



# Application for CGFNS / NCLEX-RN Review Course

## Online Nurses Education & Training

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 Telephone: 847.498.3399 Fax: 847.412.9570  
 www.fciglobalusa.com

Please provide all the information requested below.  
 Use a typewriter or neatly print your responses using a pen

<b>1. Name</b> Print or type your full name. Put only 1 letter in each box.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">First (Given) &amp; Middle Name (Leave a space between names)</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Last (Family) Name (Leave a space between names)</td> </tr> </table>		First (Given) & Middle Name (Leave a space between names)		Last (Family) Name (Leave a space between names)																
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<b>2. Other Names</b> List alternate names appearing on your documents, if applicable.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Maiden Name/Other Names (Include legal documentation/proof verifying name change)</td> </tr> </table>		Maiden Name/Other Names (Include legal documentation/proof verifying name change)																		
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<b>3. Address/Phone and E-mail</b> Include telephone, fax numbers and e-mail address where you wish to be contacted.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Street Address/Post Office Box Number</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Street Address – Continued</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">City</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">State/Province</td> <td style="border: 1px solid black; padding: 2px;">Postal Zip Code</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Country</td> <td style="border: 1px solid black; padding: 2px;">Telephone Number</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Street Address/Post Office Box Number</td> </tr> <tr> <td style="border: 1px solid black; height: 20px; width: 100%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Fax Number</td> <td style="border: 1px solid black; padding: 2px;">E-mail Address (example: name@internet.com)</td> </tr> </table>		Street Address/Post Office Box Number		Street Address – Continued		City		State/Province	Postal Zip Code		Country	Telephone Number		Street Address/Post Office Box Number		Fax Number	E-mail Address (example: name@internet.com)			
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<b>4. Language</b>	Native Language: _____																				
<b>5. Martial Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																				
<b>6. Birth Date</b> Full in the month, day, and year of your birth.	Month <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Year <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																				
<b>7. Sex</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male																				
<b>8. Citizenship</b>	Country of Birth: _____ Current Citizenship: _____																				
<b>9. Pre-Nursing Education</b> List information for each school attended, whether completed or not. Enclose photocopy of your diploma, certificate or external exam results from incomplete secondary and secondary	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Names of School Attended</th> <th style="width: 15%;">Country</th> <th style="width: 10%;">Month/Year Entered</th> <th style="width: 15%;">Month/Year Completed</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><b>Incomplete Secondary (9-8 years):</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Secondary (10-12 years):</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Names of School Attended	Country	Month/Year Entered	Month/Year Completed	<b>Incomplete Secondary (9-8 years):</b>								<b>Secondary (10-12 years):</b>							
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