

## Academic Transcript/Records Request Form (Form 101)

For Nursing Licensure in the United States

**PART 1 FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL (complete ALL spaces):**

- Print or type answers to **ALL Questions** 1 to 7. Be sure to **sign your name** and give the date, **your phone numbers & e-mail**.
- Mail a copy of all pages of this [Form 101] to each institution you attended and wish to count toward your nursing license.
- **Also, send us your Application (Form 100) WITHOUT DELAY. We cannot accept your documents without your application.**

1. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
2. Other Name: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
3. School attended \_\_\_\_\_ WWW. \_\_\_\_\_  
School Website
4. I Attended from: \_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_ Certificate or Degree awarded: \_\_\_\_\_ MO / DAY / YEAR  
Month year Month year Date Awarded
5. My name when attending this school \_\_\_\_\_
6. In my country of education I have a Nursing: License/Registration/Cedula Yes; No MO / DAY / YEAR # \_\_\_\_\_  
Date Issued License #
7. I am applying for a License in the states of: AZ; FL; IL; MI; NM; OR; TX; WA; Other \_\_\_\_\_
8. **Signature** \_\_\_\_\_ Date MO / DAY / YEAR My e-mail: \_\_\_\_\_
9. My phone numbers: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

**PART 2 FOR NURSING SCHOOL/COLLEGE/UNIVERSITY TO COMPLETE**

The signature above authorizes you to provide to ERES this applicant's information. Please complete Part 2 below and the **next page** and mail to ERES along with official academic transcript/records. Records should include applicant's name, attendance and graduation dates, the name of the degree or certificate awarded, courses and grades, and total number of theory hours and clinical hours for each subject. **Please also include related detailed course/program descriptive information. Transcripts/records should be in the native language as they were originally issued.** If the documents are available in **English**, they should be included also (**English is NOT required** if the school cannot easily translate to English). Please air mail this form and academic records in an official envelope with your seal or stamp over the envelope flap to:

**Educational Records Evaluation Services; 69 Lincoln Blvd. Ste A-255, Lincoln, CA 95648, U.S.A.**

1. School Name in Native Language: \_\_\_\_\_  
School Name in English: \_\_\_\_\_ WWW. \_\_\_\_\_  
School Website
2. Address: \_\_\_\_\_
3. Type of school: \_\_\_\_\_  
Hospital school; 2/3/4 years College; University, Vocational school, etc
4. Program type: \_\_\_\_\_ Courses of Study: \_\_\_\_\_  
Bachelor's Degree; Diploma; Certificate, etc Major Subject, Specialization
5. Education Level required to enter program: \_\_\_\_\_  Total years of education required (circle): **9 / 10 / 11 / 12 / 13 /** \_\_\_\_\_
6. Length of program: \_\_\_\_\_; Attendance dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Years, semesters, etc month year month year
7. Did student complete ALL graduation requirements: Yes; No Graduation Date: MO / DAY / YEAR Birth Date: MO / DAY / YEAR  
of applicant in your records
8. Language(s) of Instruction: \_\_\_\_\_ Textbook language(s) \_\_\_\_\_
9. What is the next level of education available to this student **at your institution**? \_\_\_\_\_
10. During this student's attendance, was this program accredited or government approved? Yes; No By whom: \_\_\_\_\_
11. Is this student eligible for employment as a nurse in the country of study? Yes; No: \_\_\_\_\_
12. Must a nurse obtain a license to practice in your country? Yes; No; Licensing Agency is: \_\_\_\_\_
13. Name/Title of person providing this information: \_\_\_\_\_ Title: \_\_\_\_\_
14. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
15. **Signature**: \_\_\_\_\_ **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

For Nursing School Official

**Academic Transcript/Records Request Form (Form 101)**

**ALL Spaces Below MUST BE COMPLETED.** Please DO NOT leave this page blank, even if the information is on other pages you attach. Missing information cause delays and the form may be returned to you.

Name of Student: \_\_\_\_\_

**For Each Subject Area Below Write TOTAL Hours Completed (Theory & Clinical):**

Provide hours completed by the applicant for **theory (classroom)** study and **clinical (practical study)**. Include hours for the **TOTAL program**. In programs where **subjects are INTEGRATED** (and not presented as separate courses) please **make a good faith ESTIMATE** of the TOTAL theory and clinical hours for each subject (for the WHOLE program). It is expected that some spaces (subjects) will have '0 Hours.'

Subject Areas	Theoretical Hours	Clinical or Practical Hours	List courses even if subject is integrated
<b>SOCIAL/BEHAVIORAL SCIENCES</b>	<b>Complete for each subject. Please DO NOT LEAVE THIS PAGE BLANK Even if information is on other attached pages</b>		
1. Psychology			
2. Sociology			
3. List any others courses			
<b>BIO SCIENCES &amp; PHARMACY</b>	NOTE—For INTEGRATED subjects <b>ESTIMATED</b> Hours are acceptable.		
1. Anatomy			
2. Physiology			
3. Microbiology			
4. Nutrition			
5. Pharmacology			
6. List any others courses			
<b>NURSING EDUCATION</b>	NOTE—For INTEGRATED subjects <b>ESTIMATED</b> Hours are acceptable.		
1. Adult Medical Nursing			
2. Adult Surgical Nursing			
3. Pediatric Nursing			
4. Obstetric Nursing			
5. Psychiatric Nursing			
6. Geriatric Nursing			
7. Community Nursing			
<b>OTHER NURSING EDUCATION</b>			