



Resource Manual on the Licensure of Internationally Educated Nurses



Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 24 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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Using this Manual

NCSBN developed the uniform licensure requirements to provide boards of nursing (BONs) with a standardized set of criteria for making licensure decisions in order to assure that all nurses, whether educated domestically or abroad, are safe and qualified to practice.

This manual provides a detailed guide to each of the uniform licensure requirements for internationally educated nurses (IENs) and additional information that may be useful in specific circumstances. This includes:

- The uniform licensure requirements for IENs;
- Definition of terms;
- Guidelines for selecting a credentials evaluation agency to determine comparability of a foreign program;
- Information on international locations that offer the NCLEX-RN® and NCLEX-PN® Examinations;
- Resources for verifying the licensure status of an IEN in his/her country of origin;
- A comparison of commonly accepted English proficiency examinations;
- Information on criminal background checks (CBC) and the visa process for IENs; and
- Fraud prevention information from both a BON and credentials evaluation agency perspective.

Definitions

1. **Credentials evaluation:** A determination, through review of transcripts and other relevant material, of whether or not an education program is comparable to nursing education in the U.S. The components of a credentials evaluation include nursing education and entry to practice. A significant portion of credentials evaluation is devoted to detecting fraud and ensuring that unqualified people don't practice nursing (Shaffer & Yuen-Heung To Dutka, 2012; Shaffer, Phillips & Tuttas, 2014).
2. **First-level nurse:** A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, the nurse may be referred to as a professional nurse or a registered nurse (RN).
3. **Internationally educated nurse** (also referred to as foreign-educated nurse): an individual who has completed a nursing education program that is not located within the U.S.
4. **Second-level or enrolled nurse:** A nurse who provides basic nursing care under the direction of a first-level nurse. Regionally, the nurse may be referred to as a practical nurse or a vocational nurse.

Uniform Licensure Requirements for IENs (NCSBN, 2011)

Applicant Responsibility	Board Responsibility
Nursing Education Requirements of International Candidates¹: Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/VN)	
<p>Graduation from a nursing program comparable to a member board approved RN or LPN/VN prelicensure program.</p>	<ul style="list-style-type: none"> ▪ Verification by a credentials review agency of graduation from a nursing program comparable to a member board approved RN or LPN/VN prelicensure program. ▪ Graduation from a nursing program comparable to a member board approved RN or LPN/VN program. This program should be approved by an accrediting body or other authority whose role it is to approve nursing programs in that country.
NCLEX Requirements	
<p>Successful completion of the NCLEX-RN or NCLEX-PN exam.</p>	<p>Verification that the applicant successfully completed the NCLEX-RN or NCLEX-PN exam².</p>
Additional Requirements for International Candidates	
<ul style="list-style-type: none"> ▪ Self-disclosure of nursing licensure status in country of origin, if applicable. ▪ Successful passage of an English proficiency exam that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language and the nursing program where the applicant attended was taught in English and used English textbooks. 	<ul style="list-style-type: none"> ▪ Verification of nursing licensure status and/or authorization to practice if applicable in country of origin. ▪ Verification of successful passage of an English proficiency exam³ that includes the components of reading, speaking, writing and listening, except for applicants from countries where English is the native language and the nursing program where the applicant attended was taught in English and used English textbooks.
Additional Public Protection Requirements: Criminal Background Checks	
<ul style="list-style-type: none"> ▪ Self-disclosure of all misdemeanors, felonies, and plea agreements (even if adjudication was withheld). ▪ Submit state and federal fingerprint checks. 	<ul style="list-style-type: none"> ▪ Assessment of all misdemeanors, felonies and plea agreements (even if adjudication was withheld) of all individuals applying for licensure on a case-by-case basis to determine board action. ▪ Require psychological evaluation for all individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person. This evaluation should be performed by a qualified expert approved by the board. If the evaluation identifies sexual behaviors of a predatory nature the board of nursing should deny licensure.

Applicant Responsibility	Board Responsibility
Additional Public Protection Requirements: Substance Use Disorders	
Self-disclosure of any substance use disorder in the last five years.	Require a substance use disorder evaluation to verify the applicant is capable of practicing nursing safely.
Additional Public Protection Requirements: Other Licenses, Certifications, Registrations	
Self-disclosure of any actions taken or initiated against a professional or occupational license, registration or certification.	Assessment of any actions taken or initiated against a professional or occupational license, registration or certification and consideration of the individual's ability to practice nursing safely.

1 An individual who has completed a nursing education program that is not located in the United States may be referred to as either a foreign-educated nurse or an internationally educated nurse, depending on the source.

2 Or other exam, as approved by the BON.

3 Approved by the BON.

Graduation from a Comparable Nursing Program

In order to ensure that the education and training of an IEN is comparable to the standards within a specific jurisdiction, an evaluation of the nurse's credentials is required. The majority of BONs utilize a credentials evaluation agency to determine comparability. Whether a BON chooses to conduct their own investigation, or delegate the task to an agency, the investigation must be of sufficiently high quality to ensure that the nurse is safe and competent to practice. The following are some of the best practices utilized by credentials evaluation agencies to ensure a thorough evaluation. BONs wishing to conduct their own investigation should also consider implementing these practices, where applicable. See Appendix B for a quick reference resource on these best practices.

Credentials Evaluation Best Practices

Agency Background

- **The agency regularly performs nursing evaluations.** Some evaluators specialize in the nursing profession.
- **The agency may be a member of an international education organization such as the National Association of Credentials Evaluation Services (NACES) or NAFSA: Association of International Educators.** Note that NACES is an association of independent agencies; because of their designation as an issuer of the Federal Healthcare Worker Certificate, the Commission on Graduates of Foreign Nursing Schools (CGFNS) is not eligible to become a member¹.

¹ In 2000, CGFNS acquired the credential evaluation agency International Consultants of Delaware, a charter member of NACES. Although now a subsidiary of CGFNS, International Consultants of Delaware maintains its NACES membership and continues to offer independent credential evaluation services.

- **The evaluation staff are highly trained, and work to maintain their competency.** Evaluators should be trained in research methods, fraud detection (including electronic methods of fraud detection), familiarity with foreign education systems and information sources, and communication with the applicant and third parties.
- **The agency should be willing to provide further assistance to the BON if needed.** The evaluator should be able to clearly explain how they determined comparability and provide documentation as needed.

Services

- **The agency determines post-secondary education comparability via a course-by-course analysis.** The alternative, a document-by-document evaluation, is less reliable when determining comparability.
- **The agency reviews secondary education.** Though not all BONs require this, it is a worthwhile extra measure.
- **The agency evaluates professional licensure.** Some agencies focus solely on education comparability.
- **The agency may offer in-house translation services.**

Investigation

- **The agency requires original transcripts, syllabi or course descriptions, diplomas and licenses in their original language; sent directly from the issuing institution, not from the applicant.** Requiring this reduces opportunities for tampering and fraud.
- **The agency requires all documents not translated in English to be accompanied by an official translation from a certified translator.** Translators who are members of the American Translators Association (ATA) are commonly accepted.
- **The agency determines, and clearly states in their report, the language of instruction of the coursework.**

Credentials Evaluation Report

- **The report should clearly state whether or not the applicant's education and licensure is comparable to a first-level (RN) or second-level (LPN/VN) nurse.**
- **The source of all education and licensure documentation should be clearly noted in the report.**
- **The report should clearly state the approval and accreditation status of the nursing education program in its country of origin.**
- **The report should clearly state the language of textbooks and instruction of the nursing education program.**

- **The report should clearly state that a licensure investigation was performed in the nurse's country of origin.**
- **The report should disclose any discipline that was noted on the nurse's license, if applicable.**
- **The agency remains neutral.** Although presenting the applicant's education as comparable or noncomparable, the evaluation should leave the course of action up to the board.

Evaluation Report Overview

Though formats may vary from one agency to another, evaluation reports should generally include the same information:

Applicant information. In addition to the applicant's name, the information given may include address, date of birth, country of origin, aliases and Social Security Number (if applicable).

Educational institution and program information. Pertinent details about the institution should be included in the report: the program's approval status, entrance requirements, length, scope and language of instruction. To make informed licensure decisions, it is also helpful for boards to know what the credential will be used for upon program completion.

Applicant's academic information. In addition to the dates of attendance and completion, reports for nurse licensure break down the number of didactic and clinical hours the applicant has achieved in each area of study. Some reports also include the applicant's transcript with grades. Importantly, the report should also give the source of the evaluated documents.

Educational comparability. The report should provide a summary of the level of nursing achieved by the applicant, including any areas where the training may have been deficient.

Evaluation reports are advisory in nature. Ultimately, the decision to license, or not to license, based on the assessment of the evaluators is at the discretion of the BON.

Licensure information. Similar to the treatment of educational information, the report should assess all reported licenses, the scope of practice, the comparability to the U.S. health system, and the source of the documents.

The report should include information on any discipline the applicant has received. If there is no record of discipline, the report should state this as well.

Sample Evaluation Report



ABC Evaluations, Inc.
123 Main Street, Greenville, CO

SAMPLE

Report Prepared For: National Council of State Boards of Nursing

Applican Name: Jane Doe

Date of Birth: January 1, 1970

Other Names: Jane Smith

Country of Study: Philippines

Purpose of Evaluation: Professional Licensure

Name of Institution: University School of Nursing

Approval: Level III Accreditation by the Philippine Accrediting Association of Schools,
Colleges and Universities

Program of Study: General Nursing

Requirements for Entry: A general diploma, which shows proficiency in English language and mathematics; an interview and proficiency test are also required for entry.

Length of Study: Three years

Language of Instruction: English, with English textbooks

Gives Access to: Nurse licensure examinations, further nursing education, graduate-level admission

Comparability: ABC Evaluations, Inc. finds the applicant's education to be COMPARABLE to completion of a First Level General (Registered) nursing program in the United States, with the exception of the following:

- 0 hours of clinical or theoretical instruction in Gerontology.
- 0 hours of theoretical instruction in Community Health.

Dates of Attendance: September 2000 – June 2003

Date of Completion: June 2003

Credentials Sent by: University School of Nursing

Subject	Hours of Theory	Hours of Clinical
Adult Medical	100	700
Adult Surgical	50	500
Obstetric	20	250
Pediatric	25	700
Psychiatric/Mental Health	20	250
Gerontology	----	----
Community Health	----	250
Anatomy/Physiology	50	----
Pharmacology	12	----
Nutrition	40	----
Microbiology	4	----
Psychology	12	----

SAMPLE

Professional License Number: 12345678

Issuing Institution: Professional Regulation Commission of the Philippines

Credential Sent by: Professional Regulation Commission of the Philippines

Issued: September 1, 2003

Expires: December 31, 2014

Requirements: Completion of a first-level general nursing program and passage of a licensure examination.

Scope of Practice: Collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care and restoration of health, and administration of written prescription for treatment; provide health education to individuals, families and communities; teach, guide and supervise students in nursing education programs; undertake nursing and health human resource development training and research.

Comparability: First level general (registered) nurse in the United States

Discipline: No disciplinary action has been recorded against this license.

Successful Completion of the NCLEX-RN® or NCLEX-PN® Exam

The NCLEX-RN and NCLEX-PN examinations are currently offered internationally in the following locations:

- Australia
- Canada (considered international for candidates seeking U.S. licensure)
- England
- Germany
- Hong Kong
- India
- Japan
- Mexico
- Philippines
- Puerto Rico
- Taiwan

In most jurisdictions, successful completion of the NCLEX exam is a requirement for licensure, and all applicants must make arrangements to take the exam, either at one of these locations or in the U.S.

Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 specifies that health care workers must successfully complete an approved qualifying examination as a requirement for immigration. In many countries where the NCLEX is not currently offered locally, visa requirements for first level (RN) nurses may be fulfilled by an alternate examination, the CGFNS Qualifying Exam®. Although this exam is a predictor for passage of the NCLEX-RN and satisfies the immigration requirement, it is not accepted for licensure purposes. Applicants who successfully complete the CGFNS Qualifying Exam® will still be required to successfully complete the NCLEX-RN in jurisdictions that require it.

Self-disclosure of Nursing Licensure in Country of Origin

At present, Illinois is the only state that requires foreign applicants to be licensed before applying for licensure in the U.S. However, it is a best practice to require the IEN to self-disclose any licenses they may have held in their home country, and any discipline that may have been incurred during licensure. While the credentials evaluation report typically covers this, some nations also make licensure information publically available online:

Australia: [Australian Health Practitioner Regulation Agency](#)

Brazil: [Regional Nursing Council of Sao Paolo](#)

Canada:

- Alberta RN: [College & Association of Registered Nurses of Alberta](#)
- Alberta PN: [College of Licensed Practical Nurses of Alberta](#)
- British Columbia RN: [College of Registered Nurses of British Columbia](#)
- British Columbia PN: [College of Licensed Practical Nurses of British Columbia](#)
- Ontario: [College of Nurses of Ontario](#)
- Quebec RN: [Order of Nurses of Quebec](#)
- Quebec PN: [Order of Practical Nurses of Quebec](#)

France: [National Order of Nurses](#)

Hong Kong: [Nursing Council of Hong Kong](#)

Hungary: [Health Authorisation and Administrative Office](#)

Ireland: [Nursing and Midwifery Board of Ireland](#)

Italy: [National Federation of Colleges of Nurses](#)

Mexico: [National Register of Professionals](#)

Philippines: [Professional Regulation Commission](#)

Puerto Rico: [Office of Regulation and Certification of Health Professionals](#)

UK: [Nursing and Midwifery Council](#)

Successful Passage of an English Proficiency Exam

In addition to their educational history, licensing bodies must also evaluate the English proficiency of IENs. Along with native language, country of origin, language of instruction and language of textbooks, the nurse's score on an English proficiency exam is a necessary part of this evaluation. According to the Code of Federal Regulations (CFR), international nurses who have graduated from a college, university, or professional training school located in Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom, or the U.S. are exempt from these English language requirements.

Language of Instruction

U.S. Territories. The U.S. territories fall under the exemption within the statute, and therefore nurses educated in the territories are not federally mandated to successfully complete an English proficiency exam. However, states are at liberty to enact their own licensure-by-endorsement regulations. In determining whether or not to require an English proficiency exam for nurses educated in the territories, BONs are encouraged to consider the language of textbooks and instruction utilized in each territory. Nursing courses in American Samoa, Guam, the Northern Mariana Islands and the U.S. Virgin Islands are taught in English. In Puerto Rico¹, although two institutions (InterAmerican University and Metropolitan University) offer nursing programs instructed in English, the language of instruction is generally Spanish.

Canada. Nurses educated in Canada are exempted by the CFR from the English proficiency requirement, except for those educated in Quebec².

Though outnumbered by French-speaking institutions, there are several postsecondary institutions in Quebec that instruct in English. Currently, seven English language institutions in Quebec offer nursing programs. Six of these—Heritage College, Dawson College, Vanier College, John Abbott College, and Champlain Regional College in Lennoxville and St. Lambert—offer a “diplôme d'études collégiales” (“college degree”, a two- to three-year program), and one, McGill University, offers a bachelor's in nursing.

McGill University outlines their language policy in their admission materials: the language of instruction is English, though students may complete assignments in either English or French. Medical programs at McGill, however, require students to have a working knowledge of both languages, and certain courses in the nurse practitioner programs are taught only in French.

¹ Puerto Rico is not a NCSBN Member Board.

² Nurses wishing to practice in Quebec must demonstrate French proficiency, and the language of instruction in most programs is French.

English Proficiency Exams and Standard Setting

There are several standardized English language proficiency exams available. The developers of these exams do not provide a formal passing standard, instead allowing individual BONs to set their own passing standards. NCSBN has developed and adopted recommended minimum passing standards for the four English proficiency exams in Table 1.

In order to determine a legally defensible minimum passing standard for each of the four English proficiency exams mentioned below, NCSBN conducted standard-setting exercises for the International English Language Testing System (IELTS) in 2007 (O’Neill, Buckendahl, Plake & Taylor, 2007), Test of English as a Foreign Language (TOEFL) iBT (Internet-based test) in 2008 (Wendt & Woo, 2009), Pearson Test of English (PTE) in 2009 (Woo, Dickison, & de Jong, 2010) and Michigan English Language Assessment Battery (MELAB) in 2013. During each of these standard setting exercises, the following steps were carried out:

1. Determined the number of panel members necessary and selected the panel members based on well-defined criteria.
2. Led the panel through a discussion of English proficiency in relation to providing safe entry-level nursing care.
3. Trained the panel on their role within the standard-setting exercise.
4. Identified the minimum English proficiency skills through panel discussion and consensus.
5. Determined minimum passing standard based on the identified minimum English proficiency skills necessary for safe and effective entry-level practice.

Table 1: Commonly Used English Proficiency Exams and Recommended Passing Standards

Name of Exam	Format	Results	NCSBN Minimum Passing Standard
IELTS Academic	<ul style="list-style-type: none"> ▪ Computer- or paper-based exam that assesses British English, but designed to take into account various regional accents. ▪ The speaking portion is conducted face to face with an examiner. ▪ Note that a general (non-academic) format of IELTS also exists and is not recommended for licensure purposes. 	Band scores, from 1 (no ability) to 9 (full command of language), for each section and averaged for an overall score.	Band score result of 6.5 overall with a minimum of 6.0 in any one module
TOEFL iBT produced by Educational Testing Service (ETS)	<ul style="list-style-type: none"> ▪ Internet-based exam that assesses North American English. ▪ The speaking portion is recorded for later grading by an examiner. 	Score of 0-30 for each of the four content areas with a total possible score of 0-120.	84 with a minimum speaking score of 26
PTE Academic	<ul style="list-style-type: none"> ▪ Computer-based exam that assesses North American English. ▪ The speaking portion is recorded for computerized grading. ▪ Note that a general (non-academic) format of PTE also exists and is not recommended for licensure purposes. 	Overall score of 10-90 is reported based on Communicative Skills (speaking, reading, writing and listening) and Enabling Skills (grammar, fluency, pronunciation, spelling and vocabulary).	55 overall with no subscores lower than 50 in each scored part <i>Note: "The enabling skills scores are also provided within the PTE Academic score report. They provide information about particular strengths and weaknesses of a test taker's ability to communicate in speaking or writing. This information may be useful to determine the type of further English study and coursework required to improve a test taker's English language ability. The enabling skills scores should not be used when making admissions decisions because the 'measurement error' is too large." (Pearson, p. 42)</i>

Name of Exam	Format	Results	NCSBN Minimum Passing Standard
MELAB produced by Cambridge Michigan Language Assessments (CaMLA)	<ul style="list-style-type: none"> ▪ Paper-based exam that assesses North American English. ▪ The speaking portion is conducted face to face with an examiner. 	A total score of 0-99 is calculated by averaging the scores of the writing, listening and reading sections. Additionally, a separate speaking score of 1-4 is reported.	81 total score and speaking score of 3

Although NCSBN recommends biometric-based criminal record checks on all nurse licensure applicants when possible, currently there is not a standardized method to conduct an international CBC. The visa process includes a thorough, name-based and biometric check; however, this check consists only of records within the U.S. There are a few avenues BONs can explore when it comes to reviewing an international applicant:

1. Canadian Jurisdictions

- a. Most registrars' offices in Canada conduct a name-based CBC on applicants. Any investigative or disciplinary information can be shared with U.S. jurisdictions.
- b. There are services in Canada that offer fingerprint-based CBCs for a fee ([CSI Investigations](#)). This fee would be passed on to the applicant.

2. Other Jurisdictions

When possible, BONs should work with NCSBN Associate Members to receive information on internationally educated applicants. If this is not possible, there are fee-for-service companies that will run a name based CBC on applicants.

Additional Information

The Visa Process for IENs

An IEN wishing to immigrate to the U.S. must follow several steps to prepare:

Health care worker certification. Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 requires all foreign health care workers to pass through a comprehensive screening process before being authorized to work in the U.S. For all nurses, CGFNS is the federally authorized issuer of this certification. This certificate serves as proof that the nurse has successfully completed all of the following:

- a. An **educational evaluation** determining the comparability of the program to U.S. programs.

*The CGFNS Qualifying Exam, an NCLEX predictor exam, is accepted for immigration purposes only; it is not a substitute for the NCLEX for licensure purposes.

- b. A test of **English language proficiency** (waived for English-speaking countries). CGFNS accepts scores from either TOEFL or IELTS.
- c. A **qualifying exam**, either the NCLEX or the CGFNS Qualifying Exam*.
- d. A licensure evaluation determining unencumbered status of all licenses held in previous countries of residence.

Health Care Worker Certification must be renewed every five years, or until the worker becomes a permanent resident.

Employee sponsor. An applicant for a visa must have an employer to receive them in the U.S. In many cases, this employment is facilitated through a recruitment agency. The immigrant and sponsor must fill out United States Citizenship and Immigration Service (USCIS) form I-140 at a USCIS service center. A Social Security Number may be applied for at this time, but not before employment is secured.

CGFNS Certification Program (in some states). The CGFNS Certification Program is offered to first level (RN) nurses who are applying for licensure by examination in specific jurisdictions. It serves as proof that the nurse has successfully completed the following:

- a. The **CGFNS Qualifying Exam**, a predictor exam for passage of the NCLEX;
- b. A **Credentials evaluation** including secondary and nursing education, as well as licensure (if applicable); and
- c. A **Test of English Proficiency** (CGFNS accepts scores from either TOEFL or IELTS).

Many states accept the CGFNS Certificate as evidence that the nurse is qualified to test. However, in some states, the CGFNS Certification Program is a requirement for RN licensure by examination for IENs.

The following jurisdictions **require** internationally educated RNs to complete the CGFNS Certification Program when applying for licensure by examination:

Alabama	Maine	South Dakota
Arkansas	Mississippi	Tennessee
Connecticut	Montana	Utah
Delaware	Nebraska	Virgin Islands
Guam	North Dakota	West Virginia (RN)
Indiana	Pennsylvania	Wisconsin
Louisiana (RN)	Rhode Island	Wyoming

Social Security Numbers (SSNs) and Nurse Licensure

The USCIS requires a U.S. nursing license to obtain a visa, and the Social Security Administration (SSA) requires a visa to obtain a Social Security Number (SSN). Below is the process used by the SSA for non-citizens to apply for a SSN card as part of the immigration process:

1. Non-citizens can apply for their SSN along with their immigrant visa, eliminating the need to visit a social security office.
2. If the immigrant did not apply for an SSN on their visa application, a trip to the social security office is necessary. In this case, the following documents will be required:
 - a. Department of Homeland Security (DHS)-issued immigration documents;
 - b. Documents confirming identity, work status and age; and
 - c. Social Security form SS-5, available [online](#).
3. Once all documents are verified, the SSA mails the SSN card to the U.S. mailing address of the immigrant. SSNs are never issued outside of the U.S.

Legislative requirement. Some jurisdictions have legislative language in place requiring an SSN before a license can be issued. Because a visa, and therefore an SSN, cannot be issued without a nurse license, this presents an impossible situation for IENs desiring licensure in these jurisdictions. The following solutions have been utilized by various boards:

- In some states, their legal counsel has interpreted that an International Tax Identification Number (ITIN) can be used for initial licensure.
- Some BONs issue a letter to applicants to be taken to the social security office, stating that the nurse has completed all requirements and that the statutes require a SSN for licensure.
- Certain states ask applicants without an SSN to fill out an affidavit or a “request for exception” to the SSN requirement.
- In New York, an applicant who does not have an SSN is assigned a random nine-digit number to be the identifier for their licensure records.

The following states or jurisdictions will only accept a U.S. SSN on an application for nurse licensure:

Alabama	Florida	Illinois
Arkansas	Guam	Indiana
California	Hawaii	Kansas
Connecticut	Idaho	Kentucky

Louisiana	Nevada	Rhode Island
Maine	New Hampshire	South Dakota
Massachusetts	North Carolina	Utah
Michigan	North Dakota	Vermont
Minnesota	Northern Mariana Islands	West Virginia
Mississippi	Oklahoma	Wyoming
Montana	Oregon	

International tax identification numbers (ITINs). The Internal Revenue Service (IRS) issues ITINs to individuals required to file an income tax return but who are not eligible for an SSN. The ITIN is a nine-digit number, similar in format to an SSN, but beginning with the number nine (9XX-XX-XXXX). To acquire an ITIN, immigrant workers need to complete the IRS Revised Form W-7, which is available online at www.irs.gov. Documents that prove identity and foreign status such as passports, driver's licenses and birth certificates must be provided.

ITINs are for federal income tax purposes only, and are not valid for employment purposes.

BONs and Fraud Prevention

While credential evaluation agencies have many tools at their disposal to detect invalid credentials, BONs are in a unique position to spot patterns among foreign applicants that may indicate fraudulent activity. Through partnership and frequent communication, BONs and credential evaluation agencies together can protect the public even more effectively. The following are steps BONs can take to halt fraud:

- Take note of sudden or unusual influxes of applicants from a particular country or region.
- Take note of anomalies between documents from the same country, such as two applicants with the same license number, or widely varying curriculums from the same program.
- Check the Falsified Identity Tracking System (FITS) database for information related to the applicant or the program.

If you suspect that an applicant or program may be fraudulent:

- Check with other BONs to determine if they are experiencing similar anomalies.
- Communicate with the credentials evaluation agencies who prepared the evaluation reports. These agencies do not have access to FITS, and may not be aware of the suspected fraud; however, they do have connections to facilitate further investigation.
- Utilize NCBSN resources, such as FITS, to share any uncovered information with other BONs. Suspected fraudulent activity should be shared as well; offenders who come under suspicion in one jurisdiction frequently try again in another.

The following section, contributed by Emily Tse, director of evaluations at the International Education Research Foundation (IERF), gives an overview of the steps that a credential evaluation agency takes to prevent fraud at each point in the evaluation process.

Presently, more than 230,000 FENs are employed by our hospitals¹. These numbers stress the importance of ensuring that the credentials of our FENs are valid and representative of the training completed abroad, so that a proper assessment can then be made for comparability within the U.S.

Advances made in the internet and printing technology, combined with unstable political or economic climates, increase the risk of fraud. And yet the inverse of this trend can be found where credentials from diploma mills are concerned. As such, it is important to be able to examine the original academic records of the FEN as well as check for the accreditation and legitimacy of the educational institution, as examined in this section.

Are the Documents Official and Valid?

There are a variety of ways documents can be fraudulent. The classic versions involve alterations and fabrications. As an example, training records may start off as authentic. They may have actually belonged to the applicant or to another individual. However, the candidate may have subsequently altered the information on the document, by changing anything from the name and degree or major to the subject titles, credits/hours, and grades. These alterations to existing records are typically made in order to fulfill specific criteria. Required evidence of successful study in designated areas is common when seeking entry into an institution, program or profession. Fabricated documents, in contrast, are academic records that have been created entirely from scratch.

When checking for alterations and fabrications in nursing credentials, evaluation agencies obtain complete official records that certify, at minimum, the name of the qualification, the dates of enrollment, and the subjects studied with the credits or hours. Although the terminology may vary in different parts of the world, this most often comes in the form of a transcript and diploma. Additionally, the records should be in the official language of issue. English translations may be used but should not be solely relied upon. Oftentimes, translations can be interpretive and misleading. For example, in Latin America and the French-speaking world, the terms *Bachiller* and *Baccalauréat*, respectively, refer to a secondary-level high school credential, but are often translated as "bachelor." Additionally, key information, typically in fine print, is often omitted. Such occurrences illustrate the importance of being familiar with the educational systems from which FENs come and these regions' corresponding documentation. In this way, one can develop a sense of what is standard for a country of study and then detect what is substandard and irregular.

The features that are examined can be placed in two categories: (1) the physical features of the documents and (2) the content and information they contain. The physical features can be with regard to the type of paper used, the typography and formatting or layout of information. Oftentimes, fraudulent documents have been uncovered simply on the basis of irregularities found in the size and feel of the paper. For example, 8.5 x 11 paper is not typically used in Europe

¹ Neff, D. F. & Harman, J. (2013). Foreign-Educated Nurses: Effects on Nurse, Quality of Care, and Patient-Safety-Indicator Outcomes. *Journal of Nursing Regulation* 4 (10): 19-24.

(or in most countries outside North America, for that matter). When credentials from this region have been presented in this format, and other such irregularities are found, evaluators follow up by contacting the educational or nursing authorities for verification. Other examples of physical aberrations include the following:

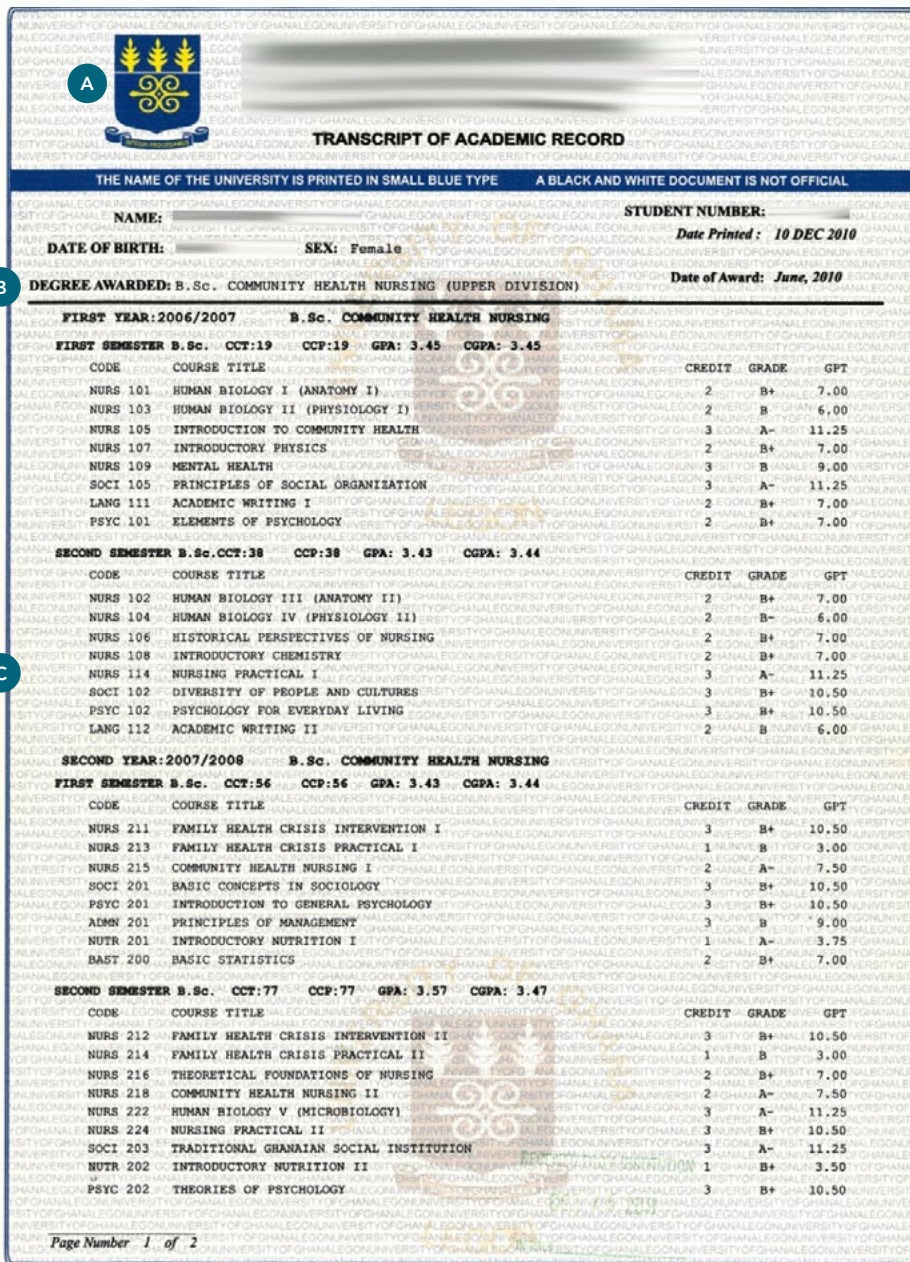
- Erasures
- Color copies and scans presented as original records
- Non-commercial ink quality
- Misalignment of text
- Uncharacteristic typography
- Print type and technology inconsistent with the period of issue (typewriter, dot matrix, laser printing)
- Pixelated logos and seals
- Atypical paper (color, texture, weight, gloss matte finish)
- Uncommon orientation of paper (landscape versus portrait)
- Continuous feed computer paper with missing perforations and holes that lack uniformity
- Missing security features (serial number formats, micro-printing, watermarks, holograms)

Fraudulent records are often created by those who are unfamiliar with the purported educational institution and their programs of study. For this reason, clues can also be found in the information contained on the training records. With some attentiveness, evaluators can discover details on the credentials that do not match up with the country's educational system (or with the biographical data of the applicant). For instance, transcripts may be submitted showing letter grades commonly found in the U.S. educational system. However, the format may be rare and atypical for the supposed country of study. To illustrate, in most French-based systems, the grading scale is out of 20, whereas in many Russian-based systems, the grading scheme is based on a 5-point scale, oftentimes expressed in terms of excellent, good, satisfactory, pass, etc². Common examples of inconsistencies found on fraudulent records include:

- Dates of study incongruous with the age of the applicant
- Dates of study that do not match the country's educational system (revolutions, educational reforms)
- Overall average inconsistent with the pattern of individual subject entries and grades
- Atypical grading format
- Nonexistent degrees & majors
- Uncommon language of issue (does not match language of instruction or country's official language(s))
- Inconsistencies in the information contained among transcripts, diplomas and application

² Unless these countries are making use of the European Credit Transfer System (ECTS), which has passing grades from A – E.

Figure 2: Confirmed fraudulent transcript for a Bachelor of Science in Community Health Nursing



- A. The seal should be golden in hue and not yellow, as it appears here.
- B. The Bachelor of Science in Community Health Nursing does not exist at this university.
- C. The transcript is printed on tinted, textured resume-type paper. Instead, the paper should be white and smooth in feel.

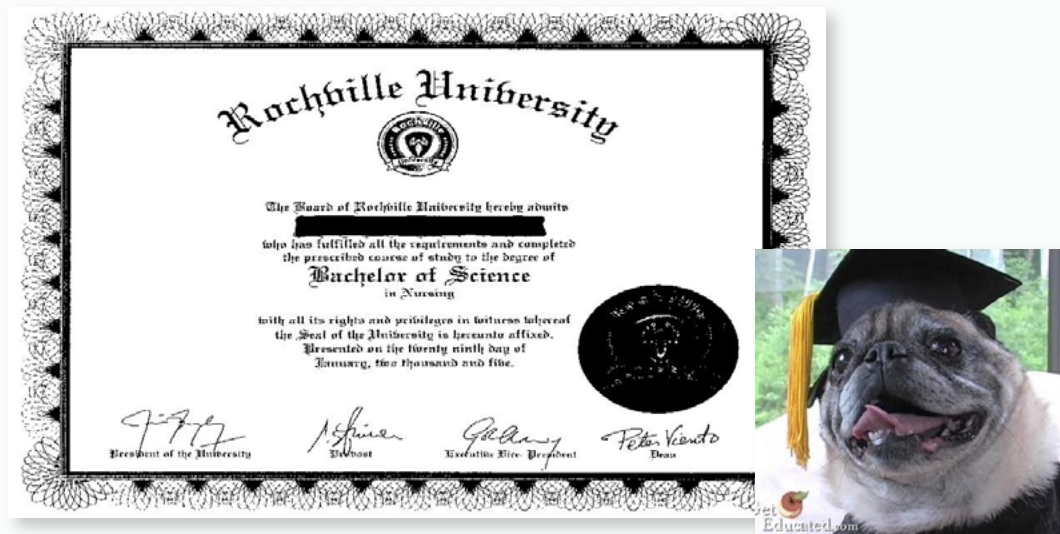
It is essential to bear in mind, however, that observance of any of the characteristics listed above is not an automatic indication that an applicant's credentials are fraudulent. Yet, they are possible clues and a combination of them would warrant sufficient concern. When this happens, evaluators should contact the relevant educational or nursing authorities for verification.

Is the Institution of Study Recognized?

In addition to checking if the records are valid, it is also crucial to confirm that the studies they represent are valid as well. This piece is in large part tied to the status of the school and whether it is recognized in the host country. In particular, one should check that the institution is approved and authorized to provide (nursing) education in that country and that the resulting credentials qualify holders to practice as nurses there. Depending on the country of study, the recognizing authority may be the Ministry of Education, the Nursing Council, the Ministry of Health or equivalent.

Diploma mills often cause confusion as a result of their vague accreditation status. They also confuse valid avenues of nontraditional education and alternative means of earning credit. For instance, one can earn credit by examination (e.g., CLEP), independent study, online programs and work experience/internships. While credit may be given for work experience, an entire degree cannot be. The premise of diploma mills is that they award degrees based on one's life experience, so usually no coursework is required. As such, diploma mills are also a form of fraud, as their qualifications do not represent formal academic study. Unfortunately, degree mills persist because the Internet and an easy electronic banking system have provided a way to remain anonymous and advertise to millions of people at very little cost.

Figure 3: Bachelor of Science in Nursing from Rochville University, a Diploma Mill³



Chester the Dog, who received an MBA from the same institution.

³ Image of Chester, the Dog taken from "Dog Gets Online MBA" at <http://www.geteducated.com/news-releases/288-sept-23-2009-dog-gets-online-mba>

Diploma mills also further confound the issue by making use of accreditation mills, that is, claiming recognition by entities that do not have the authority to do so, unbeknownst to the public. In Figure 3, we find a Bachelor of Science in Nursing from Rochville University, whose website claims accreditation by the Board of Online Universities Accreditation (BOUA) as well as the Universal Council for Online Education Accreditation (UCOEA). However, these are not recognized accrediting bodies in any of the countries where it is reportedly located, such as Pakistan and the U. S. In particular, the BOUA and UCOEA are not approved by the Council for Higher Education Accreditation (CHEA) or the United States Department of Education.

Further research will also reveal that Rochville University awarded a degree to Chester Ludlow, a dog from Vermont. After his resume was sent in with a \$499 check, Chester received an MBA a week later, with a GPA of 3.19. Fortunately, one can consult a number of lists on diploma mills and institutions with dubious recognition. While there is no one exhaustive resource, one such listing can be found [online](#) from the Texas Higher Education Coordinating Board.

Gray Areas

Regrettably, there are also credentials that are not always straightforward to evaluate. This occurs when information is sparse, when there is unreliable or conflicting information⁴, and when the originating country has a limited or nonexistent regulatory process. This is found to be the case for certain nursing qualifications from Jamaica, Haiti and the Philippines. Caution is recommended when reviewing credentials in instances such as these.

The Nursing Council of Jamaica (NCJ) is the regulatory body responsible for overseeing the training and practice of nurses and enrolled assistant nurses there. The Council also administers the examinations required for registration. However, there are a number of programs in Jamaica that produce practical nurses. The training and work of practical nurses, which are separate from enrolled assistant nurses, are not regulated by the Nursing Council of Jamaica⁵.

A similar situation can also be found in Haiti. The Ministère de la Santé Publique et. de la Population (Ministry of Public Health and Population, MSPP) oversees the training and practice of nurses and assistant nurses, referred to as infirmières and infirmières auxiliaires, respectively. However, there are also a variety of programs in Haiti that produce “registered nurses” and “practical nurses” that do not operate under the oversight of the MSPP.

The Philippines, which sends a large amount of health care professionals to the U.S., also claims a substantial number of practical nursing programs. While many are registered with the Technical Education and Skills Development Authority (TESDA), the graduates are not subject to a separate licensure process under the Professional Regulation Commission, unlike the general nurses who wish to practice there. Many of these programs are designed specifically to prepare practical nurses for the U.S., touting the preparedness of their students for the NCLEX examinations. The limited oversight and regulation of these programs have raised concerns.

4 Examples include receiving forged letters from the Ministry of Health.

5 The NCJ maintains a list of recognized schools for each nursing level on its website at <http://www.nursingcouncil.org.jm/>.

6 The MSPP maintains a list of recognized schools, also for each nursing level, on its website at <http://www.mspp.gouv.ht/site/downloads/Liste%20Ecoles%20de%20Formation%20en%20Sante%20reconnues%20par%20le%20MSPP%2011%20Mars%202014.pdf>.

Figure 4: Practical Nursing Certificate from JLF University Allied Health College, which was prosecuted in the state of Florida in 2011



Figure 4 above shows a practical nursing certificate from Allied Health College at JLF University. JLF University, which has affiliated locations in Florida, Haiti and Jamaica, was sued by Florida Attorney General Pam Bondi for defrauding students in 2011. The following year, the university and its affiliates were required to pay \$469,000 in restitution and an additional \$67,000 in civil penalties⁷. The institution's website and the transcript for the above qualification together claim accreditation by Accrediting Commission International (ACI), the Association of Distance Learning Programs (ADLP), and the United States Distance Learning Association (USDLA). However, all three entities are accreditation mills.

Another pesky area in fraud, of course, involves imposters and inside jobs. While these are more difficult to detect, inconsistencies again can give them away. People can take great lengths to commit fraud, such as having impersonators of courier services like DHL deliver documents supposedly sent from the institution of study. Luckily, couriers are generally charged with the same daily route. As such, evaluators can make enquiries if there is someone unfamiliar delivering a package and if the airway bill and tracking number do not quite match the standard format of the courier service.

Nursing school officials are also a target of impersonators. In 2009, IERF purportedly received nursing qualifications from Western Hills School of Nursing in Ghana. Seeking clarification regarding its program of study, the evaluators had been in email communication with the head of the school, who was using a Yahoo email account at the time. When the school continued to readjust the transcripts to suit the requirements, grave concerns were raised. With the

⁷ Nash, B. et al (2012). "State AGs in the News" <http://www.stateagmonitor.com/2012/08/02/state-ags-in-the-news-46/>

assistance of an EducationUSA advisor⁸ and subsequently Ghana's National Accreditation Board, it was determined that the transcripts were faked by someone posing as the principal in the email communications. There are many educational institutions abroad that make use of generic, public email accounts rather than an institutional ".edu" email account. However, this episode demonstrates that caution is needed and that the email addresses, if from public accounts, should be verified, such as on a directory or school website.

Other patterns to be mindful of are that fraudulent applications frequently come in batches from the same school and from candidates who are not native to the country of study. As an example, 12 applications were received by IERF in the Western Hills School of Nursing case and 18 were received from JLF University Allied Health College within the same time period. Additionally, most of the applicants were not originally from Ghana and Jamaica/Haiti, respectively. All these cases were subsequently withdrawn and notices were sent to the state licensing boards.

Next Steps

It is not the intention of this section to create paranoia and impractical, stringent requirements within the licensure process. However, it is hoped that it does showcase how critical it is for agencies to establish a careful review process. One should never rely on English translations alone or on photocopies of training records. Additionally, where applicable, boards should work closely with credentials evaluation agencies, particularly to ensure that any state-specific requirements are clear.

Lastly, it is important to share information and alert one another when fraud has been found. Regrettably, many applicants with fraudulent credentials "shop" and move around, hoping that if they are caught in one state, they would not be in another. The easiest way is to report the details on FITS (Falsified Identity Tracking System), which can easily be accessed after signing in on the NCSBN website.

⁸ Under the jurisdiction of the US Department of State, there are EducationUSA offices located in 170 countries around the world, assisting the students there with the admissions and enrollment process in the US

Resources

- National Association of Credential Evaluation Services (NACES): www.naces.org
- NAFSA: Association of International Educators: www.nafsa.org
- International English Language Testing System (IELTS): www.ielts.org.
- Test of English as a Foreign Language (TOEFL): www.ets.org.
- Pearson Test of English (PTE): www.pearsonpte.com.
- Michigan English Language Assessment Battery (MELAB): www.cambridgemichigan.org/melab

Appendix A

Selected Literature Review

As Congress contemplates immigration reform, the current limits to the number of visas granted to immigrants could increase, thus opening the pathway for thousands of IENs to enter the U.S. Concurrently, unemployment rates are dropping and nursing shortages are predicted to return (Pittman, Davis, Shaffer, Herrera & Bennett, 2014). Pittman et al. (2014) approximate that 13,000 nurses from India and 35,500 nurses from the Philippines have contracts with U.S. recruiters and are waiting in the pipeline for visas. Nurse regulators should understand the context of international nursing education, practice and licensure, as well as the challenges that IENs face when they come to, and practice in, the U.S.

Education

Nursing education worldwide. Some of the differences globally include:

- In the Philippines, while their programs lead to a baccalaureate degree, their primary and secondary schools only account for 10 years of education, compared to 12 years in the U.S. However, that standard is generally accepted as comparable in the U.S. (Shaffer & To Dutka, 2012).
- India offers diploma or baccalaureate degrees after 12 years of primary and secondary education (Shaffer & To Dutka, 2012).
- China has three types of programs, which include the mid-associate degree, the associate degree and the bachelor's degree. Most nurses in China graduate from the mid-associate degree programs, which admit students after nine years of primary and secondary education (Shaffer & To Dutka, 2012).
- In Mexico many nurses receive their education during their first 12 years of primary and secondary education, though recent changes have been made so that nursing is now at the postsecondary level (Shaffer & To Dutka, 2012).
- There are five public and five private nursing programs in Haiti at the three-year diploma level, with one program at the four-year baccalaureate level. Of note to regulators, Haiti has two official languages, Creole and French, and French is the language of education (Garfield & Berryman, 2012; Lev, Lindgren, Pearson & Alcindor, 2012).
- The Philippines, Mexico and Russia all offer programs that enable physicians to become nurses. They allow the physicians to reorient their medical education from cure to a more holistic approach (Shaffer & To Dutka, 2012).
- In the U.K., nursing education programs are comprised of a 12-month or 18-month Common Foundation Programme (CFP), followed by a two-year Branch Programme where the students choose either adult nursing, mental health nursing, children's nursing or learning disability nursing (Shaffer & To Dutka, 2012).

The nursing curriculum can vary globally as well. Shaffer and To Dutka (2012) report that often psychiatric/mental health nursing is underrepresented in certain countries, such as the Eastern European countries. Similarly, the general education courses are sometimes areas of deficiency. Faculty requirements in the U.S. also tend to be more rigorous than they are worldwide.

Canada has a similar process of voluntary national nursing accreditation to that in the U.S. In Canada the Canadian Association of Schools of Nursing establishes accreditation of nursing programs, whereas in the U.S. it is the Commission on Collegiate Nursing Education (baccalaureate and higher programs only) or the Accrediting Commission for Education in Nursing (all nursing programs). However, most countries work with governmental approval processes to maintain quality control of nursing programs. Some examples of these authorities are:

- Philippines – the Commission on Higher Education is the authority for baccalaureate and higher education maintains quality control of baccalaureate and higher programs, while the Technical Education and Skills Development Authority has authority over programs below the level of the baccalaureate degree (Shaffer & To Dutka, 2012).
- China – The Ministry of Education is responsible for quality control of nursing programs (Shaffer & To Dutka, 2012).
- India –The Indian Nursing Council establishes accreditation of nursing programs (Shaffer & To Dutka, 2012).

Additionally, some countries require a licensure exam, while others don't. For example, Nigeria and China require graduates to pass a national licensure exam, though Vietnam does not (Shaffer & To Dutka, 2012). Of course all IENs must pass the NCLEX before they can be licensed in the U.S.

Global Initiatives in U.S. Nursing Education. Nardi & Gyurko (2013) studied the global faculty shortage by conducting a systematic review where they examined solutions to the shortage. They reviewed published documents, white papers and position statements, identifying 181 recommendations in 62 publications. The following were the eight top recommendations for nursing, worldwide, to collaborate on:

1. Centralize data recording and strategy management;
2. Educational paradigm change;
3. International cooperative policies and programs;
4. Removal of barriers to advanced practice;
5. Stabilize funding of all educational programs;
6. Managed migration;
7. Improved nursing scholarship; and
8. Competitive faculty salaries.

The authors emphasize that when managing migration, the U.S. and U.K. must follow ethical recruiting practices and not contribute to the brain drain and human capital waste that can occur in countries of export. They also stress the importance of collaborating globally on projects to increase the numbers of qualified nursing faculty worldwide.

Integration of IENs into the U.S. Workforce

Much has been written about the challenges, and solutions, of integrating IENs into the U.S. workforce (Kawi & Xu, 2009; Shaffer & To Dutka, 2013; Smith & Ho, 2014; Wolcott, Llamado & Mace, 2013). Kawi & Xu (2009) conducted an integrative review of the facilitators and barriers that IENs face, reviewing 29 studies from Australia, Canada, Iceland, U.K. and U.S. The major barriers faced and facilitators identified were:

Barriers	Facilitators
Language and communication difficulties	Positive work ethic
Differences in culture-based lifeways	Persistence
Lack of support	Psychosocial and logistical support
Inadequate orientation	Learning to be assertive
Differences in nursing practice	Continuous learning
Inequality	

Communication challenges. Across the literature, communication and language inadequacies were the number one challenge for IENs (Kawi & Xu, 2009; Smith & Ho, 2014; Wolcott et al., 2013). This is a major concern for nurse regulators because communication barriers are linked to practice errors (Pham et al., 2012). Differences in pronunciations, terminology and accents lead to misunderstanding across the health care team as well as with patients. Further, the sociocultural aspects of communication, such as jokes, sarcasm, euphemisms and nonverbal communication were also misinterpreted (Kawi & Xu, 2009).

Wolcott, Llamado & Mace (2013) conducted a pilot study in northern California, using a qualitative grounded theory approach, describing the integration of IENs into the workplace, as well as the perceptions of their managers and the educators working with them. A key theme identified in their study was communication challenges. The IENs stated that “conversational English” was not the same as “speaking professionally.” Even when the IENs considered themselves fluent in English prior to their arrival, they reported challenges with the “style of communication.” Strategies that helped them included practice talking on the telephone, or Learning Situation, Background, Assessment, Recommendation (SBAR) techniques. The educators also recommended accent reduction classes for the IENs. One theme that surprised the researchers was that the educators and managers reported that, when the American staff was unprepared for the arrival of the IENs, they often felt resentful and that they had to perform at a higher level for fear of losing their jobs. Interestingly, a “reverse cultural discrimination” was seen when the proportion of IENs dominated a unit.

Lev et al. (2013) write more specifically about challenges encountered by Haitian nurses because they had no experiences with the concepts certain words represent. For example, Haitian nurses had a hard time comprehending words such as: *homelessness, shortage, threatened, empowered, documentation, and references*. These authors were surprised by how many cultural implications appeared in nursing textbooks.

Transition to practice programs. The literature also emphasizes the importance of implementing effective transition to practice programs to integrate them into the workforce (Smith & Ho, 2014; Xu, 2012; Xu, 2010). Indeed, Xu (2010) writes persuasively that transition to practice with IENs is a regulatory issue. Xu (2010) states that IENs in the U.S. come from as many as 83 countries, and yet nursing education, regulation and practice around the world is highly variable.

Related to education, Xu (2010) writes that in many developing countries the medical model still dominates the nursing curriculum. Further, clinical experiences vary widely, with few hands-on experiences until the last year. Mental health clinical experiences are often limited to observational experiences. The teaching methods often rely on rote learning, rather than encouraging critical thinking or interprofessional collaboration. The regulatory mechanisms also differ across the world (Xu, 2010), and in some countries the regulatory standards can be susceptible to bribery and political influences. Standards of nursing practice also vary widely worldwide, particularly related to scope and standards of practice, legal implications, professional autonomy, technology and interprofessional relationships (Xu, 2010).

Because of these differences, Xu (2010) advocates for an evidence-based regulatory model for transitioning IENs to practice. Xu (2010) proposes the following to be included in this model:

- Language and communication skills;
- Clinical knowledge and skills;
- Interpersonal skills and dynamics;
- Agency policies and procedures;
- Nursing and health care systems in comparative perspectives; and
- Comparison of culture-based values and beliefs

In a later article, Xu (2012) reviews the transition programs for IENs in the U.K., Australia and Canada, and then identifies the similarities. First, he points out the regulatory nature of these programs as a way of assuring the competency of IENs. Second the assessments of the IENs are competency-based, thus promoting objectivity, rigor and accountability to the public. Third, the programs are all evidence-based. Lastly, the structure of the program consists of inter-related didactic and clinical components, requiring collaboration between education and practice.

Smith & Ho (2014) describe a successful nurse residency program that they developed for IENs, though they and Xu (2012) acknowledge that more research is needed in this area. Some of the critical components of Smith & Ho's (2014) IEN transition program (2014):

- One-year residency program, based on new graduate program.
- Two weeks of classroom instruction, followed by transitioning to their units and being paired with preceptors.
- Four to five months of being followed by the clinical nurse specialist to evaluate progress and address needs.
- Bi-monthly, eight-hour staff for education and sharing experiences; some topics discussed included assertiveness training, coping with change, emotional IQ, eating health in the U.S., financial planning.
- A buddy system was provided for additional support to guide them in grocery shopping, going to church, shopping and inviting them to social activities.

Recruitment

There is a concern in the literature about unfair recruiting practices and discrimination of IENs (Nardi & Gyurko, 2013; Pittman, Herrera, Spetz & Davis, 2012; Pittman, Folsom & Bass, 2010; Pittman et al., 2014). Pittman et al. (2010) reviewed the characteristics of recruiting companies, finding that the founders are generally foreign-born Americans, U.S. nurse executives, individuals who had previously recruited other professionals (such as airplane pilots) and domestic staffing agencies that have expanded their business. The business models of the agencies vary as well, and they include three major categories. See below for the models and characteristics (Pittman et al., 2010):

Model	Characteristics
Direct Model	Health care organizations recruit IENs themselves; costs range from \$5,000-\$12,000 per nurse; once placed, the IEN is on contract to the employer.
Placement Model	Health care institutions contract with vendors to recruit nurses; negotiated fee of \$15,000-\$20,000 per nurse.
Staffing Model (sometimes called "lease model")	The staffing agency performs most of the recruitment and immigration functions, though sometimes will contract with a vendor. Agencies charge \$60-\$80 per hour, but the IEN receives \$25-\$35 per hour. Potential annual profits are estimated at \$50,000-\$55,000 per IEN.

Of the 273 active recruitment firms that Pittman et al. (2010) found on the Internet, more than half used the placement model. Given the profitability of the staffing model (estimates are that it is

four times more lucrative than the placement model), many placement companies are working toward becoming staffing companies. However, the staffing model often delays integration of the IENs. Generally, employers and IENs prefer the placement model. The IENs feel as though they are treated more like American nurses in this model, and the CNOs can invest in training and integration from the outset (Pittman et al., 2010).

Pittman et al. (2012) reports that, if IENs severed their contracts before the 18- to 36-month completion period, sometimes they were subject to breach of contract penalties of up to \$35,000. Further, some IENs reported never receiving copies of their contracts, not understanding the contracts and finding that the contracts had been modified without their knowledge. Therefore, a group of stakeholders developed recruiter standards, called the *Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United States* (Code). This Code calls for (Pittman et al., 2012):

1. Respect of the migrants;
2. Support of their clinical and cultural integration; and
3. Avoid harm to the source countries' health systems.

A list of certified recruiters and the certification process can be viewed [online](#). NCSBN and a number of other organizations have endorsed the code for ethical recruitment standards.

In a reanalysis of 2008 survey data, Pittman et al. (2014), finding some concerning results. Forty percent of the IENs perceived that their wages, benefits and assignments were inferior to their American colleagues. Furthermore, there were strong associations between the country of education and the reported salary inequities. Wages were almost 14 percent higher for IENs from high-income countries. Yet employment-based visas require that an employer pay a foreign-born worker the prevailing wage for the locality where he or she works. These researchers further found that more than half the IENs reported inadequate orientations, again supporting the need for transition programs for IENs.

Appendix B

Credential Evaluation: Best Practices Worksheet

Agency Background:

- ___ Frequency that the agency performs nursing evaluations: _____
- ___ Membership in organizations: _____
- ___ Evaluators work to maintain competency
- ___ What support does the agency offer to BONs? _____

Services:

- ___ Performs course-by-course analyses
- ___ Reviews secondary education
- ___ Evaluates and verifies licensure as well as education
- ___ Offers in-house translation services? (Yes or No)

Investigation:

- ___ Original documents acquired directly from institution
- ___ Certified translation required for documents in original language
- ___ Determines and communicates the program's language of instruction

Report:

- ___ Report states the comparability of the nurse's education
- ___ Report notes the sources of all credentials
- ___ Approval/accreditation status of nursing program is reported
- ___ Language of instruction and textbooks is reported
- ___ Results of licensure investigation are reported
- ___ Report discloses any discipline on the nurse's license
- ___ Report does not recommend a course of action

Glossary

ATA: American Translators Association

BON: Board of nursing

CBC: Criminal background check

CGFNS: Commission on Graduates of Foreign Nursing Schools; a foreign credential evaluation agency authorized by the federal government to issue foreign health worker certificates required for immigration; the organization also offers an NCLEX predictor exam, the CGFNS Qualifying Exam, in a number of international locations.

Credentials Evaluation: A determination, through review of transcripts and other relevant material, whether an education program is comparable to nursing education in the U.S. The components of a credentials evaluation include nursing education, entry to practice and English language proficiency. A significant portion of credentials evaluation is devoted to detecting fraud and ensuring that unqualified people don't practice nursing (Shaffer & Yuen-Heung To Dutka, 2012; Shaffer, Phillips & Tuttas, 2014).

DHS: Department of Homeland Security

FEN: Foreign-educated nurse

First-level nurse: A nurse who provides and coordinates patient care after graduating from an approved program of at least two years in length. Regionally, they may be referred to as a professional nurse or registered nurse.

FITS: Falsified Identity Tracking System; NCSBN's tool for tracking individuals who fraudulently present themselves as nurses and/or fraudulent nursing programs.

IELTS: International English Language Testing System; a computer- or paper-based test of English proficiency, focusing on British English but taking into account various regional accents.

Internationally Educated Nurse (IEN): an individual who has completed a nursing education program that is not located within the U.S.

ITIN: International Tax Identification Number; A nine-digit number, similar in format to a Social Security Number (SSN) but beginning with the number 9, which the Internal Revenue Service (IRS) issues to individuals required to file an income tax return but who are not eligible for a SSN. ITINs are for federal income tax purposes only and are not valid for employment purposes.

MELAB: Michigan English Language Assessment Battery; a paper-based test assessing North American English proficiency.

NACES: National Association of Credential Evaluation Services; an association of independent credential evaluation agencies that adhere to a published set of ethical standards.

NAFSA: Association of International Educators—previously, National Association of Foreign Student Advisers; a membership organization for professionals involved in or associated with international education.

NCSBN: National Council of State Boards of Nursing

PTE: Pearson Test of English; a computer-based test assessing North American English proficiency.

Second-level or enrolled nurse: A nurse who provides basic nursing care under the direction of a first-level nurse. Regionally, they may be referred to as a practical nurse or a vocational nurse.

SSA: Social Security Administration

SSN: Social Security Number

TOEFL iBT: Test of English as a Foreign Language (internet-based test); an internet-based test assessing North American English proficiency.

USCIS: United States Citizenship and Immigration Service

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Updated 09/18