

**Academic Transcript/Records Request Form (Form 101-F)**For Nursing Licensure in **FLORIDA**, U.S.A.**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. My current name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. School attended \_\_\_\_\_ Website \_\_\_\_\_
3. I Attended from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate or Degree awarded: \_\_\_\_\_ Date Awarded \_\_\_\_\_  
Month/year Month/year
4. My name when attending this school \_\_\_\_\_
5. In my country of education I have a Nursing: License/Registration/Cedula Yes; No \_\_\_\_/\_\_\_\_/\_\_\_\_ # \_\_\_\_\_ License # \_\_\_\_\_  
Date Issued
6. **Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ My e-mail: \_\_\_\_\_
7. 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; 601 University Avenue, Suite #127; Sacramento, CA 95825-6738, U.S.A.**

1. School Name in Native Language: \_\_\_\_\_  
School Name in English: \_\_\_\_\_ 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: \_\_\_\_\_  
Degree; Diploma; Certificate, etc Major, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Academic Transcript/Records Request Form (Form 101-F) Page 2 of 3**  
**Nursing School Official: Carefully Complete ALL Items Below:**

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

**Major Nursing Education Subjects Areas Completed by Applicant:**

Provide specific hours completed by the applicant for theory (lecture) study and clinical (practical) study. If a subject area is taught in more than one course, then **estimate the TOTAL number of theory and clinical hours for that subject area.**

Subject Areas	Theoretical Hours	Clinical or Practical Hours	List courses even if integrated
<b>SOCIAL/BEHAVIORAL SCIENCES</b>			
1. Psychology			
2. Sociology			
3. List any others courses			
<b>BIO SCIENCES &amp; PHARMACY</b>			
1. Anatomy			
2. Physiology			
3. Microbiology			
4. Nutrition			
5. Pharmacology			
6. List any others courses			
<b>NURSING EDUCATION</b>			
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>			

**Academic Transcript/Records Request Form (Form 101-F) Page 3 of 3**

**Nursing Education Subject Areas Completed**

Nursing School Official: For each **Subject Area** below indicate **YES** (Completed) or **NO** (Not completed)

This page is required by the Florida Board of Nursing

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

Each **Subject Area** may be taught as a single course OR included (integrated) in different courses. Under each **Subject Area** below we have listed some examples of courses in which the **Subject Area** is likely to be included and satisfactorily completed. Please check the candidate's records carefully for other courses not listed here that could also include a **Subject Area**.

Subject Areas	Completed		Courses Listed Here Optional (Not Necessary)
	YES	NO	
<b>CLINICAL INSTRUCTION IN</b>			
<b>Acute Care</b> Intensive Care; Critically Ill Patient Care; Emergency Care; Trauma & Emergency Centers; Recovery Care; Home Care for the Critically Ill			
<b>Long-Term Care</b> Planning & managing long-term care; long-term recovery care			
<b>Community Health</b> Assessing community health problems; developing intervention and treatment; prevention & safety education			
<b>THEORY &amp; CLINICAL INSTRUCTION IN:</b>	YES	NO	Courses Listed Here Optional (Not Necessary)
<b>Personal, Family &amp; Community Health Concepts</b> Community/Public Health; Parent, Child & Family courses; Health Promotion; Home Health classes			
<b>Human Growth &amp; Development Throughout the Life Span</b> Developmental Psychology; Human Development; Life Stages; Child Psychology			
<b>Inter-Personal Relationships Skills:</b> Communication Skills; Relationship Skills; Conflict Resolution; Nurse-Patient Relationship			
<b>Mental Health Concepts:</b> Mental Health, Mental Health Nursing; Psychiatric Nursing; Psychology			
<b>Legal Aspects of Nursing Practices</b> Courses which include legal issues & ethics in being a Professional Nurse			
<b>REQUIRED FOR PROFESSIONAL OR REGISTERED NURSES</b> Not Required for Practical Nurse Applicants	YES	NO	Courses Listed Here Optional (Not Necessary)
<b>Inter-Personal Relationships &amp; Leadership Skills:</b> Courses related to leadership & management as a Professional Nurse			
<b>Professional Role &amp; Function</b> Courses clarifying the roles & responsibilities of a Professional Nurse; Trends in Nursing			
<b>Health Teaching &amp; Counseling Skills</b> Courses which develop skills in Health Counseling, Education, Teaching; Patient & Community Assessment, Community Education			

**Please Place the Following Items:**

1. This completed Form (3 pages)
2. Academic Transcript/Records  
(with official English Translation, if possible)
3. Description of Courses/Program

**In an official envelope with your seal or stamp over the envelope flap and Air Mail to:**

Educational Records Evaluation Service, Inc.  
601 University Avenue, Suite 127  
Sacramento, CA USA 95825-6738, U.S.A.