



Practical Nurse

NURSING EDUCATION FORM

The following information from your Application Form identifies you to the Nursing School/Educational Institution where you received your initial education as a nurse. Please ensure that the information is correct, and sign and date the form.

Part A: PERSONAL INFORMATION

NNAS ID number: 14034993

Application number: 125091

First/Given Name

Shiny

Middle Name

Last/Family Name

Thomas

- Other names:
- Your name used while attending this school,(if different from your current name): Shiny Thomas

Mailing Address

288, Panton Way NW
Calgary, Alberta T3K 0X3
Canada

- Date of birth: 25/05/1986
- Phone number: 5879690604 E-mail address: shinyth1986@gmail.com

- Name of school of nursing/educational institution: **THE CALCUTTA MEDICAL RESEARCH INSTITUTE**
- If your school closed or merged with another school, name of institution where transcripts and training records are archived:

- Name of nursing or psychiatric nursing program: General Nursing and Midwifery
- Your program start date: 02/01/2006 Your program completion/graduate date: 30/06/2009

I hereby give my consent to you to provide an original transcript of my nursing education directly to NNAS at the following address:

NNAS
P. O. Box 8658
Philadelphia, PA 19101-8658
USA

Your signature: _____ **Current date:** _____

Part B: NURSING EDUCATION INFORMATION

Please provide the following information (in English) concerning the nursing education of this nurse.

- **Name of student while attending this school:** _____
- **Type of school/educational institution** - Check one from the following: _____ Secondary _____ Vocational
_____ College _____ Hospital _____ University
- **What are the minimum entrance requirements for admission to this program:** _____

- **Program start date:** _____
(The date this nurse started the program, in DD-MM-YYYY format)
- **Program completion/graduate date:** _____
(The date this nurse graduated or formally completed the program, in DD-MM-YYYY format)
- **Language of instruction – Theory:** _____ **Clinical:** _____
- **What is the primary language of your educational institution:** _____
- **Name of credential/degree obtained** - Options to choose: _____ Associate Degree Nurse _____ Bachelor of Nursing
_____ Bachelor of Science in Nursing _____ Enrolled Nurse _____ Psychiatric Nurse _____ Practical Nurse _____ Other:

- **Category of program:** Check one: _____ nursing _____ practical nursing _____ psychiatric nursing
- **Length of study for this program:** _____
- **How was the program primarily delivered** - Check one response from the following: _____ On site in class learning
_____ online distance learning _____ blended _____ or other, (explain): _____

- **This nursing program was officially recognized, approved or accredited by:** _____

- **Date program was approved or accredited:** _____
(In DD-MM-YYYY format)

The quality and completeness of the documents received by NNAS from the school in response to the Nursing Education Form influences the degree of comparability yielded from the document-based assessment of your graduate's credentials to Canadian nursing education. Once an applicant's education assessment is complete and an advisory report has been issued, NNAS is not able to consider any additional curriculum related material unless the applicant reapplies and pays the associated fees.

Please provide the following additional information and documents and include these with the completed form:

Official transcript of this nurse's nursing education: This is the official document or record of the nurse's enrolment, progress and achievement within your education institution. The transcript should identify courses taken (title and course number), credits and grades achieved, and credentials earned;

- *Nursing education program curriculum: a written description of this nurse's program of study and its individual courses;*
And
- **Nursing education syllabus for each course: an outline and summary of the topics covered in each course, including course objectives, learning outcomes and hours of study.**

Part C: EDUCATION DOMAIN BREAKDOWN

In addition to attaching a copy of the official transcript of this nurse's nursing education, with a program curriculum and syllabus for each course, please provide specific hours of theoretical instruction, lab and hours of clinical practice for the subject areas listed below. Please do *not* combine subject areas. If they are combined in your curriculum, please estimate the number of hours in each subject area.

SUBJECT AREA	Theory Hours	Simulation / Lab Hours	Clinical Hours
Nursing Care of the Adult – Medical			
Nursing Care of the Adult – Surgical			
Maternal / Infant Nursing			
Gynecology			
Pediatric Nursing			
Gerontology / Geriatric Nursing			
Mental Health Nursing			
Community Health / Public Health Nursing			
Anatomy & Physiology			
Pathophysiology			
Microbiology			
Pharmacology & Medications			
Infusion Therapy Theory & Skills			
Nutrition			
Fundamentals of Nursing			
Health Assessment Across the Lifespan			
Leadership			
Ethical / Legal Practice			
Applied Research			
Primary Health Care			
TOTALS			

Current address of this school of nursing / educational institution

Name: _____

Address 1: _____

Address 2: _____

P.O. Box: _____

City/Town: _____

Province/State/Territory: _____

Postal Code/Zip Code: _____

Country: _____



Part D: IDENTIFICATION OF OFFICIAL

Please provide the following information for the official authorized to provide the transcript.

Official authorized to provide transcripts

Your complete printed name: _____ **Your official title:** _____

Your signature: _____ **Current date:** _____
(In DD-MM-YYYY format)

Your phone number: _____ **Alternate phone number:** _____
(Number in the format: 123-456-7890, with your country code) (Where you can be reached if necessary)

Email address: _____ **Web site address:** _____

Please place the official seal or stamp of this organization here

If the official providing the educational instruction information is a different official, please provide the name and signature of this official as well.

Official authorized to provide educational information

Your complete printed name: _____ **Your official title:** _____

Your signature: _____ **Current date:** _____
(In DD-MM-YYYY format)

Your phone number: _____ **Alternate phone number:** _____
(Number format 123-456-7890, with your country code) (Where you can be reached if necessary)

Email Address: _____

Please mail this completed form, with nursing education program documents and transcripts directly to:

Mailing address	By Courier
NNAS P. O. Box 8658 Philadelphia, PA 19101-8658 USA	NNAS 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA

