Personal Information Kişisel Bilgiler

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

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: *   [   ] İsim

Middle Name: [   ] Göbek Adı

Last Name/Surname: *   [   ] Soy İsim

Suffix: [   ] İsim Eki (jr vs. bizde yok)

Other Names

	Other First Name	Other Middle Name	Other Last Name	Other Suffix
1				
2				

Diğer isimler (Evlilik sonrası isim değiştiren kişiler bu alanı doldurmalı. Lise ve ilköğretim diplomalarında bu isimler seçilecek.)

Personal Details

Sex: *   ○ Male   ● Female   Cinsiyet (Erkek - Kadın)

Marital Status: *   ○ Single (Never Married)   ● Married   ○ Widowed   ○ Divorced   Evlilik Durumu (Bekar - Evli - Dul - Boşanmış)

Date of Birth   Doğum Tarihi

Month *   Day *   Year *

[▼]   [   ]   [   ]   Ay - Gün - Yıl

Have you been issued a United States Social Security Number? *   ○ Yes   ● No   Size bir Birleşik Devletler Sosyal Güvenlik Numarası (SSN) verildi mi? (WAT yapanlar varsa onların belki olabilir.

Have you ever had a background check? *   ○ Yes   ● No   Daha önce güvenlik taraması yapıldı mı? (Amerika'da yapılmadıysa NO'yu işaretleyin.

Country of Birth: *   [Turkey   ▼] ○   Doğum Ülkesi

Current Citizenship

Country *   Mevcut Vatandaşlığınız

1	Turkey ▼	○
2	▼	○
3	▼	○

Languages   Diller

First Language: *   [Turkish   ▼] ○

Languages You Speak Fluently

Languages You Write Fluently Akıcı konuştuğunuz ve yazdığınız diller.

	Spoken Language *	
1	Turkish	
2		
3		

	Written Language *	
1	Turkish	
2		
3		

Professions Mesleğiniz (Hemşireler Registered Nurse)

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 *
1	REGISTERED NURSE
2	
3	

Passport Information Pasaport Bilgileri

	Passport ID #	Country/Jurisdiction	
1		Turkey	
2			

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.

Contact Information   İletişim Bilgileri

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.

Mailing Address   Posta Adresi

Where physical correspondence is sent by postal mail. if your account is associated to an Authorized Agent, all physical mail, including certificates, will be mailed to your Authorized Agent's mailing address.

Countries *   Ülke

Street Number & Name *
Sokak no

Street Address 2
Adres devamı

City *   İlçe

State / Province / Territory *   Eyalet

Postal Code/Zip Code *   Posta Kodu

Physical Address   Fiziksel Adres

Same as Mailing Address? *   ● Yes   ○ No   Posta Adresi ile aynı mı?

Countries *   of   Ülke

Street Number & Name *
Sokak no

Street Address 2   Adres devamı

City *   İlçe

State / Province / Territory *   Eyalet

Postal Code/Zip Code *   Posta Kodu

Ülke Kodu
Country Calling Code   *   **Phone Number** *   Telefon Numarası

Asıl Telefon No
Primary Phone Number

Alternate Phone Number   Alternatif Telefon No

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.

Employment / Practice Information   Çalışma/Deneyim Bilgileri

Help us determine your eligibility for CGFNS services by providing Employment/Practice information over the last 5 years for the profession*(s)* you selected in the Personal Information section.

Add Employment/Practice information by selecting the **Add Employer Record** button.

Use the **Edit button to update or change** your Employment/Practice information.

If CGFNS had received documents from your specific employer, you may not be able to edit certain information on the Employer 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.

Employment History Summary

	Profession	Employer Name		Job Title	Country	Start Date	End Date	
Edit	REGISTERED NURSE		SI	REGISTERED NURSE	Turkey			İş deneyimlerinizi eklediğinizde bu alanda görünecek.
Edit	REGISTERED NURSE		SI	REGISTERED NURSE	Turkey			

Showing 1 to 2 of 2 entries   Previous   Next

If you have a duplicate record above that you would like to Delete please contact Application Services through your Portal "My Messages" page via the Contact Us link. If you have a RED edit button you will still need to update that record to submit this Profile.

[Add Employer Record]   Çalışma Kaydı Ekle (Bu düğmeye basıp iş deneyiminizi eklemelisiniz)

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.

Edit Employment Record *Çalışma Kaydı Ekle butonuna bastığınızda bu pencere açılacak.*

Add or Edit Employment Record
All fields marked with an asterisk (*) must be completed.

Profession *Meslek*

Is this employment for your Healthcare profession? * ● Yes ○ No *Hemşireler Registered Nurse seçmeli*

Select Profession * *Mesleğini seç* [REGISTERED NURSE ⌄] *Hemşireler Registered Nurse seçmeli*

Employer *İşveren Bilgileri*

Name of the Facility / Organization * [_____] *İşyeri Adı*

Name of Supervisor * [_____] *Sorumlunuzun Adı*

Title / Position of Supervisor * [_____] *Sorumlunuzun Pozisyonu*

Address of Facility / Organization *İşyeri Adresi*

Countries * [_____ ⌄] ○ *Ülke*

Street Number & Name * [_____] *Sokak no*

P.O. Box [_____] *Posta Kutusu (bizde yok)*

Street Address 2 [_____] *Adres devamı*

City * [_____] *İlçe*

State / Province / Territory [_____] *İl*

Postal Code / Zip Code [_____] *Posta Kodu*

Position Details *Görev Detayları*

Job Title / Position held * [REGISTERED NURSE] *Görev Adı*

Job Status * [Full-time ⌄] *İş Durumu (Tam zamanlı ise Full-Time, Staj ve yarım zamanlı ise Part-Time seçin.)*

Date Employment Started? (Month / Year) * [_____] [____] *Görev başlangıcı*

Are you still employed with this Facility / Organization? * ○ Yes ● No *Hala aynı işyerinde çalışıyor musunuz?*

Date Employment Ended? (Month / Year) [_____] [____] *Görev bitişi*

Name when Employed [_____ ⌄] *Çalışırken kullandığınız isim*

Primary Language of the patient population [_____ ⌄] ○ *Çalışırken hasta popülasyonunun kullandığı asıl dil. Hastalarınız genellikle hangi dilde konuşuyorsa onu seçin.*

ATTENTION: The information you are providing will not be received by CGFNS until you submit your complete Perso~~n~~

Profile Summary, including edits or additions to your existing personal profile.

Specialty Certification   Uzmanlık Sertifikası

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.

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

☑ **NOT APPLİCABLE**

Sertifikanız olsa da boş bırakın sonrasında kanıtlamakla uğraşmanız gerekir. (NOT APPLICABLE'ı işaretleyin)

[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.

Continuing Education / Re-Validation   Devam eden eğitim

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.

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

☑ **NOT APPLİCABLE**

NOT APPLICABLE'ı işaretleyebilirsiniz

[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.

Licensure / Registration Information   Lisans Bilgileri

Provide information for the professional licenses you currently hold or have held in the past. As a licensed health professional, you may have been licensed/registered by:

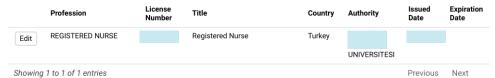- passing an examination;
- reciprocity/endorsement; or
- by diploma

Use the **Add License/Registration** button to add information for your license(s). Use the **Edit** button to update or change license/registration information.

If CGFNS has received documents for your specific License/Registration, you may not be able to edit certain information on the License 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.

License History Summary

	Profession	License Number	Title	Country	Authority	Issued Date	Expiration Date
Edit	REGISTERED NURSE		Registered Nurse	Turkey	UNIVERSITESI		

Showing 1 to 1 of 1 entries   Previous   Next

Eklediğiniz Lisans Bilgileri burada görünecek.

If you have a duplicate record above that you would like to Delete please contact Application Services through your Portal "My Messages" page via the Contact Us link. If you have a RED edit button you will still need to update that record to submit this Profile.

Add License Record   Lisans Kaydı Ekle diyerek kayıt ekliyorsunuz.

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.

Add License Record'a basınca açılan pencere

Edit License Record

Countries *	Turkey ▾ ○	Ülke
State / Province / Territory	[_____]	İl
Authority *	(Other) ▾	Okulunuz listede varsa direkt onu seçin. Yoksa "Other diyerek bir aşağıdaki alana kendiniz yazın.
Other Authority *	[_____] UNIVERSITESI	
Professions *	REGISTERED NURSE ▾	Meslek
Title *	Registered Nurse ▾	Ünvan
Title in Original Language	HEMSIRE	Ünvan orijinal dilde yazın

Address of Facility / Organization

Street Number & Name *	[_____]	Sokak no
P.O. Box	[_____]	Posta Kutusu (bizde yok)
Street Address 2	[_____]	Adres devamı
City *	[_____]	İlçe
State / Province / Territory	[_____]	İl
Postal Code / Zip Code	[_____]	Posta Kodu
Website URL	[_____]	Üniversite web adresi

License Renewal Details

Has your license for this Country / Jurisdiction ever been renewed? * ○ Yes ● No Lisans yenileme bilgileri. (No seçilecek)

License Details Lisans Detayları

Date Issued (Month / Year) *   Month *   Year *
[____ ▾] [____]   Lisans Tarihi (Ay-Yıl)

Does your license expire? * ○ Yes ● No Lisansınızın sona erme tarihi var mı?

Name on License	[_____ ▾]	Lisanstaki Adınız.
License Number	[_____]	Lisans numaranız.
Method of Licensure / Registration *	[_____ ▾]	Lisans alma yöntemi- Other "In Turkey, nurses granted licenses upon completion of nursing program. There are no licensure exams." yazabilirsiniz.
License Status	ACTIVE ▾	Lisans durumu (Active seçilecek)

Was your license ever restricted, suspended or revoked? * ○ Yes ● No Lisansınıza el konuldu veya geri alındı mı? No seçilecek)

ATTENTION: The information you are providing will not be received by CGFNS until you submit your complete Person Profile Summary, including edits or additions to your existing personal profile.

Licensure / Registration Examinations   Lisans Kayıt Sınavı

Form is invalid. Need License Examination Record or an Explanation for the Professions REGISTERED NURSE

If you were licensed by examination, provide information related to the examination(s) you took below.

Use the **Add License Examination** button to provide information for the license/examination examinations you have taken. Use the **Edit** button to update or change license examination information.

If you have not taken a Licensure/Registration Examination for your profession(s), please indicate "No" and click the Add Explanation button to provide an explanation as to why you have not taken a License/Registration Examination for your profession(s). To change an Explanation, check the Delete box to delete and select the Add Explanation button again to add the explanation.

○ YES   ● NO   No seçilecek. Ardından aşağı açıklama girilecek.

If CGFNS has received documents regarding your specific License Examination, you may not be able to edit certain information on the License Examination 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.

License Examination Summary

Profession	Examining Body	Country / Jurisdiction	State / Province	Passed? (Y/N)	Resulted in License?
		No items to display			

Showing 0 to 0 of 0 entries   Previous   Next

[Add License Examination Record]

License Examinations Explanations

Profession	Explanation	Delete
	No items to display	

Showing 0 to 0 of 0 entries   Previous   Next

[Add Explanation]   Add Explanation diyerek açıklama gireceksiniz.

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.

Add explanation

License Examinations Explanations

	professions List	Please explain below why you do not have exams that resulted in licenses for each of your Professions. *
1	REGISTERED NURSE ⌄	In Turkey, nurses granted licenses upon completion of nursing program. There are no licensure exams.

Açıklamaya "In Turkey, nurses granted licenses upon completion of nursing program. There are no licensure exams." yazabilirsiniz.

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.

Higher / Tertiary Education Information — Yüksek Öğrenim Bilgileri

This section should include all Vocational and higher educational programs that you have received, including:

- Associate
- Diploma
- Bachelor's
- Master's
- Doctoral

Use the **Add Higher Education** button to add additional records of higher education you have completed. Use the **Edit** button to update or change higher education records.

If CGFNS has received documents regarding a specific level of higher education you completed, you may not be able to edit certain information on 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.

Higher / Tertiary Education History

	Profession	Level of Education	Education Type	School Name	Country / Jurisdiction	Complete / Incomplete	Date Entered	Date Completed
Edit	REGISTERED NURSE	Tertiary Professional (Healthcare) Education	Bachelor's Degree		Turkey	Yes		

Showing 1 to 1 of 1 entries   Previous   Next

Eklenen bilgiler burada görünecek.

If you have a duplicate record above that you would like to Delete please contact Application Services through your Portal "My Messages" page via the Contact Us link. If you have a RED edit button you will still need to update that record to submit this Profile.

[Add Higher Education] **Yüksek öğrenim ekle butonuna basın.**

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.

Edit Higher Education Record

Profession *   [REGISTERED NURSE ▾]   **Meslek - Registered Nurse**

Education Level *   [Entry Level Education ▾]   **Eğitim Seviyesi - Entry Level**

Education Type *   [Bachelor's Degree ▾]   **Eğitim Tipi - Lisans Derecesi**

Country / Jurisdiction *   [Turkey ▾] ○   **Ülke - Türkiye**

Name of School Attended * [▾] ○   **Okul Adı**

Your name when you attended this school?   [▾]   **Okulda Kullandığınız İsim**

Did you complete or graduate from this program? * ● Yes ○ No   **Bu okuldan mezun musunuz? - YES**

Name of the Diploma / Degree / Credential in English? *   [Validation of Diploma for]   **Lisansın İngilizce Adı - Bachelor of Science**

Name of the Diploma / Degree / Credential in native language? *   [HEMSIRE LISANS DIPLOM]   **Lisansın Türkçe Adı - Hemsire Lisans Diploması**

Admission / Start Date (Month / Year) *   [   ]   **Başlangıç zamanı**

Completion / End Date (Month / Year) *   [   ]   **Bitiş zamanı**

Has this school closed? * ○ Yes ● No   **Bu okul kapandı mı?**

Has this school merged with another school? * ○ Yes ● No   **Bu okul birleşti mi?**

Address of School Attended

Street Number & Name *   [   ]   **Sokak no**

P.O. Box   [   ]   **Posta Kutusu (bizde yok)**

Street Address 2   [   ]   **Adres devamı**

City *   [   ]   **İlçe**

State / Province / Territory   [   ]   **İl**

Postal Code / Zip Code   [   ]   **Posta Kodu**

Website URL   [   ]   **Üniversite web adresi**

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.

General Education Information Genel Eğitim Bilgileri

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.

If CGFNS has received documents regarding a specific level of general education you completed, you may not be able to edit certain information on 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

	Level of Education	School Name	Country / Jurisdiction	Complete / Incomplete	Date Entered	Date Completed	
Edit	Higher Secondary Education		Turkey	Yes			Burada Lise ve İlköğretim eğitim bilgileriniz görülecek.
Edit	Primary and Lower Secondary Education	İLKÖĞRETİM OKULU	Turkey	Yes			

Showing 1 to 2 of 2 entries   Previous   Next

If you have a duplicate record above that you would like to Delete please contact Application Services through your Portal "My Messages" page via the Contact Us link. If you have a RED edit button you will still need to update that record to submit this Profile.

Genel eğitim ekle butonu ile lise ve ilköğretim bilgilerinizi gireceksiniz.

[Add General Education]

ATTENTION: The information you are providing will not be received by CGFNS until you submit your complete <u>Personal Profile Summary</u>, including edits or additions to your existing personal profile.

Edit General Education Record

Field	Value	Açıklama
Country / Jurisdiction *	Turkey	Ülke
Name of School Attended *		Okul Adı
Your name when you attended this school?		Diplomadaki Adınız
Did you complete or graduate from this program? *	● Yes ○ No	Bu okuldan mezun oldunuz mu?
Name of the Diploma / Degree / Credential in English? *	HIGH SCHOOL DIPLOMA	Diplomanın İngilizce Adı - High School Diploma
Name of the Diploma / Degree / Credential in native language? *	LISE DIPLOMASI	Diplomanın Türkçe Adı - Lise Diploması

Were you required to sit for any external examinations in order to be granted access to higher education? *   ○ Yes   ● No   Bu okula girmek için sınav gerekiyor mu?

Admission / Start Date (Month / Year) *   [ ]   Başlangıç Tarihi

Completion / End Date (Month / Year) *   [ ]   Bitiş Tarihi

Has this school closed or merged with another school? *   ○ Yes   ● No   Bu okul kapandı veya birleşti mi?

Address of School Attended

Field	Value	
Countries *	Turkey	
Street Number & Name *	Y	ADRES BİLGİLERİ
P.O. Box		
Street Address 2		
City *		

English Language Proficiency Test   İngilizce Dil Bilgisi Testi (IELTS - TOEFL)

Provide a complete English Language Proficiency Test history that includes all test you have taken. For CGFNS to receive your test scores, you must first contact the testing vendor and choose CGFNS International as an authorized recipient.

In order to add an English Language Proficiency Test, you will be required to provide the Test Registration/Appointment or Test Report Form (TRF) Number for:

- IELTS (International English Language Testing System) Test Report Form (TRF) Number is a 16 to 21 alpha-numeric number that starts with the number 1 and ends with either the letter A or the letter G
- TOEFL iBT® (Internet-based Test) Registration/Appointment Number is a 16-digit number
- TOEIC® (Test of English for International Communication) Listening and Reading Test

For more information about taking the English language proficiency test or English test exemption requirements, see English Proficiency Information. (https://external.cgfns.org/cerpassweb/help.jsp?headerText=%22English%20Proficiency%20Information%22&helpText=%22help.englishtests.details.text%22)

Use the **Add Test Record** button to add additional records of English language proficiency tests you have taken. Use the **Edit** button to update or change your test records.

If CGFNS has already received documents regarding a specific English language proficiency test you completed, you may not be able to edit certain sections on the record.

Once all required fields are complete, click **Next** to view all the information you've provided for your **Personal Profile**.

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

Language Proficiency Summary

Test Name	Test Date	Registration / TRF Number	Total Score	Test Results	Test Results Speaking
		No items to display			

Showing 0 to 0 of 0 entries   Previous   Next

IELTS - TOEFL eklendiğinde burada görünecek.

If you have a duplicate record above that you would like to Delete please contact Application Services through your Portal "My Messages" page via the Contact Us link. If you have a RED edit button you will still need to update that record to submit this Profile.

Test sonucu ekle butonu ile IELTS - TOEFL bilgisi ekleyebilirsiniz.

[Add Test Record]

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.

Add Language Proficiency Record

Add or Edit Language Proficiency Test Record
All fields marked with an asterisk (*) must be completed.

Language Proficiency Details

Test Name * [⌄]   Test Adı

Test Date
(Month / Day / Year) * [⌄] [DD] [YYYY]   Test Tarihi

Registration Number or Test Report Form (TRF) Number * [____]   Test Numarası

Date you requested the Testing Agency to send
your test information to CGFNS? (Month / Day / Year) [⌄] [DD] [YYYY]   Test Kurumunun, CGFNS'e sonucu gönderdiği tarih.

I understand that CGFNS will not get my scores automatically until authorized.
I have contacted (or will contact soon) my testing agency and made CGFNS International an authorized recipient.

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.