

Request for Validation of License/Registration/Diploma

FOR APPLICANT TO COMPLETE BEFORE SENDING TO LICENSING OR SCHOOL AUTHORITY

My current name **Kenan Oren**

My birth date **1980** My CGFNS ID number **60 10** My Order Number **22**

License/Registration/Diploma number **12** Professional Title **Registered Nurse**

The license/registration/diploma was issued under the name

Applicant Signature _____

My current address

Cad

Address

Address

Istanbul

City

State/Province

34170

Post/Zip Code

Turkey

Country

FOR LICENSING OR SCHOOL AUTHORITY TO COMPLETE

Dear Licensing or School Authority:

Please promptly **complete this section of the form** and attach a copy of the above applicant's professional registration/license/certification documents issued in its original language, accompanied by a certified English translation.

1. This is to certify that Kenan Ören was first issued registration/license/diploma
number 2005 12 to practice as a Nurse on 06 / 06 / 2005
Applicant name Specify legal title Month Day Year

The expiration date of this registration/license is: _____ / _____ / _____ Applicant birth date _____ / _____ / 1980
Month Day Year Month Day Year

2. Ability to practice granted by: National/Provincial/State examination Licensure exam date _____ / _____ / _____
 Registration Diploma (NOTE: Please attach a copy of the original language diploma/certificate with literal English translation)
 Review of another license (endorsement) Other _____

3. Status: Active/Current Expired Inactive Restricted*
*Please attach an explanation if the applicant's registration/license/diploma has ever been revoked, suspended, limited, or placed on probation.

4. Name and address of professional school Koç University School of Nursing
Health Sciences Campus Davutpasa Cad. No: 4 Topkapi 34010 Istanbul

5. Graduation date 06 / 06 / 2005
Month Day Year

6. Is this school accredited or government approved? Yes No

By whom? Turkish Government Approval date March / 1992

Is this educational program accredited or government approved? Yes No By whom? Turkish Government

7. Program type: Diploma Baccalaureate degree Associate Degree Other (specify) _____

8. Licensing or school authority signature _____ Date _____ / _____ / _____
Do not print, sign entire name. Licensing or school authority seal or stamp must cover signature. Month Day Year

Print name _____

Licensing or school authority title _____

State/Province and Country _____

Telephone number (include country code and area code) _____

Fax number (include country code and area code) _____

Email address _____

Web address _____

Please send this document and any attachments in English, in an envelope with your seal or stamp over the flap after sealing. Send via airmail to >>

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