory or basic education which usually begins around the ages of six (6) or seven (7) and lasts between eight (8) and ten (10) years for primary and lower secondary education.

**Higher Secondary:** In some countries, secondary education is divided into lower and upper cycles. In this section, please add the educational experience that allowed access to higher or tertiary level education. In many countries this education culminates in the granting of a diploma. In countries that follow the U.K. model of education this education culminates in an external examination that documents successful completion and allows for admission to university level education.

Level of Education <sup>i</sup> *	学历水平	Primary and Lower Secondary Education
Country / Jurisdiction *	中国	People's Republic of China
Name of School Attended *	学校名称	Beijing Primary School
Your name when you attended this school?	Jianshe Zhang	在校时姓名
Did you complete or graduate from this program? *	<input checked="" type="radio"/> Yes <input type="radio"/> No	是否毕业
Name of the Diploma / Degree / Credential in English? *	Primary School Diploma	毕业证英文名称
Name of the Diploma / Degree / Credential in native language? *	小学毕业证书	毕业证中文名称
Were you required to sit for any external examinations in order to be granted access to higher education? *	<input type="radio"/> Yes <input checked="" type="radio"/> No	是否需要参加外部考试才能毕业
Admission / Start Date (Month / Year) *	September 2000	入学日期
Completion / End Date (Month / Year) *	June 2006	毕业日期
Has this school closed or merged with another school? *	<input type="radio"/> Yes <input checked="" type="radio"/> No	学校是否停办或被合并
Address of School Attended	学校信息	
Countries *	People's Republic of China	
Street Number & Name *	No. 9, huaibaishu street, Xicheng District	
P.O. Box		
Street Address 2		
City *	Beijing	
State / Province / Territory		
Postal Code / Zip Code		
Website URL		

**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

继续填写初中、高中学历信息

## General Education Information

This section should include any Primary, Lower Secondary and Higher Secondary School education programs that you attended.

Use the **Add General Education** button to add additional records of general education you have completed. Use the **Edit** button to update or change your general education records. Check the **Delete** box to delete the associated general education record.

If CGFNS has received documents regarding a specific level of general education you completed, you may not be able to edit certain information or delete the education record.

Once all required fields are complete, click **Next**, then Yes to Save Changes and go to the next screen.

**CGFNS will reference the information you provide to determine your eligibility and requirements to order CGFNS Services before purchase.**

### General Education History

Show 10 items Filter:

	Level of Education	School Name	Country / Jurisdiction	Complete / Incomplete	Date Entered	Date Completed	Delete
<input type="button" value="Edit"/>	Primary and Lower Secondary Education	Beijing Primary School	People's Republic of China	Yes	09/2000	06/2006	<input type="checkbox"/>
<input type="button" value="Edit"/>	Primary and Lower Secondary Education	Beijing Academy	People's Republic of China	Yes	09/2006	06/2009	<input type="checkbox"/>
<input type="button" value="Edit"/>	Higher Secondary Education	Beijing Academy	People's Republic of China	Yes	09/2009	06/2012	<input type="checkbox"/>

Showing 1 to 3 of 3 entries ◀ Previous Next ▶

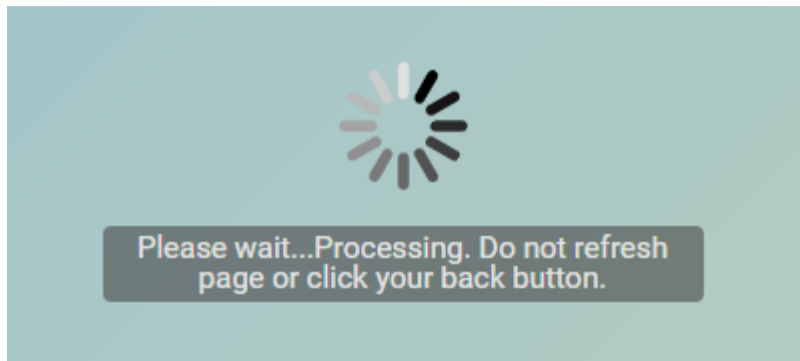
**ATTENTION:** The information you are providing will not be received by CGFNS until you submit your complete [Personal Profile Summary](#), including edits or additions to your existing personal profile.

## J、 English Language Proficiency Test

填写英语水平考试，包括雅思、托福、托业考试信息，没有直接点击 NEXT 可跳过。

## K、 Your Personal Profile

仔细核对填写的信息，点击 Submit 提交。



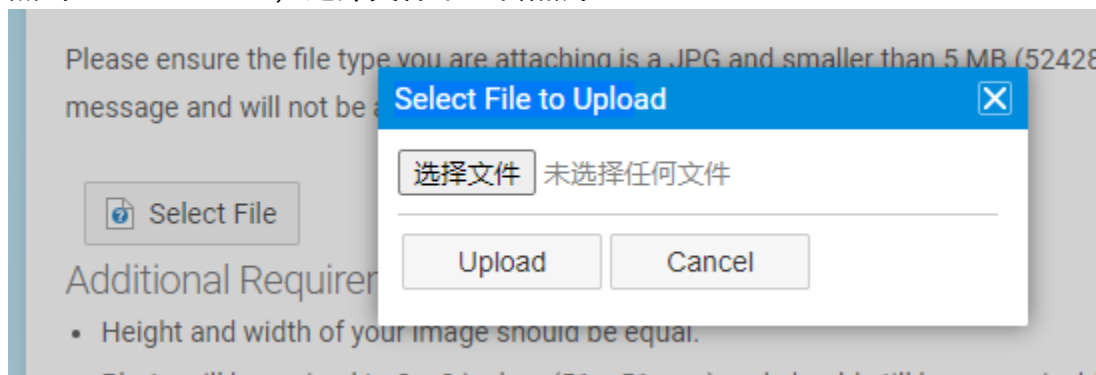
等待页面，不要刷新或后退。

### 三、提交照片

照片要求：

1. 请确保您要附加的文件类型为 JPG，且长度不得超过 5 MB（5242880 KB）。如果文件类型不是 JPG 或超过最大文件大小，您将收到一条错误消息。
2. 图片的高度和宽度应相等。
3. 照片将被调整为 2 x 2 英寸（51 x 51 毫米），并且仍然可以识别。
4. 最近 6 个月内拍摄以反映您当前的外观。
5. 彩色。
6. 采取在简单的白色或灰白色背景前面。
7. 直接面对相机以全脸视图拍摄。
8. 一个人，不是从现有的集体照中裁剪出来的。
9. 拥有中性的面部表情，双眼睁开。
10. 头部和肩膀顶部合拢，使脸部占据照片的 70-80%。
11. 穿上您通常每天都穿的衣服。
12. 除了每天穿着的宗教服装外，请勿在照片中穿制服。
13. 除非出于宗教目的而每天戴，否则请勿戴上会遮盖头发或发际线的帽子或头饰。您的整个面部必须可见，并且头罩不得在您的脸上蒙上任何阴影。
14. 照片中不接受耳机，无线免提设备或类似物品。
15. 如果您通常配戴处方眼镜，助听器或类似物品，则可能在您的照片中配戴它们。
16. 除非出于医疗原因（例如，可能需要医疗证明）而需要它们，否则不接受带深色眼镜的深色眼镜或非处方眼镜。
17. 眼镜上的强光不适合您的照片。眼镜稍微向下倾斜，或取下眼镜或关闭相机闪光灯，可避免眩光。

点击 Select File ，选择文件来上传照片



## 四、ISPN 考试下订单

点击右上角 Shopping Cart, Shopping Cart 打开订单页面, 勾选 International Standards for Professional Nurses (ISPN) Program, 如不能勾选, 请按第二步核查填写内容是否有误。

### Shopping Cart

Filter:

Name of Service	Description
<input type="checkbox"/> Certification Program (CP)	Designed specifically for any first-level, general nurse educated and licensed outside the United States who wishes to assess his or her chance of passing the US registered nurse licensing exam – the NCLEX-RN® examination – and obtaining a license to practice as a registered nurse in the United States.
<input type="checkbox"/> Visa Screen: Visa Credentials Assessment (VS)	Enables foreign healthcare professionals to meet the US government's screening requirements for a permanent occupational visa by verifying and evaluating their credentials to ensure compliance with minimum eligibility standards. This program is offered by the International Commission on Healthcare Professions (ICHP), a division of CGFNS.
<input type="checkbox"/> Credentials Evaluation Service (CES)	An objective evaluation and reporting service that analyzes a healthcare professional's education and license(s) earned outside of the United States and compares them to US standards. This service carefully and objectively assesses documents received from source agencies, verifying and appraising an applicant's educational and professional credentials, registrations, and licenses.
<input type="checkbox"/> Credential Verification Service for New York State (CVS)	Verifies academic and professional credentials submitted by foreign educated health professionals seeking licensure in New York State and sends a report to the New York State Education Department.
<input checked="" type="checkbox"/> International Standards for Professional Nurses (ISPN) Program	The International Standards for Professional Nurses (ISPN) Program is for first-level, general nurses who reside in one of the countries in which the program is offered. Applicants will undergo an initial verification of first-level, general nurse status, followed by the validation of nursing knowledge through the administration of the CGFNS Qualifying Exam®.
<input type="checkbox"/> eDocument Authentication Service (eDas)	The eDocument Authentication Service reviews professional transcripts and licensure received from source agencies and verifies to applicant-selected official recipients that the documents are legitimate and come from organizations that are approved. The report will NOT include an evaluation of the education received or a comparison to the US standards of education in that profession.
<input type="checkbox"/> Comparability Assessment for ANCC Programs (CAP)	This partnership with American Nurses Credentialing Center (ANCC) includes Magnet Recognition®, Pathway To Excellence®, ANCC Accreditation, and ANCC Certification. CGFNS offers a preliminary review of credentials measured against ANCC's standards. The only valid recipient is ANCC so this is not for anybody intending to migrate within the United States. ANCC makes all final decisions regarding your eligibility for ANCC Certification or whether your qualifications are comparable to that of a U.S. Baccalaureate Degree in Nursing.
<input type="checkbox"/> Additional CGFNS Services	These are additional services offered by CGFNS

Showing 1 to 8 of 8 entries

[CGFNS Fee Schedule](#)

确认考试国家 ISPN for People's Republic of China

### Subtypes

These are the subtype services that are currently available to you for purchase.

Filter:

Purchase Price	Name of Service	Description
<input checked="" type="checkbox"/> \$350.00	ISPN for People's Republic of China	ISPN Initial Application for People's Republic of China

Showing 1 to 1 of 1 entries

## 阅读服务条款，并勾选同意。

### Terms and Conditions

Please note that before CGFNS can complete the review of an applicant's file we must receive full payment and all the necessary documents. This includes all documents that are to be submitted by the applicant themselves as well as the documents which are to come directly to CGFNS from schools, licensing authorities and testing agencies. It is the applicant's responsibility to provide the appropriate authorization forms that will enable CGFNS to obtain educational transcripts and license validations. CGFNS makes every effort to promptly complete the review of a file, however, the greatest delays in reviewing a file are often the result of not receiving an applicant's documents in a timely manner. With this in mind, as well as the complexity of certain applicants' particular situations, some services may take a matter of weeks to complete, while others may take several months to complete.

You may use this online service 24 hours a day, seven days a week to check the status of your order as well as the status of your required documents.

#### Terms and Conditions of the CGFNS Connect Certification

- CGFNS may choose to authenticate / evaluate only the materials that it considers relevant for this program or service.
- All documents submitted, including transcripts, become the property of CGFNS and cannot be returned to you. Do not send originals of diplomas, degrees, certificates, registrations or licenses.
- No verification / evaluation is conducted until CGFNS receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request for a service. Please refer to the Fees Schedule.
- All Certificates are valid only when the official (embossed) CGFNS seal is affixed and as applicable, until the expiration date.
- All Reports are valid only when there is an official document water mark.
- All Reports issued to U.S. State Boards of Nursing are accessed online directly by the Boards of Nursing. An applicant copy of the report is located in your online account and will be available for one year from when the report was first issued. Non-State Board of Nursing recipients are sent via First Class mail (within the U.S.) or airmail (outside of the U.S.).
- If your application includes any forged, altered, or falsified documents or information, CGFNS will not issue a Certificate or issue an evaluation report, and no refund is issued.
- Fees as published are subject to change. Please refer to the Fees Schedule.
- Any payment you send to CGFNS will be applied first to any unpaid balance from previous orders before it is applied as payment for a newer application or service.
- NO refund is given after an application is submitted.
- All applications are subject to pre-determined expiration dates. Applicants who do not meet the requirements of a program within the expiration date of their order may have the opportunity to continue the application within 12 months after expiration by applying to Re-Process and paying the associated fee.

I accept and have read the above Terms and Conditions. \*

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Cancel

Next

## 阅读认证声明，并勾选同意。

### Attestation

- I agree to the Terms and Conditions of the CGFNS services and programs.
- I certify that all information which CGFNS International has received as part of this order or in the past, from me or from a third party on my behalf is true and complete.
- I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.
- I understand that CGFNS and others will rely on this order and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter a CGFNS Certificate or a CGFNS Report or misrepresent a copy as an original, CGFNS may take such disciplinary action against me as it deems appropriate including bar me from future examinations or from participation in any CGFNS programs. The consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS from all liability.
- I authorize CGFNS to disclose the information and documents in this order, the status of my CGFNS Certificate, any Reports or evaluations prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any adverse action taken against me by CGFNS, to any person or organization I designate in writing or to any other recipient which CGFNS may determine has a legitimate interest in receiving the same, such as government agencies or potential employers.
- I understand that unauthorized use of test materials, giving or receiving aid during an examination, or violating instructions at the examination site may be grounds to expel me from the examination, or bar me from future examinations or from participation in any CGFNS programs, or to otherwise discipline me as appropriate.
- Applicants should refuse any requests by third parties, i.e. friends, recruiters or employers to memorize questions or give them details regarding the content of the tests. Such activities will result in the applicant's test being voided and may prevent them from being eligible for all future exams.
- In addition, I authorize the board of nursing of the state in which I take the licensing examination in the future to release my NCLEX-RN? results to CGFNS for statistical studies.
- I also agree to send CGFNS my NCLEX-RN? results.
- I understand that the CGFNS Certificate and all copies of it remain the property of CGFNS and must be returned to CGFNS if CGFNS determines that the holder of the certificate was not eligible to receive it or that it was otherwise issued in error.
- In submitting this order electronically, I affirm that by selecting the appropriate button below, my electronic signature is intended to be legally binding.

I agree with and have read the above Attestation. \*

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Cancel

Next

确认订单信息，点击 Purchase

Order Summary

This Order Summary lets you review the service(s) you are ordering from CGFNS. Please carefully review your personal and contact information and the details of your order below.

This order will remain "Application Incomplete" until full payment is made. CGFNS strongly encourages you to make payment online by credit card. Payment must be submitted within 90 days from the day the order was created. If the total amount due is not paid in full, the order will be deleted.

Contact Information

**Applicant's Name:** Jianshe Zhang  
**Country:** People's Republic of China  
**Street Number & Name:** Room. 120, Yard. 24  
**Street Address 2:** Huangsi Avenue, Xicheng District  
**City:** Beijing  
**State / Province / Territory:**  
**Postal Code / Zip Code:**

**Account Balance:** \$0.00

[View Payment History](#)

Order Summary

Remove?	Order Name	Service Ordered	Quantity	Price
	International Standards for Professional Nurses (ISPN) Program	ISPN for People's Republic of China	1	\$350.00

Showing 1 to 1 of 1 entries

**Current Order Total:** \$350.00  
**Previous Balance:** \$0.00  
**Grand Total:** \$350.00

To continue with your order click the "Purchase" button.  
To remove this order click the "Cancel" button.

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Cancel

Purchase



输入信用卡信息，并付款。

Order Number: 3377740

CGFNS ID: 7477903

Payment

All fields marked with an asterisk (\*) must be completed.

Please do not mail payment. CGFNS International accepts only online payments with the following Credit Cards: Visa, MasterCard, and Discover. Personal checks or cash are not accepted.

No refund is given after an application is submitted.

You will have a limited time in which to type your credit card information. Once submitted, the information is sent immediately to your financial institution for credit approval. Once your payment is approved, you will be able to proceed to the final step of the order process.

Payment Fields

Total Cost	\$350.00	Billing Country *	China 账单所属国家
Memo Line	3377740	Billing Street Address 1 *	No. 302, Unit 4, Build 4, No. 26-1, 账单地址
Do you have only one name? <input type="radio"/> Yes <input type="radio"/> No	是否1个字的名字, 选否	Billing Street Address 2	
First Name on Credit Card *	Jianshe 信用卡上的名	Billing City *	Beijing
Last Name on Credit Card *	Zhang 信用卡上的姓	Billing State	
Credit Card Number *	4556666262735002 信用卡号码	Billing Postal Code	
Security Code *	920 信用卡验证号	Email *	test@chrmc.com 邮箱
Expiration Date (Month / YYYY) *	November 2020 信用卡有效期		

I am the owner of this credit card, or the owner has granted me permission to use this credit card for this purchase. \*  Yes  No  
信用卡持有人是否同意支付

By checking this checkbox, I agree and understand that CGFNS International has a NO REFUND policy. No refund will be given after payment. \*  I agree  
勾选同意CGFNS不退款政策

**! IMPORTANT: CLICK "MAKE PAYMENT" ONLY ONCE.** It may take a few minutes for your financial institution to respond with credit approval. Do NOT click Refresh.

\* If "MAKE PAYMENT" is clicked more than once you may be charged multiple times.

\* Never click Refresh while this message appears. If there is no response for several minutes, close your browser or log out and try again later.

\* To remove this order click the "Cancel" button.

Back

Cancel

Make Payment

点击 Make Payment，等待支付成功，时间较长，等待期间不要有任何操作。

## 五、审核

支付成功后，报名成功，按照以下要求提交审核材料。

所有考生递交报名资料均采用递交电子版资料的形式，步骤如下：

1. 考生确认网上报名成功并已缴费。
2. 高清全彩扫描需要递交的全部报名资料，形成一个压缩文件夹，该文件夹须被命名为《考生姓名+订单号 (Order Number)》。手机拍照形成的文件夹将不予受理；报名资料清单包括：
  - (1) 个人身份证扫描件正反面；
  - (2) 有效的护士执业证书(护士执照)扫描件,扫描页须包含个人照片信息页、注册有效期及执业地点页；
  - (3) 护理院校毕业证书(最高学历)扫描件；
  - (4) 《国际护士执业水平考试 (ISPN) 考生申报情况备案表》(China Health ISPN Information Form) 扫描件；该表格可直接点击下述“十、附件下载”的第 2 条进行下载。
3. 以邮件附件形式发送《考生姓名+订单号 (Order Number)》压缩文件夹至 CGFNS 中国官方代表处官方邮箱：ispn@cgfnsh.org。该邮件主题须被命名为《考生姓名+订单号 (Order Number)》。
4. CGFNS 中国官方代表处收到考生合格的邮件并确认其成功缴费后，于 20 个工作日内通知考生报名资料审核结果。如考生未缴费则不予审核其报名资料。