

NCLEX- RN 서류 접수 안내



대한간호협회
Korean Nursing Association

대한간호협회 제출 서류 (총 7장)

① CGFNS에서 다운로드 받은 서류 5장

(스테이플러 사용 금지,

단면 출력 후 A4 서류봉투에 넣어 발송)

- **1page:** 본인 인적 사항 확인 후 서명, 날짜 작성
- **2page:** Stauts of License 부분 Active 체크
- **3~5 page:**
part 2 (Licensed/ Registration Information) ~
part 5 (Education Program Information) 작성

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② 간호사 면허증 사본(한글/ 영문 각 1부) 2장 컬러 출력 후 첨부

※ 간호사 면허증 발급 방법

보건복지부 면허 민원

(<https://lic.mohw.go.kr/reqst/online/onlineDtIsReqst.do>) →
민원신청 → 온라인 증명서 발급 → 영문 출력해서
첨부 (국문은 간호사면허증 복사해서 첨부)



대한간호협회

Korean Nursing Association

1. CGFNS 다운로드 받은 서류 작성방법 - 필수 (1page)



대한간호협회
Korean Nursing Association

Nursing License/Registration Form

The following information identifies the applicant to the Nursing Regulatory/Licensing Body. Ensure that the information is correct, then sign and date the form. Provide this form to the Regulatory/Licensing Body to be completed and sent directly to CGFNS by the authority.

Part A: Personal Information

ID Number:

First/Given Name:

Middle Name:

Last/Family Name:

자동입력

Order Number:

Date of Birth:

Phone Number:

Email Address:

자동입력

Name used when registration/license was issued:

Name of nursing Jurisdiction/Registering Board/Authority:

I, **자동입력** hereby give my consent to **자동입력** to provide the information requested in PART B of this form related to my nurse registration, and to send this completed form directly to CGFNS at the following address:

For Standard Mail:

CGFNS International, Inc.
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
United States

For Courier Mail:

CGFNS International, Inc.
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
United States

Applicant Signature:

Date Signed:

본인 인적사항 확인 후
서명, 날짜 작성 (영문)

If you have any questions, please contact CGFNS via phone at +1 215-222-8454 or use the Support option in your CGFNS Applicant Portal.

1. CGFNS 다운로드 받은 서류 작성방법 필수(2page)



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Part B: Licensure Information Completed by Official

Instructions: To be completed by the official licensing authority. Please provide the following information (In English) concerning the licensed/registration of this applicant. Spell out all names fully (no initials or abbreviations). Please mail the completed form as specified on the last page.

Part 1: Authority Information (공통) 대한간호협회 정보

Name of Authority:

Korean Nursing Association

Address:

314, Dongho-ro, Jung-gu, Seoul, 04615, Republic of Korea

Country:

Republic of Korea

Phone Number:

02-2260-2541

Web-Site Address:

www.koreanursing.or.kr

(공통) 대한간호협회
정보 작성

1. CGFNS 다운로드 받은 서류 작성방법 필수(2page)



대한간호협회
Korean Nursing Association

Part 2: License / Registration Information

Name of Registrant:

(예시) GILDONG HONG

성명(영문) 작성

Date of Birth of Registrant:

(예시) Jan. 2. 1988

생년월일 작성 (DD.MM.YYYY)

Title of Registration/License in Original Language:

간호사 면허증

Title of Registration/License in English language:

Korean Nurse License

Status of License /Registration:



Active

Probationary

Revoked

Active 체크

Expired

Conditional/Restricted

Suspended

Inactive

Other, Please Explain:

Explain if License is Conditional/Restricted or Revoked or Suspended:

Current Registration/License Number:

면허번호 입력

Date Registration/License Initially Issued

(DD/MM/YYYY):

면허증 발급일(DD.MM.YYYY)

1. CGFNS 다운로드 받은 서류 작성방법 필수(3page)



대한간호협회
Korean Nursing Association

Part 2: License / Registration Information (continued)

Date Registration/License Most Recently
Reissued or Renewed (DD/MM/YYYY):

Date Registration/License Expires or
Expired (DD/MM/YYYY):

No expiration

No expiration 작성

Is this a Lifetime Practice
Registration/License?

Yes

No

미입력

Previous Registration/License Number:

Is Registrant Currently Eligible for
Registration/Licensure in your
Jurisdiction?

Yes

No: Please Explain

1. CGFNS 다운로드 받은 서류 작성방법 필수(3page)



대한간호협회
Korean Nursing Association

Part 3: Method for Registration / Licensure

In your jurisdiction, is an examination required for initial registration? Yes No **해당란에 체크**

If yes, what is the name of the exam (DD/MM/YYYY)?

National Examination for Nurses (DD/MM/YY)

날짜: 간호사 면허 취득일

What was the method by which Registrant was authorized to practice?

- Licensure Examination
- Endorsement by Other Jurisdiction
- Completion of Approved Education Program
- Other: _____

If by Endorsement, from what Jurisdiction:

If by Examination:

Language of the Exam: **Korean**

Examination Results: Pass Fail

Number of Exam Attempts: **(예/시) Once**

Date when registrant successfully completed exam (DD/MM/YYYY):

간호사면허 시험일자 (*면허 취득일과 상이함)

1. CGFNS 다운로드 받은 서류 작성방법 필수(4page)



대한간호협회
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Part 4: Registration Status / License Conditions

Please provide the following information concerning the registration status/license conditions pertaining to this applicant.

1. Does the license **currently have any conditions**, limitations, or restrictions?
 Yes, Please Explain: _____
 No
2. Has the license **previously been suspended**, restricted, surrendered, revoked, or subject to individual terms and conditions of practice?
 Yes, Please Explain: _____
 No
If yes, was license reinstated?
 Yes, Please Explain: _____
 No
3. Is the license **currently under investigation**, inquiry, review or subject to a professional proceeding, administrative hearing or tribunal related to professional misconduct, incompetence, or incapacity?
 Yes, Please Explain: _____
 No
4. Is the individual subject to **criminal proceedings** or received a criminal conviction?
 Yes, Please Explain: _____
 No
 Unable to Provide
 Confidential
5. Does the individual have a physical disability, mental disorder, or addiction that is impairing their ability to practice?
 Yes, Please Explain: _____
 No
 Unable to Provide

해당란에 체크

1. CGFNS 다운로드 받은 서류 작성방법 필수(5page)



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Part 5: Education Program Information

Was the program that was recognized or approved in the jurisdiction in which it was completed as qualifying the applicant to practice in that jurisdiction as the same level of nurse?	[Yes or No or Not Applicable] [If No, explain]
Was the program completed by this applicant was officially recognized, approved, or accredited by:	[Name or Not Applicable]
Date program was initially approved or accredited (DD/MM/YYYY):	[Date or Not Applicable]
Date of most recent approval or accreditation (DD/MM/YYYY):	[Date or Not Applicable]

해당란에 체크

Part 6: Authorized Official Information

To be completed by the official authorized to provide registration information for this applicant.
Please provide the following information and spell out all names fully (no initials or abbreviations).

Verified by:

Full Name of Official:

Email:

Official Title:

Phone Number:

Department:

I certify that I am an Authorized Official and all information is true and correct to the best of my knowledge and has been provided by the appropriate official.

Official's Signature:

Date Signed (DD/MM/YYYY):

해당 부분은 미입력
(협회에서 작성)

2. 간호사 면허증 사본(한글/영문) 각 1부 필수



대한간호협회
Korean Nursing Association

보건복지부 홈페이지 - 민원

보건복지부

정보공개 **민원** 참여 정보 알림 소개 정책 이용안내

민원이용안내

보건의료인면허(자격)민원 [☞](#)

건강보험분쟁조정위원회 [☞](#)

부정비리공익신고센터

부정청탁및금품등수수신고

- 민원이용안내
- 민원신청
- 나의민원확인
- 유사민원검색 [☞](#)

**면허증 사본(한글/영문 각 1부)
컬러 출력 후 첨부**

- 부정비리-공익신고센터
- 공익신고
- 노인장기요양기관 부당청구
신고포상금제 [☞](#)
- 의약품 유통 부정 비리 신고 [☞](#)
- 공직자부조리신고

- 신고
- 신고내용확인(19.11.21 이전)
- 신고내용확인(19.11.21 이후) [☞](#)

예산낭비신고 [☞](#)

안전신문고 [☞](#)

110화상/수화/채팅상담 [☞](#)

민원행정서비스현장

온라인지로 [☞](#)

국민연금재심사위원회

Q&A >

팩트체크 모아보기(전자책) >

정책소통자료 >