International Education Evaluations

REQUEST FOR ACADEMIC RECORDS: NURSING

Note to Applicant: It is your responsibility to ask your university, college, or nursing school to send your records to International Education Evaluations. Please complete the top part of this form and submit it to the Registrar or Program Director or other authorized official at your university, college, or nursing school. Note that some institutions may charge a fee for this service.

Last / Family Name	First / Given Name
Previous Name (If Applicable)	Date of Birth (dd/mm/yyyy)
Institution Name	Dates Attended FROM: (mm/yyyy) TO: (mm/yyyy)
Title of Degree or Qualification Conferred	Year Qualification Conferred
Student ID or Roll Number (If Applicable)	Applicant's Email Address

I hereby authorize the release of my academic records to International Education Evaluations.

Student's Signature **Date**

Note to Authorized Official: The above-named student seeks to have their credentials evaluated and requests that their academic records - detailing the subjects studied, credits earned, grades/results achieved, and clinical hours completed, be released to IEE. Please complete the rest of this form in its entirety and return to IEE with the student's records. You are welcome to send everything electronically from an official school email address to **records @myiee.org**. Alternatively, you can place the form and academic records in an envelope, sign and seal the envelope across the back flap, and send it directly to IEE at the address on page 3.

Name of Official Completing Form	Title of Official Completing Form	
Name of college, university, or nursing school		
Institution Address	URL www.	
Telephone	Your Official Email Address	
Confirmation of Enrollment Dates	Attended FROM (mm/yyyy)	TO (mm/yyyy)
Confirmation of Program Completion	Award/Conferral Date (dd/mm/yyyy)	Title of Degree/Credential/Qualification

Confirmation of Theoretical Instruction and Clinical Hours

Important:

a) If no hours were completed, indicate with N/A

b) For integrated curriculum, use column 3 to indicate in which courses the topics are integrated

Nursing Subject	**Theory Hours**	**Clinical Hours**	*If applicable, please list courses in which these topics are integrated.*	**Concurrent (Y/N)**
Adult Medical Nursing				
Adult Surgical Nursing				
Maternal and Infant Nursing				
Pediatric Nursing and Care of Children				
Psychiatric and Mental Health Nursing				
Gerontology and Geriatric Care				
Community Nursing and Public Health				
Human Growth and Development / Developmental Psychology				

Science Subject	**Theory Hours**	**Laboratory Hours**	*If applicable, please list courses in which these topics are integrated.*
Anatomy and Physiology			
Microbiology			
Pharmacology			
Nutrition			
Chemistry			
Physics			

Additional Nursing Curriculum Information

Please indicate whether this topic was covered in the student's program.
If yes, specify the course title where the topic was studied.

Unit of Study: Theoretical	**Yes**	**No**	**Course / Subject Title**
Personal, Family and Community Health Concepts			
Body Structure and Function			
Human Growth and Development Across Lifespan			
Interpersonal Relationship Skills			
Mental Health Concepts			

Pharmacology and Administration of Medications			
Legal Aspects of Practice			
Interpersonal Relationships and Leadership Skills			
Professional Role and Function			
Health Teaching and Counseling Skills			
Unit of Training: Clinical	**Yes**	**No**	**Course / Rotation Title**
Acute Care			
Long-Term Care			
Community Health Settings			

I can confirm the nurse received Focused Client Care Experience* during the last year of nursing education (120 Hours/RN) or the last term of nursing education (90 Hours/LPN):

☐ **Yes** ☐ **No**

*Focused Client Care Experience is defined as a "clinical experience that simulates an entry-level work experience." The intent is to assist the student in transitioning to entry-level practice. There is no specific setting requirement. Supervision may be by faculty / preceptor dyad or direct faculty supervision.

Native Language:	
Language of Instruction:	
Language of Nursing Texts:	

Authorized Official's Signature **Date**

Please return this form with official academic records (transcript, statements of marks, etc.)

Preferred Method: Submit Electronically	**Alternate Method: Submit via Post**
records@myiee.org	Please use this method only if you are unable to send this form and documents from an official institution email address. Include official seal on this form and on envelope. International Education Evaluations 7900 Matthews Mint Hill Rd., Suite 1A, Charlotte, NC 28227-6566, USA