

国际护士执业水平考试 报考手册

International Standards for Professional Nurses Exam

Quick Reference Guide

V2. 02

Authored by China Health

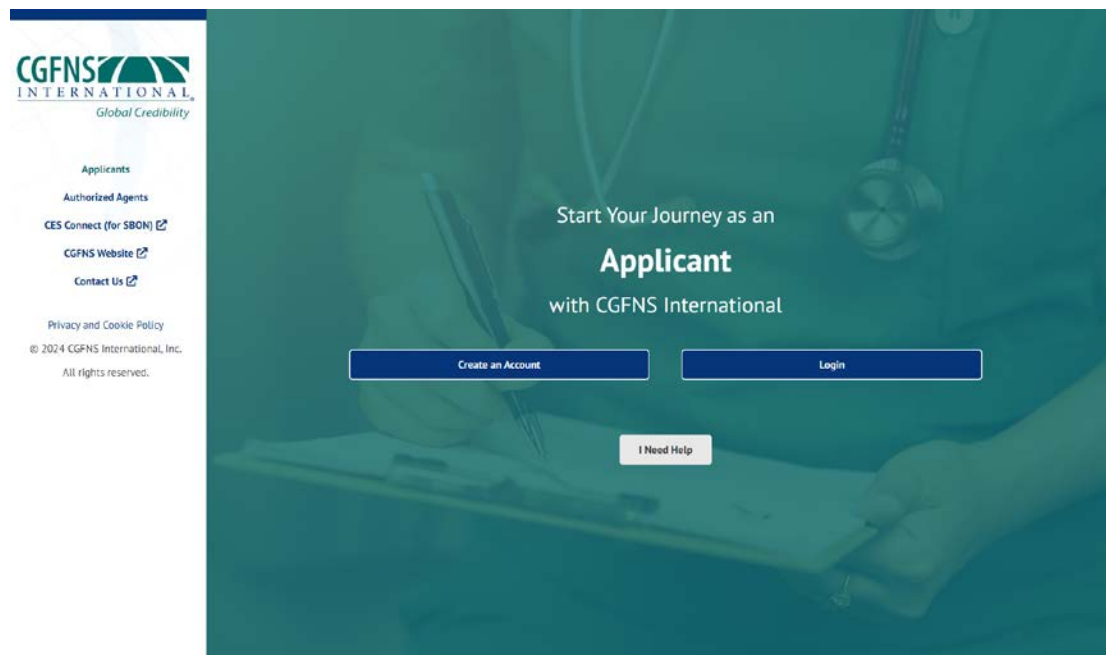
5/22/2024

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一、进入报名系统

- 1、 打开 <https://start.cgfns.org/applicants/>。新注册账号选 Create an Account，有账号选 Login。该网站不支持一个人注册多账号，会被自动合并。



二、新注册帐户

1、填写本人正确的邮箱。



Thank you for choosing CGFNS International, Inc.
Please note that we upgraded the CGFNS Connect Portal!

FOR APPLICANTS: Please provide your **personal** email address.

FOR AGENTS: Please provide your **organizational** email address.

Confirm Email

To authenticate your identity, click the below "Send Code" button to have a verification code sent to the email address provided above.

(This email address will be used to log into the CGFNS Connect and should be the contact email address to send you an email verification and security confirmation. After you have created your CGFNS Connect account, you may log in and update your email address on your My Account page.)

Send Code

2、点击 Send Code，发送验证码至邮箱。



Thank you for choosing CGFNS International, Inc.

Please note that we upgraded the CGFNS Connect Portal!

FOR APPLICANTS: Please provide your **personal** email address.

FOR AGENTS: Please provide your **organizational** email address.

An email has been sent from **PortalNoReply@cgfns.org** (Check your spam)
Do not reply to this email.

Follow the link in the email to RESET YOUR PASSWORD. Security Codes are valid for 30 minutes or you will need to request another one.

You can close this window if you are done.

**3、30 分钟内登录该邮箱查看 CGFNS International
Email Verification 的邮件。**

Thank you and welcome to CGFNS International, Inc.

Begin setting up your CGFNS Connect account by verifying your email address. Clicking the following link or copy and paste it into your browser. Then, enter the security code as listed below.

This link will expire in 30 minutes.

https://applicants.cgfns.org/portal/view/createAccount/tokenAuth?swat_authToken=R%2FbisCy4Wq418VTMxNel23FRvIPhh7RoS2Z9601r86wWce7g1yqm5RRbaHYuf8VenZ0w3k2CB1jmd3UAbcNgEA%3D%3D&swat_checkSum=859f9153f1eba6eb18953ddfee79b60ad876c2ead80e9f010689188b6d5c979a

Security Code #: 326741

4、复制验证链接至浏览器窗口地址栏,并输入 Security Code.



The image shows a verification form for CGFNS International. At the top is the CGFNS International logo. Below the logo, the text reads: "Enter the 6 digit Security Code # from your confirmation email below:". There is a text input field labeled "Security Code *" containing the number "326741". Below the input field is a blue button labeled "Verify Code".

4、选择 Applicant, 点击 Submit。

Welcome to CGFNS Connect!

Please select Applicant or Authorized Agent then Submit to continue with user registration.

Are you an Applicant or a Authorized Agent? * ☒ Applicant ☐ Authorized Agent

Submit

5、填写个人基本信息



Step 1: Account Creation - Basic Information

This is a secure site. We will use the personal information you provide below to set up your profile. For added security every time you log in, you must answer a question matching the information you provide below exactly as entered.

All fields marked with an asterisk (*) must be completed.

Personal Information

Check here if you have only a single name: ☐ ☐

First Name * 名

Middle Name 中国人没有中间名，不要填写

Last Name * 姓

Suffix

Date of Birth (Day / Month / Year) * 出生日期

Existing Customer Information

Do you have a CGFNS ID number? * ☐ Yes ☒ No 是否以前注册过CGFNS ID

Additional Qualifying Information

Do you have a Passport? * ☐ Yes ☒ No 是否有护照

Do you have a current or valid Healthcare Profession License? * ☒ Yes ☐ No 是否有执业护士执照

License Information

Jurisdiction / Country that issued the Healthcare Profession License: * 执照颁发的国家

State / Province / Territory 注册的省份

License Number: * 执照编号

Education Information

Entry-level professional education is the minimum required education you completed, (Certificate, Diploma, Associate's Degree or Bachelor's Degree) that qualified you for initial licensure and/or practice in your profession.

Jurisdiction / Country * 护理学历颁发的国家

School name * 院校名称

Completion Year * 毕业年份

TERMS AND CONDITIONS

Please note that before CGFNS can complete the review of an applicant's file we must receive full payment and all the necessary documents. This includes all documents that are to be submitted by the applicant themselves as well as the documents which are to come directly to CGFNS from schools, licensing authorities and testing agencies. It is the applicant's responsibility to provide the appropriate authorization forms that will enable CGFNS to obtain educational transcripts and license validations. CGFNS makes every effort to promptly complete the review of a file, however, the greatest delays in reviewing a file are often the result of not receiving an applicant's documents in a timely manner. With this in mind, as well as the complexity of certain applicants' particular situations, some services may take a matter of weeks to complete, while others may take several months to complete.

You may use this online service 24 hours a day, seven days a week to check the status of your order as well as the status of your required documents.

Terms and Conditions of the CGFNS Services and Programs

- CGFNS may choose to authenticate / evaluate only the materials that it considers relevant for this program or service.
- Do not send originals of diplomas, degrees, certificates, registrations or licenses.
- No verification / evaluation is conducted until CGFNS receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request for a service. Please refer to the Fees Schedule.
- Certificates are deemed valid exclusively if the official (embossed) CGFNS seal is applied or if a digital signature seal is present and verified on www.cgfns.org/vsverify, until the expiration date.
- All Reports are valid only when there is an official document water mark.
- All Reports issued to U.S. State Boards of Nursing are accessed online directly by the Boards of Nursing. An applicant copy of the report is located in your online account and will be available for one year from when the report was first issued. Non-State Board of Nursing recipients are sent via First Class mail (within the U.S.) or airmail (outside of the U.S.).
- If your application includes any forged, altered, or falsified documents or information, CGFNS will not issue a Certificate or issue an evaluation report, and no refund is issued.
- Fees as published are subject to change. Please refer to the Fees Schedule.
- Any payment you send to CGFNS will be applied first to any unpaid balance from previous orders before it is applied as payment for a newer application or service.
- NO refund is given after an application is submitted.
- All applications are subject to pre-determined expiration dates. Applicants who do not meet the requirements of a program within the expiration date of their order may have the opportunity to continue the application within 12 months after expiration by applying to Re-Process and paying the associated fee.

I have read and agree to the CGFNS Privacy Policy located on the CGFNS website (<https://www.cgfns.org/privacy-policy/>).

☒ I accept and have read the above Terms and Conditions. * 勾选同意

点击提交

Submit

6、填写安全提示。

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Step 2: Account Creation - Security Questions

Select two security questions from the dropdown lists below. Keep the answers to these questions private. You may be prompted to answer these questions when logging in or if you lose your password for your CGFNS Connect account.

Security Questions

Question *	Answer *
1 What is the name of your first pet?	Macmao
2 What is the first name of your childhood best friend?	Wang Wu

设置安全提示问题

Your healthcare profession license and education information may be used to verify your identity when logging into the CGFNS Connect Portal or speaking with Applicant Navigation Services. Confirm your License Information and Education Information below to use as your security questions.

License Information

Do you have a Healthcare Profession License? ☒ Yes ☐ No

Jurisdiction / Country that issued the Healthcare Profession License: People's Republic of China

License number: 201332144321

Education Information

Select your healthcare profession entry-level school:

Jurisdiction / Country * People's Republic of China

School Name * ANHUI MEDICAL UNIVERSITY

Completion Year (YYYY) * 2015

Once you click on "Submit", you will be directed to the login page for secure login. In the future, when you log in or if you forget your password for your CGFNS Connect account, you will be asked to answer one of these questions. It is important to remember the exact text you provided.

点击提交

Submit

7、设置登录密码，最少 7 位，至少包含 1 个大写字母，1 个小写字母，1 个数字，1 个符号。

CGFNS INTERNATIONAL

Step 3: Account Creation - Set Login Password

Create your password using the following rules:

Length: minimum seven characters

Letters: include at least one uppercase and one lowercase letter (ABC/abc)

Numbers: include at least one number (0-9)

Special Characters: include at least one of these: #, ?, !, @, \$, %, ^, &, *, or -

Password *

Confirm Password *

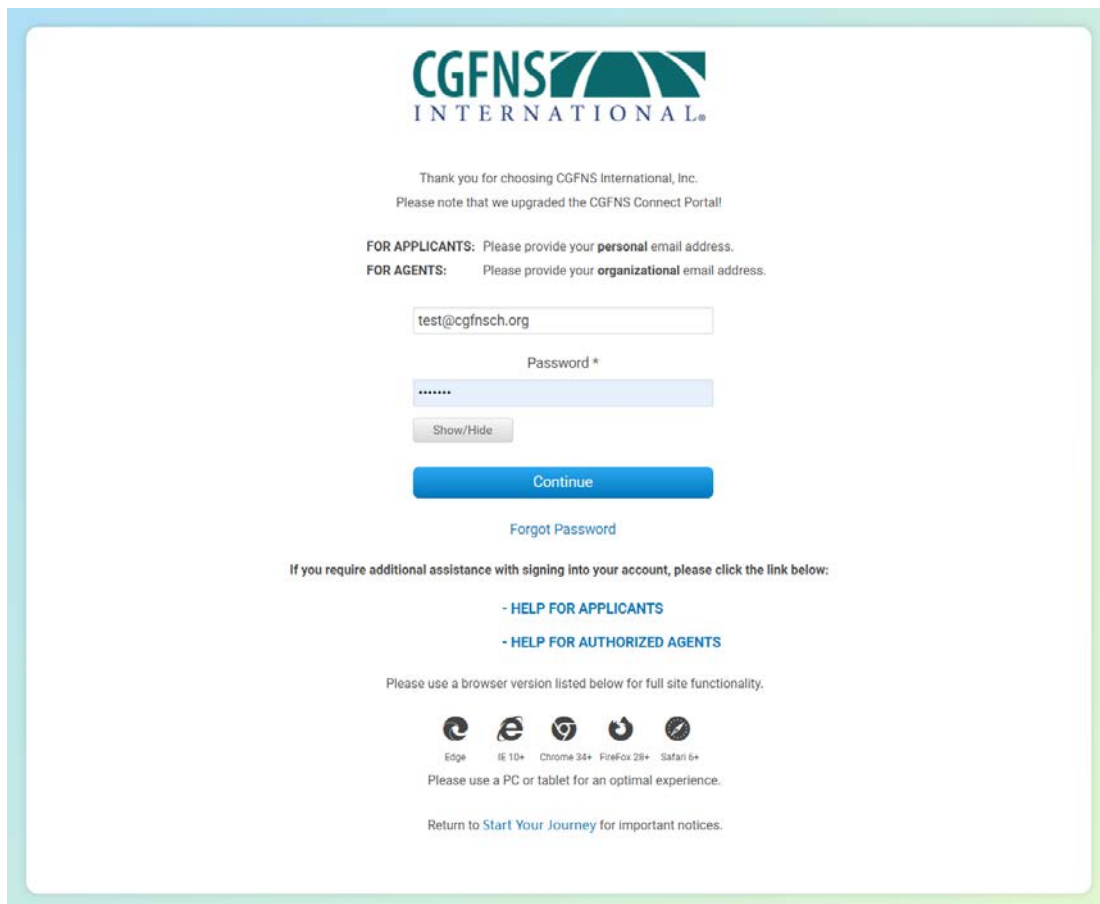
设置密码最少7位，最少包含一位大写、一位小写，一个数字、一个特殊符号

Contact me regarding CGFNS service updates, new and promotions: ☒ Yes ☐ No

Submit

三、填写资料

- 1、再次登录系统, 输入邮箱后, 输入密码。



The image shows the login page of the CGFNS International Connect Portal. At the top is the CGFNS International logo. Below it, a message states: "Thank you for choosing CGFNS International, Inc. Please note that we upgraded the CGFNS Connect Portal!". The page then provides instructions for two user types: "FOR APPLICANTS: Please provide your personal email address." and "FOR AGENTS: Please provide your organizational email address.". There are two input fields: the first contains the email "test@cgfnsch.org" and the second is for the password, labeled "Password *" and filled with asterisks. A "Show/Hide" button is located below the password field. A blue "Continue" button is positioned below the email field. A link for "Forgot Password" is located below the "Continue" button. Further down, a message says: "If you require additional assistance with signing into your account, please click the link below:". Below this are two links: "- HELP FOR APPLICANTS" and "- HELP FOR AUTHORIZED AGENTS". A note follows: "Please use a browser version listed below for full site functionality.". Below this note are five browser icons with their versions: Edge, IE 10+, Chrome 34+, Firefox 28+, and Safari 6+. A message states: "Please use a PC or tablet for an optimal experience.". At the bottom, a link says: "Return to Start Your Journey for important notices."

2、输入安全提示问题。注意，安全问题、执照信息、学历信息都有可能被当做安全问题。

A screenshot of a CGFNS International security question form. The form is white with a light blue border. At the top is the CGFNS International logo. Below the logo, the text reads: "Please answer the following Security question." followed by "What is your License # in this Jurisdiction: China". There is a text input field labeled "Answer" containing the number "201788888888". Below the input field is a blue button labeled "Submit Security Answer". At the bottom, there is a link: "(Forgot Security Question? - Send a Security Code instead)".

CGFNS
INTERNATIONAL®

Please answer the following Security question.

What is your License # in this Jurisdiction: China

Answer

201788888888

Submit Security Answer

(Forgot Security Question?
- Send a Security Code instead)

2、 右上角选择 My Profile – My Profile

Logged in as: Ceshi Wang | CGFNS ID: 9468615 | My Account | Logout

[My Dashboard](#)
[My Profile](#)
[My Messages](#)
[Learning Center](#)
[Shopping Cart](#)

[My Profile](#)
[My Profile History](#)

Welcome Ceshi Wang!

CGFNS ID#: 9468615

Upload Applicant Photo

Contact Information

Mailing Address:

Phone:

[Edit Contact Info](#)

Authorized Agent

An optional Authorized Agent is not associated with your account.

[Add Authorized Agent](#)

Authorized Representative

Optional Authorized Representatives are not associated with your account.

[Add Authorized Representative](#)

Select **My Profile** from the menu above to provide all required personal and professional credential information. After you complete, or review and update your Profile information, your Personal Profile Summary must be transmitted to CGFNS before a CGFNS service can be purchased in your **Shopping Cart** from the menu above. If you do not see your Applicant Photo above or it is more than 5 years old, please upload a current photo.

Check on your order status or complete an unfinished application by taking the following steps.

Order Status / Information: Click on a "Service Ordered Details" below to view your order status, order requirements and to view / download document request forms, issued reports, and all other related service information.

Applicant Balance: \$ 0

Show 10 items
 Filter:

Order Number	Order Date	Service Ordered Details	Order Status	Expiration	App. Summary	Digital Cert OR Tracking # OR Report PDF	Purchase Price	Receipt PDF	Additional Service Available
No items to display									

Showing 0 to 0 of 0 entries
 Previous Next

A、Personal Information

CGFNS INTERNATIONAL

Logged in as: Ceshi Wang | CGFNS ID: 9468615 | My Account | Logout

My Dashboard | My Profile | My Messages | Learning Center | Shopping Cart

- Personal Information **NEEDS REVIEW**
- Contact Information **NEEDS REVIEW**
- Employment / Practice Information **NEEDS REVIEW**
- Specialty Certification Information **NEEDS REVIEW**
- Continuing Education / Re-Validation **NEEDS REVIEW**
- Licensure / Registration Information **NEEDS REVIEW**
- Licensure / Registration Examinations **NEEDS REVIEW**
- Higher / Tertiary Education Information **NEEDS REVIEW**
- General Education Information **NEEDS REVIEW**
- English Language Proficiency Test **NEEDS REVIEW**
- Personal Profile Summary **NEEDS REVIEW**

My Profile - MY PROFILE INSTRUCTIONS:

There are 10 sections to complete in your My Profile, along with the **Personal Profile Summary** used to transmit your Personal Profile to CGFNS International. At the bottom of each section is a "Next" button with a pop-up "Save Changes" confirmation. HOWEVER, these changes **will NOT be sent to CGFNS** until after you hit the "Submit and Transmit to CGFNS" button, located in your **Personal Profile Summary**. Once you have clicked on the "Submit and Transmit to CGFNS" button, then your updated Personal Profile will be transmitted to CGFNS.

Personal Information

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 T 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 that may appear on documents sent to CGFNS International.

Check here if you have only a single name: ☐

First/Given Name: ⓘ * **名** Ceshi

Middle Name: ⓘ

Last Name/Surname: ⓘ * **姓** Wang

Suffix: ⓘ

Other Names ⓘ **曾用名，没有不写**

Other First Name	Other Middle Name	Other Last Name	Other Suffix
1 名		姓	

Personal Details

Sex: ⓘ * ☒ Male ☐ Female **性别：男 女**

Marital Status: ⓘ * ☐ Single (Never Married) ☒ Married ☐ Widowed ☐ Divorced **婚姻：单身 已婚 丧偶 离异**

Date of Birth

Month * Day * Year *

September 22 1998 **出生日期**

Have you been issued a United States Social Security Number? * ☐ Yes ☒ No **是否有美国社会安全号码**

Have you ever had a background check? * ☐ Yes ☒ No **是否做过背景调查**

Country of Birth: * China **出生在那个国家**

Current Citizenship ⓘ

Country *

1 China **现在的国籍**

2

3

Languages

First Language: ⓘ * Chinese **母语**

Languages You Speak Fluently ⓘ

Spoken Language *
1 Chinese
2 English
3 流利的口语语言

Languages You Write Fluently ⓘ

Written Language *
1 Chinese
2 English
3 流利的书写语言

Professions ⓘ

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 **注册护士**

2

3

Passport Information ⓘ **护照信息，没有不填**

Passport ID #	Country/Jurisdiction
1	

ATTENTION: If you made changes to this page, click the "Next" button and click "Yes" to the pop-up "Save Changes" confirmation, but the information you are providing **will NOT be received by CGFNS** (including edits, changes, or additions to your existing personal profile), until you go to the last page of "My Profile" and click the "Submit and Transmit to CGFNS" button on the **Personal Profile Summary**.

下一步

Next >> Close

B、Contact Information

CGFNS
INTERNATIONAL

Logged in as: Ceshi Wang | CGFNS ID: 9468615 | My Account | Logout

My Dashboard | My Profile | My Messages | Learning Center | Shopping Cart

Personal Information
COMPLETE - REQUIRES SUBMISSION

Contact Information
NEEDS REVIEW

Employment / Practice Information
NEEDS REVIEW

Specialty Certification Information
NEEDS REVIEW

Continuing Education / Re-Validation
NEEDS REVIEW

Licensure / Registration Information
NEEDS REVIEW

Licensure / Registration Examinations
NEEDS REVIEW

Higher / Tertiary Education Information
NEEDS REVIEW

General Education Information
NEEDS REVIEW

English Language Proficiency Test
NEEDS REVIEW

Personal Profile Summary
NEEDS REVIEW

Contact Information

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 ? 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 1 邮寄地址

CGFNS may charge for a misdelivered certificate. Keep your address up to date whenever you move.

This address is where your physical correspondence is sent by postal mail:

(If your account is associated with an Authorized Agent, all physical mail, including certificates, will be mailed to your Authorized Agent's mailing address.)

Countries * 1 China 国家

Street Number & Name * 1 9/F, Ziguang Develop 地址

Street Address 2 1 Chaoyang District, 城市

City * 1 Beijing 省份

State / Province / Territory 1

Postal Code/Zip Code 1 100096 邮编

Physical Address 1 实际地址

Same as Mailing Address? * 选Yes后, 自动复制邮寄地址

☒ Yes ☐ No

Countries * 1 China

Street Number & Name * 1 9/F, Ziguang Develop

Street Address 2 1 Chaoyang District,

City * 1 Beijing

State / Province / Territory 1

Postal Code/Zip Code 1 100096

Country Calling Code 1 Phone Number *

Primary Phone Number 1 86 13426200518 联系电话

Alternate Phone Number 1

ATTENTION: If you made changes to this page, click the "Next" button and click "Yes" to the pop-up "Save Changes" confirmation, but the information you are providing will NOT be received by CGFNS (including edits, changes, or additions to your existing personal profile), until you go to the last page of "My Profile" and click the "Submit and Transmit to CGFNS" button on the Personal Profile Summary.

下一步

<< Back Next >> Close

C、Employment / Practice Information

添加工作信息，工作时间不得早于执照获得时间。点击

Add Employer Record

Add Employment Record

Loading...

Add or Edit Employment Record

All fields marked with an asterisk (*) must be completed.

Profession

Is this employment for your Healthcare profession? * ☒ Yes ☐ No

Select Profession *

REGISTERED NURSE

注册护士

Employer

Name of the Facility / Organization * Capital Hospital

医院名称

Name of Supervisor * Zhang San

主管者姓名

Title / Position of Supervisor * Head Nurse

主管者职位

Address of Facility / Organization

Countries * China

单位所在国家

Street Number & Name * No. 1., Dahua Road, Dongdan,

单位地址

P.O. Box

Street Address 2 Dongcheng District,

City * Beijing

单位所在城市

State / Province / Territory

单位所在省份

Postal Code / Zip Code

Position Details

Job Title / Position held * Nurse

本人职位名称

Job Status *

Full-time

职位性质

Date Employment Started? (Month / Year) *

October

2017

在职开始时间

Are you still employed with this Facility / Organization? * ☒ Yes ☐ No

是否仍然在职

Name when Employed

Ceshi Wang

在职时姓名

Primary Language of the patient population

Chinese - Mandarin

患者的主要语言

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.

Submit

如果还未参加工作，选中 NOT APPLICABLE, 然后添加解释。

☐ NOT APPLICABLE

Add an explanation

Add explanation

Employment Explanations

professions List	Please explain below why you do not have records for these Professions:
1 REGISTERED NURSE	<div>I have taken the nursing liscence exam in China and obtained a certificate of qualification, but I have not started working yet. I would like to take the ISPN exam first.</div>

ATTENTION: The information you are providing will not be received by CGFNS until you submit your complete Per existing personal profile.

D、 Specialty Certification

医疗灾难救援类的特殊证书，没有可跳过。

Specialty Certification

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. Check the **Delete** box to **delete** a Specialty Certification.

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

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.

E、Continuing Education / Re-Validation

美方继续教育学时信息，没有可以跳过。

Continuing Education / Re-Validation

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. Check the **Delete box to delete** a Continuing Education Record.

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

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.

F、Licensure / Registration Information

添加护士执照信息，执照有效期不得早于下页的考试日期，点击

Add License Record

Add License Record

**11112023 Add or Edit a License Record ^Add License Record^ CP-302

All fields marked with an asterisk (*) must be completed.

Profession Details

Countries * China 国家
State / Province / Territory 执照授予单位：卫健委人才交流中心
Authority * HEALTH HUMAN RESOURCES DEVELOPMENT CENTER (AKA Health F
Professions * REGISTERED NURSE 注册护士
Title * Registered Nurse 注册护士
Title in Original Language

Address of Facility / Organization

Street Number & Name * Building 8, Yard 52, Jiaodi 人才交流中心地址
P.O. Box Building 8, Yard 52,
Street Address 2 Jiaoda East Road,
City * Haidian District
State / Province / Territory Beijing
Postal Code / Zip Code
Website URL

License Renewal Details

Has your license for this Country / Jurisdiction ever been renewed? * ☒ Yes ☐ No 执照是否续期
Has your license number ever changed based on the renewal? * ☐ Yes ☒ No 续期号码是否变更

License Details

Date Issued (Month / Year) * October 2017 执照开始日期

Does your license expire? * ☒ Yes ☐ No 有截止日期

Date Expired (Month / Year) * October 2027 执照截止日期

Name on License Ceshi Wang 执照姓名
License Number 201788889999 执照编号
Method of Licensure / Registration * NATIONAL/PROVINCAL/STATE EXAM 国家的
License Status ACTIVE 证书状态
Was your license ever restricted, suspended or revoked? * ☐ Yes ☒ No 未被吊销

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.

Submit

如果还未获得执照，选中 NOT APPLICABLE, 然后添加解释。

☐ NOT APPLICABLE

G、Licensure / Registration Examinations

填写执照考试记录，点击

Add License Examination Record

Add License Exam Record

Add or Edit License Examination Record

All fields marked with an asterisk (*) must be completed.

Examination Details

Profession 注册护士

Country/Jurisdiction for which the examination was administered * 中国

State / Province / Territory

License Examination Other * 职业护士资格考试

Authority * 卫健委人才交流中心

Address of Facility / Organization

Street Number & Name * Build 8, Yard 52,
Jiaoda East Road,

P.O. Box

Street Address 2 Haidian District,
Beijing

City *

State / Province / Territory

Postal Code / Zip Code

Website URL

Additional Examination Details

How many times did you write this Licensing / Registration examination? * 参加考试次数

Did you pass this examination? * ☒ Yes ☐ No 是否通过

Date when you successfully completed (passed) the examination? (Month / YYYY) 2017 通过日期

Did passing this examination result in a license / registration to practice your profession in this jurisdiction? ☒ Yes ☐ No 是否获得执业许可

ATTENTION: The information you are providing will not be received by CGFNS until you submit your complete [Pers](#) including edits or additions to your existing personal profile.

Submit

H、 Higher / Tertiary Education Information

填写高等教育信息， 点击

Add Higher Education

Add Higher Education Record

Add or Edit Higher / Tertiary Education Record

All fields marked with an asterisk (*) must be completed.

Professional (Education that qualified you to practice your Profession): This category includes the professional education received in colleges, universities, technical and vocational schools in preparation for a healthcare profession. Successful completion of professional higher education normally results in a certificate, diploma, degree (associates, bachelor's, master's, and doctoral).

Non-Professional: This category of education provides higher education, such as a college or university, which is not related to the healthcare profession. Completion or graduation from a Higher Secondary Education and entrance exams are often required to enter these schools. Technical or vocational schools may be included in this category, if the training you received is not related to healthcare. Usually, completion or graduation from this type of school results in a certificate, diploma, or degree.

Is this a Professional Education record? * ☒ Yes ☐ No 是否是护理专业学历

Profession * REGISTERED NURSE 注册护士

Education Level * Entry Level Education 入职前教育

Education Type * Bachelor's Degree 学历水平

Country / Jurisdiction * China 中国

Name of School Attended * ANHUI MEDICAL COLLEGE 学校名称

Your name when you attended this school? Ceshi Wang 在校时姓名

Did you complete or graduate from this program? * ☒ Yes ☐ No 是否毕业

Name of the Diploma / Degree / Credential in English? * Bachelor's Degree 证书英文名称

Name of the Diploma / Degree / Credential in native language? * 医学学士学位 证书中文名称

Admission / Start Date (Month / Year) * September 2012 入学日期

Completion / End Date (Month / Year) * June 2017 毕业日期

Has this school closed? * ☐ Yes ☒ No 现在学校是否停办了

Has this school merged with another school? * ☐ Yes ☒ No 现在学校是否被合并了

Address of School Attended

Street Number & Name * Furong Road No. 632

P.O. Box

Street Address 2

City * Hefei

State / Province / Territory

Postal Code / Zip Code 230601

Website URL

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.

Submit

I、General Education Information

填写小学，初中，高中教育信息，点击

Add General Education

Add General Education Record

Add or Edit General Education Record

All fields marked with an asterisk (*) must be completed.

Primary and Lower Secondary: This category includes the first and second stages of compulsory or basic education which usually begins around the ages of six (6) or seven (7) and lasts between eight (8) and ten (10) years for primary and lower secondary education.

Higher Secondary: In some countries, secondary education is divided into lower and upper cycles. In this section, please add the educational experience that allowed access to higher or tertiary level education. In many countries this education culminates in the granting of a diploma. In countries that follow the U.K. model of education this education culminates in an external examination that documents successful completion and allows for admission to university level education.

Level of Education ⓘ **学历水平** Primary and Lower Secondary Education ▼

Country / Jurisdiction * **国家** China ▼

Name of School Attended * Beijing Primary School **学校名称**

Your name when you attended this school? Ceshi Wang ▼ **在校时姓名**

Did you complete or graduate from this program? * ☒ Yes ☐ No **是否毕业**

Name of the Diploma / Degree / Credential in English? * Primary School Diploma **毕业证英文名称**

Name of the Diploma / Degree / Credential in native language? * 小学毕业证书 **毕业证中文名称**

Were you required to sit for any external examinations in order to be granted access to higher education? * ☐ Yes ☒ No **是否需要参加额外的考试才能毕业**

Admission / Start Date (Month / Year) * September ▼ 2000 **入学日期**

Completion / End Date (Month / Year) * June ▼ 2006 **毕业日期**

Has this school closed or merged with another school? * ☐ Yes ☒ No **学校是否停办或被合并**

Address of School Attended

Countries * China ▼

Street Number & Name * No. 9, Huabaishu Street,

P.O. Box

Street Address 2 Haidian District, **学校信息**

City * Beijing

State / Province / Territory

Postal Code / Zip Code

Website URL

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.

Submit

继续填写初中、高中学历信息, 直至完成。

General Education Information

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. Check the **Delete** box to delete the associated general education record.

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

Show 10 items Filter:

	Level of Education	School Name	Country / Jurisdiction	Complete / Incomplete	Date Entered	Date Completed	Delete
Edit	Primary and Lower Secondary Education	Beijing Primary School	People's Republic of China	Yes	09/2000	06/2006	<input type="checkbox"/>
Edit	Primary and Lower Secondary Education	Beijing Academy	People's Republic of China	Yes	09/2006	06/2009	<input type="checkbox"/>
Edit	Higher Secondary Education	Beijing Academy	People's Republic of China	Yes	09/2009	06/2012	<input type="checkbox"/>

Showing 1 to 3 of 3 entries

◀ Previous Next ▶

Add General 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.

<< Back

Next >>

Close

J、English Language Proficiency Test

填写英语水平考试，包括雅思、托福、托业考试信息，没有直接点击 NEXT 可跳过。

K、Personal Profile Summary

仔细核对填写的信息，不要出现红色，点击 Submit 提交。

- Personal Information
COMPLETE - REQUIRES SUBMISSION
- Contact Information
COMPLETE - REQUIRES SUBMISSION
- Employment / Practice Information
COMPLETE - REQUIRES SUBMISSION
- Specialty Certification Information
COMPLETE - REQUIRES SUBMISSION
- Continuing Education / Re-Validation
COMPLETE - REQUIRES SUBMISSION
- Licensure / Registration Information
COMPLETE - REQUIRES SUBMISSION
- Licensure / Registration Examinations
COMPLETE - REQUIRES SUBMISSION
- Higher / Tertiary Education Information
COMPLETE - REQUIRES SUBMISSION
- General Education Information
COMPLETE - REQUIRES SUBMISSION
- English Language Proficiency Test
COMPLETE - REQUIRES SUBMISSION
- Personal Profile Summary
NEEDS REVIEW

applicants.cgfns.org 显示

PLEASE WAIT-- DO NOT CLICK ANY BUTTON WHILE PROCESSING and DO NOT CLICK the BACK BROWSER BUTTON!

The process to submit and transmit your entire Personal Profile Information could take several minutes.

A summary of your submitted profile information can be viewed in your "My Profile->My Profile History" for you records once the transmission is complete.

确定

等待页面，不要刷新或后退。

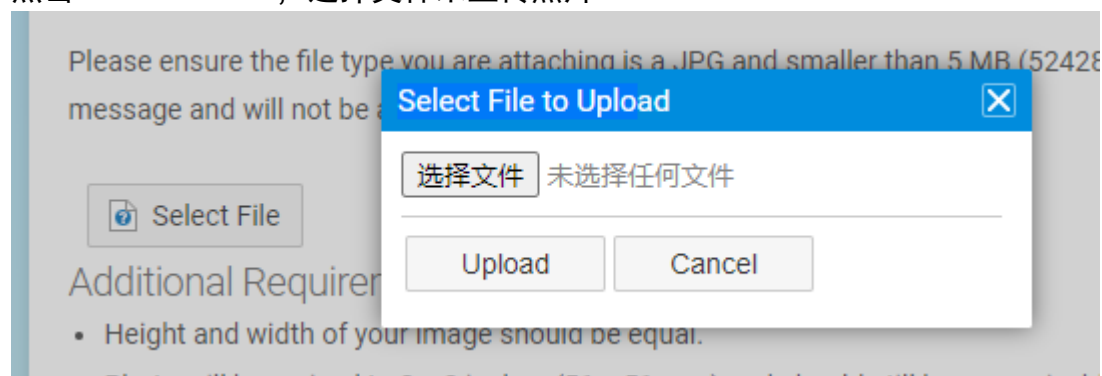
三、提交照片



照片要求：

1. 请确保您要附加的文件类型为 JPG，且长度不得超过 5 MB（5242880 KB）。如果文件类型不是 JPG 或超过最大文件大小，您将收到一条错误消息。
2. 图片的高度和宽度应相等。
3. 照片将被调整为 2 x 2 英寸（51 x 51 毫米），并且仍然可以识别。
4. 最近 6 个月内拍摄以反映您当前的外观。
5. 彩色。
6. 采取在简单的白色或灰白色背景前面。
7. 直接面对相机以全脸视图拍摄。
8. 一个人，不是从现有的集体照中裁剪出来的。
9. 拥有中性的面部表情，双眼睁开。
10. 头部和肩膀顶部合拢，使脸部占据照片的 70-80%。
11. 穿上您通常每天都穿的衣服。
12. 除了每天穿着的宗教服装外，请勿在照片中穿制服。
13. 除非出于宗教目的而每天戴，否则请勿戴上会遮盖头发或发际线的帽子或头饰。您的整个面部必须可见，并且头罩不得在您的脸上蒙上任何阴影。
14. 照片中不接受耳机，无线免提设备或类似物品。
15. 如果您通常配戴处方眼镜，助听器或类似物品，则可能在您的照片中配戴它们。
16. 除非出于医疗原因（例如，可能需要医疗证明）而需要它们，否则不接受带深色眼镜的深色眼镜或非处方眼镜。
17. 眼镜上的强光不适合您的照片。眼镜稍微向下倾斜，或取下眼镜或关闭相机闪光灯，可避免眩光。

点击 Select File ，选择文件来上传照片



四、ISPN 考试下订单

点击右上角 Shopping Cart，Shopping Cart 打开订单页面，勾选 International Standards for Professional Nurses (ISPN) Program，如不能勾选，请按第二步核查填写内容是否有误。

Shopping Cart

Services:

If you are not sure what service is appropriate, reference CGFNS corporate website: [Select Your Service by State](#) or [Select Your Service by Profession](#). You may also review each program's handbook in the [Learning Center](#) for more detailed service requirements.

Filter: <input type="text"/>		
<input type="checkbox"/>	Name of Service	Description
<input type="checkbox"/>	Certification Program (CP)	Designed specifically for any first-level, general nurse educated and licensed outside the United States who will be license to practice as a registered nurse in the United States.
<input type="checkbox"/>	VisaScreen: Visa Credentials Assessment (VS)	Enables foreign healthcare professionals to meet the US government's screening requirements for a permanent occupational visa by verifying and evaluating their credentials to ensure compliance with minimum eligibility standards. This program is offered by the International Commission on Healthcare Professions (ICHP), a division of CGFNS.
<input type="checkbox"/>	Credentials Evaluation Service (CES)	An objective evaluation and reporting service that analyzes a healthcare professional's education and license(s) earned outside of the United States and compares them to US standards. This service carefully and objectively assesses documents received from source agencies, verifying and appraising an applicant's educational and professional credentials, registrations, and licenses.
<input type="checkbox"/>	Credential Verification Service for New York State (CVS)	Verifies academic and professional credentials submitted by foreign educated health professionals seeking licensure in New York State and sends a report to the New York State Education Department.
<input checked="" type="checkbox"/>	International Standards for Professional Nurses (ISPN) Program	The International Standards for Professional Nurses (ISPN) Program is for first-level, general nurses who reside in one of the countries in which the program is offered. Applicants will undergo an initial verification of first-level, general nurse status, followed by the validation of nursing knowledge through the administration of the CGFNS Qualifying Exam®.
<input type="checkbox"/>	eDocument Authentication Service (eDas)	The eDocument Authentication Service reviews professional transcripts and licensure received from source agencies and verifies to applicant-selected official recipients that the documents are legitimate and come from organizations that are approved. The report will NOT include an evaluation of the education received or a comparison to the US standards of education in that profession.
<input type="checkbox"/>	Comparability Assessment for ANCC Programs (CAP)	This partnership with American Nurses Credentialing Center (ANCC) includes Magnet Recognition®, Pathway To Excellence®, ANCC Accreditation, and ANCC Certification. CGFNS offers a preliminary review of credentials measured against ANCC's standards. The only valid recipient is ANCC so this is not for anybody intending to migrate within the United States. ANCC makes all final decisions regarding your eligibility for ANCC Certification or whether your qualifications are comparable to that of a U.S. Baccalaureate Degree in Nursing.

Showing 1 to 7 of 7 entries

[Not Eligible - View Ineligible Services](#)

[CGFNS Fee Schedule](#)

确认考试国家 ISPN for People's Republic of China

Services

These are the services that are currently available to you for purchase.

Filter: <input type="text"/>		
<input checked="" type="checkbox"/>	Purchase Price	Name of Service
<input checked="" type="checkbox"/>	\$395.00	ISPN for People's Republic of China
		ISPN Initial Application for People's Republic of China

Showing 1 to 1 of 1 entries

[Back](#)

[Next](#)

ISPN Order Eligibility

Which profession are you applying for? * REGISTERED NURSE ▾

Back

Cancel

Next

阅读服务条款，并勾选同意。

Terms and Conditions

Please note that before CGFNS can complete the review of an applicant's file we must receive full payment and all the necessary documents. This includes all documents that are to be submitted by the applicant themselves as well as the documents which are to come directly to CGFNS from schools, licensing authorities and testing agencies. It is the applicant's responsibility to provide the appropriate authorization forms that will enable CGFNS to obtain educational transcripts and license validations. CGFNS makes every effort to promptly complete the review of a file, however, the greatest delays in reviewing a file are often the result of not receiving an applicant's documents in a timely manner. With this in mind, as well as the complexity of certain applicants' particular situations, some services may take a matter of weeks to complete, while others may take several months to complete.

You may use this online service 24 hours a day, seven days a week to check the status of your order as well as the status of your required documents.

Terms and Conditions of the CGFNS Connect Certification

- CGFNS may choose to authenticate / evaluate only the materials that it considers relevant for this program or service.
- All documents submitted, including transcripts, become the property of CGFNS and cannot be returned to you. Do not send originals of diplomas, degrees, certificates, registrations or licenses.
- No verification / evaluation is conducted until CGFNS receives a completed application and full payment. Please calculate the payment correctly and include payment with each Application or request for a service. Please refer to the Fees Schedule.
- All Certificates are valid only when the official (embossed) CGFNS seal is affixed and as applicable, until the expiration date.
- All Reports are valid only when there is an official document water mark.
- All Reports issued to U.S. State Boards of Nursing are accessed online directly by the Boards of Nursing. An applicant copy of the report is located in your online account and will be available for one year from when the report was first issued. Non-State Board of Nursing recipients are sent via First Class mail (within the U.S.) or airmail (outside of the U.S.).
- If your application includes any forged, altered, or falsified documents or information, CGFNS will not issue a Certificate or issue an evaluation report, and no refund is issued.
- Fees as published are subject to change. Please refer to the Fees Schedule.
- Any payment you send to CGFNS will be applied first to any unpaid balance from previous orders before it is applied as payment for a newer application or service.
- NO refund is given after an application is submitted.
- All applications are subject to pre-determined expiration dates. Applicants who do not meet the requirements of a program within the expiration date of their order may have the opportunity to continue the application within 12 months after expiration by applying to Re-Process and paying the associated fee.

☒ I accept and have read the above Terms and Conditions. *

Back

Cancel

Next

阅读认证声明，并勾选同意。

Attestation

- I agree to the Terms and Conditions of the CGFNS services and programs.
- I certify that all information which CGFNS International has received as part of this order or in the past, from me or from a third party on my behalf is true and complete.
- I also certify that all documents which have been submitted to CGFNS for any purpose have not been falsified, altered or tampered with by any person.
- I understand that CGFNS and others will rely on this order and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter a CGFNS Certificate or a CGFNS Report or misrepresent a copy as an original, CGFNS may take such disciplinary action against me as it deems appropriate including bar me from future examinations or from participation in any CGFNS programs. The consequences could adversely affect my professional license, immigration status, employment and other matters, from which I release CGFNS from all liability.
- I authorize CGFNS to disclose the information and documents in this order, the status of my CGFNS Certificate, any Reports or evaluations prepared by CGFNS, any other information obtained by CGFNS and the results and reasons for any adverse action taken against me by CGFNS, to any person or organization I designate in writing or to any other recipient which CGFNS may determine has a legitimate interest in receiving the same, such as government agencies or potential employers.
- I understand that unauthorized use of test materials, giving or receiving aid during an examination, or violating instructions at the examination site may be grounds to expel me from the examination, or bar me from future examinations or from participation in any CGFNS programs, or to otherwise discipline me as appropriate.
- Applicants should refuse any requests by third parties, i.e. friends, recruiters or employers to memorize questions or give them details regarding the content of the tests. Such activities will result in the applicant's test being voided and may prevent them from being eligible for all future exams.
- In addition, I authorize the board of nursing of the state in which I take the licensing examination in the future to release my NCLEX-RN® results to CGFNS for statistical studies.
- I also agree to send CGFNS my NCLEX-RN® results.
- I understand that the CGFNS Certificate and all copies of it remain the property of CGFNS and must be returned to CGFNS if CGFNS determines that the holder of the certificate was not eligible to receive it or that it was otherwise issued in error.
- In submitting this order electronically, I affirm that by selecting the appropriate button below, my electronic signature is intended to be legally binding.

☒ I agree with and have read the above Attestation. *

Back

Cancel

Next

确认订单信息，点击 Purchase

Order Summary

This Order Summary lets you review the service(s) you are ordering from CGFNS. Please carefully review your personal and contact information and the details of your order below.

This order will remain "Application Incomplete" until full payment is made. CGFNS strongly encourages you to make payment online by credit card. Payment must be submitted within 90 days from the day the order was created. If the total amount due is not paid in full, the order will be deleted.

Contact Information

Applicant's Name: Ceshi Wang

Country: China

Street Number & Name: 9/F, Ziguang Development

Street Address 2: Chaoyang District,

City: Beijing

State / Province / Territory:

Postal Code / Zip Code: 100096

Account Balance: \$0.00

[View Payment History](#)

Order Summary

Filter: <input type="text"/>				
Remove?	Order Name	Service Ordered	Quantity	Price
	International Standards for Professional Nurses (ISPN) Program	ISPN for People's Republic of China	1	\$395.00
Showing 1 to 1 of 1 entries				

Current Order Total: \$395.00
Previous Balance: \$0.00
Grand Total: \$395.00

To continue with your order click the "Purchase" button.

To remove this order click the "Cancel" button.

Cancel

Purchase

输入信用卡信息，并付款。

Order Number: 3377740

CGFNS ID: 7477903

Payment

All fields marked with an asterisk (*) must be completed.

Please do not mail payment. CGFNS International accepts only online payments with the following Credit Cards: Visa, MasterCard, and Discover. Personal checks or cash are not accepted.

No refund is given after an application is submitted.

You will have a limited time in which to type your credit card information. Once submitted, the information is sent immediately to your financial institution for credit approval. Once your payment is approved, you will be able to proceed to the final step of the order process.

Payment Fields

Total Cost	\$395.00	Billing Country *	China 账单所属国家
Memo Line	3377740	Billing Street Address 1 *	No. 302, Unit 4, Build 4, No. 26-1, 账单地址
Do you have only one name? <input type="radio"/> Yes <input type="radio"/> No	是否1个字的名字, 选否		
First Name on Credit Card *	Jianshe 信用卡上的名	Billing City *	Beijing
Last Name on Credit Card *	Zhang 信用卡上的姓	Billing State	
Credit Card Number *	4556666262735002 信用卡号码	Billing Postal Code	
Security Code *	920 信用卡验证号	Email *	test@chhmc.com 邮箱
Expiration Date (Month / YYYY) *	November 2020 信用卡有效期		

I am the owner of this credit card, or the owner has granted me permission to use this credit card for this purchase. * ☐ Yes ☐ No

By checking this checkbox, I agree and understand that CGFNS International has a NO REFUND policy. No refund will be given after payment. * ☐ I agree. 勾选同意CGFNS不退款政策

! IMPORTANT: CLICK "MAKE PAYMENT" ONLY ONCE. It may take a few minutes for your financial institution to respond with credit approval. Do NOT click Refresh.

* If "MAKE PAYMENT" is clicked more than once you may be charged multiple times.

* Never click Refresh while this message appears. If there is no response for several minutes, close your browser or log out and try again later.

* To remove this order click the "Cancel" button.

Back

Cancel

Make Payment

点击 Make Payment，等待支付成功，时间较长，等待期间不要有任何操作。

五、审核

支付成功后，报名成功，24 小时后按照以下要求提交审核材料，步骤如下：
关注微信号 ISPN-CGFNS，或下方扫描二维码关注，点击 ISPN 审核按钮。



1. 输入自己的信息以登录

ISPN考试信息系统

Order Number

CGFNS ID

Email

请注意，在CGFNS.ORG网站报名并缴费后，隔24小时才能在本网站提交信息。

2. 点击上传个人 1 寸免冠白底照片

ISPN考试信息系统

China Health

November 2024

姓名:

性别:

出生日期:

手机号码:

邮箱: test@cgfnsch.org

身份证号:

CGFNS ID: 1234567

Order Number: 1234567

个人信息页:未填写

填写

报考信息页:未填写

填写

考点选择页:未填写

填写

审核文件页:未上传

上传

现在状态:等待提交信息



点击上传1寸免冠白底照片

点击提交

出示准考证

请确认信息正确后再提交, 提交后不可更改。

3. 点击填写个人信息

ISPN考试信息系统

China Health

November 2024

姓名

中康

性别

女

身份证号

110101199502022214

出生日期

02/02/1995

手机号码

13588889999

微信号码

✔ 同电话号码

13588889999

护理最高学历

本科

所学专业

护理学

证书编号

15151515

学信网学历验证信息

123123

123123

返回

完成个人信息填写

中专及 2000 年以前查不到学信信息的考生，不填写学信网学历验证信息，在上传文件时，需额外在其他文件中上传学校盖章的成绩单，毕业证和学校出具的学习证明。

4. 点击填写报考信息，没有执业证书者，请选择没有执业证书，并在上传文件时，在其他中上传护资合格证。

ISPN考试信息系统

China Health

November 2024

Order Number:1234567

所在城市

北京市-朝阳区-朝阳区

小关街道惠新东街11号

所在单位

北京某某某医院

☐ 没有执业证书，请上传护资考试合格证

执业证书现注册地

北京市-朝阳区-朝阳区

执业证书注册单位

北京某某某医院

执业证书编号

111122223333

专业岗位

ICU

现有技术资格

主管护师

执业证书有效期

05/05/2000

至

05/05/2025

英语程度

雅思

总分

5.5

返回

完成报考信息填写

5. 点击填写考点信息

ISPN考试信息系统

China Health

November 2024

Order Number:1234567

考试中心

潍坊

北京

上海

证书邮寄信息

☒ 同本人地址

北京市-朝阳区-朝阳区

小关街道惠新东街11号

中康

13588889999

是否邮寄《国际护士执业水平考试官方指南》

☒ 邮寄(运费到付) ☒ 同本人地址

北京市-朝阳区-朝阳区

小关街道惠新东街11号

中康

13588889999

问卷部分

1.您工作的医院

公立三级医院

2.ISPN考试的知识内容在您的护理工作中

很有用处

3.您参加ISPN考试的动力

移民

4.您认为对护理技能的水平与要求，国内与国外

是一样的

5.您认为ISPN考试难度

较难

6.您首次得知ISPN考试的途径

ISPN公众号

7.你备考ISPN的方法

6. 点击上传身份证、护士执照和毕业证

ISPN考试信息系统

China Health

November 2024

Order Number:1234567

请不要上传大于5MB的图片，点击图片更改删除

学历证书



身份证正反面



护士执业证书



其他证明文件



返回

完成

7. 填写完成，请仔细检查修改，一旦提交后，不可修改。点击提交，等待审核

ISPN考试信息系统

China Health

November 2024

姓名: 中康

性别: 女

出生日期: 1995年02月02日

手机号码: 13588889999

邮箱: test@cgfnsch.org

身份证号: 110101199502022214

CGFNS ID: 1234567

Order Number: 1234567



个人信息页: 已完成

修改

报考信息页: 已完成

修改

考点选择页: 已完成

修改

审核文件页: 已完成

修改

现在状态: 等待提交信息

点击提交

出示准考证

请确认信息正确后再提交，提交后不可更改。

8. 审核通过，等待发放准考证

ISPN考试信息系统

China Health

November 2024

姓名: 中康

性别: 女

出生日期: 1995年02月02日

手机号码: 13588889999

邮箱: test@cgfnsch.org

身份证号: 110101199502022214

CGFNS ID: 1234567

Order Number: 1234567



点击修改1寸免冠白底照片

个人信息页:已完成

报考信息页:已完成

考点选择页:已完成

审核文件页:已完成

修改

修改

修改

修改

现在状态:审核通过, 等待准考证

点击撤销提交

出示准考证

请确认信息正确后再提交, 提交后不可更改。

9. 查询和出示准考证

ISPN考试信息系统

China Health

November 2024

姓名: 中康

性别: 女

出生日期: 1995年02月02日

手机号码: 13588889999

邮箱: test@cgfnsch.org

身份证号: 110101199502022214

CGFNS ID: 1234567

Order Number: 1234567



个人信息页: 已完成

修改

报考信息页: 已完成

修改

考点选择页: 已完成

修改

审核文件页: 已完成

修改

现在状态: 等待考试

点击撤销提交

出示准考证


请确认信息正确后再提交, 提交后不可更改。

在考场出示准考证时，请保证下图中时间在变化，请不要截图。

ISPN考试信息系统

China Health

November 2024



Global Credibility


姓名：中康

身份证号：110101199502022214

CGFNS ID：1234567

CGFNS Order Number：1234567

Subject: CGFNS Exam Schedule Confirmation



Dear China Health,

2024-06-12 13:02:01

Congratulations for meeting the ISPN requirements to sit for the CGFNS Qualifying Exam®. The CGFNS Qualifying Exam takes approximately three hours to complete. Please plan your travel accordingly.

You are assigned to the following exam date, time, and location.

Exam Date: CGFNS Qualifying Exam, November 16, 2024
Exam Time: 11/16/2024 9:00 A.M.—12:00 A.M.
Center City: Weifang

Exam Location: Weifang Nursing Vocational College
No.9966, Yunmenshan South Road, Qingzhou, Weifang, Shandong, 262500
People's Republic of China

Please plan to arrive at the exam center at least 30 minutes prior to your scheduled exam. If you are late, you will not be admitted to the exam.

Family and friends are not permitted in the exam center, nor are books, papers, cameras, calculators, tape recorders, mobile phones or pagers. Please do not bring valuable items or large amounts of money to the exam center. Eating or drinking will not be allowed while the exam is in session.

When you arrive, exam center staff will ask you to sign in. Bring an official government-issued identification that includes your photograph.

In the exam room, please follow exactly the instructions that are given to you. Rules regarding seating and behavior during the exam must be followed. Exam center staff will observe test takers during the exam to make certain instructions are followed.

If you have any questions, please contact the CGFNS International by telephone 134-2620-0518, or by email ispn@cgfnsch.org. Please have your order number, name and birthdate available.

返回

考场地址、守则

点击考场地址、守则查看。地图标记为考试所在的教学楼，可放大查看。

×

您的考试中心：潍坊护理职业学院(图书馆2楼207房间 (电子阅览室))

地址：山东省潍坊市青州市云门山南路9966号

时间：2024年11月16日上午 9:00-12:00

路线：高铁青州市站；9路公交车直达（终点），潍坊护理职业学院下车；打车约42分钟，费用约46元。青州客运站（尧王山东路汽车站）；8路公交车直达（终点），潍坊护理职业学院下车；打车约28分钟，费用约25元。



国际护士执业水平 (ISPN) 考试考生守则

该守则详述国际护士执业水平 (ISPN) 考试要求。应考前，请考生务必仔细阅读并严格遵守相应要求。考试中如有问题请向监考人员举手示意。

进入考场

1. 仅允许考生本人进入考场，陪同人员请勿进入考场或考场外走廊区域。
2. 考生携带个人物品：有效身份证件（如身份证、驾驶证、护照）；除此之外其他物品一律不可携带。

考前事项

1. 有效身份证件及电子准考证一经核实，存放好手机后，请按照监考人员指示或已有座位安排入座。
2. 个人电脑首页面显示“WELCOME TEST TAKER（考生欢迎页面）”。点击“Start Test（开始测试）”选项前，请仔细阅读页面信息。如页面上的考试人员姓名或参加考试类型与您的个人信息有异，请告知监考人员。如页面信息无误，请点击“Start Test（开始测试）”选项开始考试。

考试期间

1. 除考试窗口外，请勿尝试浏览其他内容或试图联网，这将导致考试系统登出，影响个人考试。
2. 完成全部考题前请勿点击“Submit（提交）”按钮。这是无法换回的操作。
3. 考试总题目165道，时间180分钟。考试期间不建议考生中途休息。如须离场，考生计时不予停止。如离场请告知监考人员，除不可抗力情况外，监考人

关闭