

**PRELIMINARY QUESTIONNAIRE FOR HEALTH CARE WORKER**

**1. Current Name**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First & Middle Names

**2. Other Names**

\_\_\_\_\_  
Name Before Marriage If Different From Current Name

**3. Address**

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State & Country

\_\_\_\_\_  
Postal & Zip

**4. Telephone**

\_\_\_\_\_  
Home

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Work

\_\_\_\_\_  
Facsimile

**5. Email Address**

\_\_\_\_\_

**6. Date of Birth**

\_\_\_\_\_  
*For Example January 1, 1973*

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Date of Issuance of Passport

\_\_\_\_\_  
Date of Expiration of Passport

\_\_\_\_\_  
National Identity Card Number

**7. Ever Been to USA?**  Yes  No

\_\_\_\_\_  
Type of Visa with which you entered USA

\_\_\_\_\_  
Where Visa Was Issued (City and Country)

\_\_\_\_\_  
When Was the Visa Issued

\_\_\_\_\_  
Date You Entered The USA

\_\_\_\_\_  
How Many Times Have You Been Refused a USA Visa

\_\_\_\_\_  
Date You Were Refused a Visa

\_\_\_\_\_  
Place You Were Refused a Visa

**8. Ethnicity/Tribe** \_\_\_\_\_

**9. Native Language** \_\_\_\_\_

**10. Current Marital Status**

*Click on Appropriate Box*

Single  Married  Separated

Divorced  Widowed

**11. Sex of Applicant**

*Click on Appropriate Box*

Female  Male

**12. Parents of Applicant**

\_\_\_\_\_  
Name of Father

\_\_\_\_\_  
Date of Birth of Father If Known

\_\_\_\_\_  
Current Residence of Father

\_\_\_\_\_  
Name of Mother

\_\_\_\_\_  
Date of Birth of Mother If Known

\_\_\_\_\_  
Current Residence of Mother

### 13. Spouses

#### Current Spouse

*Name as appears on passport*

\_\_\_\_\_  
First & Last Name

#### Date of Marriage

\_\_\_\_\_  
*For Example January 1, 1995*

#### Place of Marriage

\_\_\_\_\_  
City & Country

#### Date of Birth of Spouse

\_\_\_\_\_

#### Place of Birth of Spouse

\_\_\_\_\_

#### Other Spouses

\_\_\_\_\_  
Full Name & Period of Marriage

*For Example John Smith Jan 1, 1980 – Jul 5, 2000*

\_\_\_\_\_  
Full Name & Period of Marriage

\_\_\_\_\_  
Full Name & Period of Marriage

### 14. Any Children

Yes  No      Number of Children if any

*Click on Appropriate Box*

PLEASE DATE OF BIRTH LIKE THIS: JANUARY 10, 1995 **NOT** 10/01/1995 OR 01/10/1995

#### I.

\_\_\_\_\_  
First & Last Name of Child

\_\_\_\_\_  
Date of Birth of Child       M       F

#### II.

\_\_\_\_\_  
First & Last Name of Child

\_\_\_\_\_  M  F  
Date of Birth of Child

**III.** \_\_\_\_\_  
First & Last Name of Child

\_\_\_\_\_  M  F  
Date of Birth of Child

**IV.** \_\_\_\_\_  
First & Last Name of Child

\_\_\_\_\_  M  F  
Date of Birth of Child

**V.** \_\_\_\_\_  
First & Last Name of Child

\_\_\_\_\_  M  F  
Date of Birth of Child

**15. Your Citizenship**

\_\_\_\_\_  
Current Citizenship

\_\_\_\_\_  
Citizenship at Birth

**16. Provide the names of any of these persons present in the USA (your direct/actual sister, brother, spouse, fiancé, parent, or child)**

NAME	RELATIONSHIP
	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Fiancée <input type="checkbox"/> Child
	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Fiancée <input type="checkbox"/> Child
	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Fiancée <input type="checkbox"/> Child
	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Fiancée <input type="checkbox"/> Child
	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Fiancée <input type="checkbox"/> Child
	<input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Fiancée <input type="checkbox"/> Child

**17. Institutions Attended**

List information for all institutions attended whether completer or not. Enclose a photograph of your diploma, certificate or external exam certificate from your secondary school and post secondary school.

<b>Name of Non-Healthcare schools Attended</b>	<b>City &amp; Country</b>	<b>Month &amp; Year Entered</b> <i>For Example 10/2000</i>	<b>Month &amp; Year Completed/ Graduated</b> <i>For Example 6/2003</i>	<b>Exact Name of Diploma/ Certificate</b>
Primary School				
Secondary School				
Post-secondary non-healthcare programs				

**PROFESSIONAL HEALTHCARE SCHOOLS ATTENDED**

<b>Name of Professional Healthcare Schools Attended</b>	<b>City, State &amp; Country</b>	<b>Title Obtained</b>	<b>Date Entered – Completed</b> <i>For Example 10/2000 – 6/2003</i>	<b>Name of Diploma or Certificate</b>

\_\_\_\_\_ Cumulative GPA at Graduation from Nursing School

**ANY INSTRUCTION RECEIVED IN THESE SUBJECTS**

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>
Care of Adult – Medical Nursing	<input type="checkbox"/>	<input type="checkbox"/>

Care of Adult- Surgical Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Maternal/Infant Nursing, excluding Gynecology	<input type="checkbox"/>	<input type="checkbox"/>
Care of Children	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric/Mental Health Nursing, excluding Neurology	<input type="checkbox"/>	<input type="checkbox"/>
Community/Public Health Nursing	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>
Physical and Biological Sciences (anatomy, physiology, microbiology, chemistry and nutrition)	<input type="checkbox"/>	<input type="checkbox"/>
Social Sciences (psychology, sociology, history and trend in nursing)	<input type="checkbox"/>	<input type="checkbox"/>

18.

**EMPLOYMENT HISTORY**

Name of Employer	Address of Employer	Your Title at Job	Date Job Commenced <i>E.g. 10/2000 - 6/2003</i>	Name of Supervisor

**19.Licensure/Registration**

I \_\_\_\_\_  
Name as EXACTLY Appears on License

\_\_\_\_\_  
Title as EXACTLY Appears on License

License Number

\_\_\_\_\_  
Original Date of Issue of License  
For Example January 1, 1990

\_\_\_\_\_  
State or Country of Licensure

\_\_\_\_\_  
When Does the Current License Expire?  
For Example December 31, 2003

**II**

\_\_\_\_\_  
Name as EXACTLY Appears on License

\_\_\_\_\_  
Title as EXACTLY Appears on License

License Number

\_\_\_\_\_  
Original Date of Issue of License  
For Example January 1, 1990

\_\_\_\_\_  
State or Country of Licensure

\_\_\_\_\_  
When Does the Current License Expire?  
For Example December 31, 2003

**III**

\_\_\_\_\_  
Name as EXACTLY Appears on License

\_\_\_\_\_  
Title as EXACTLY Appears on License

License Number

\_\_\_\_\_  
Original Date of Issue of License  
For Example January 1, 1990

\_\_\_\_\_  
State or Country of Licensure

\_\_\_\_\_ When Does the Current License Expire?  
 For Example December 31, 2003

**20. Years of full-time nursing experience since graduation  
 From your general nursing program \_\_\_\_\_ Year(s)**

**ENTER NUMBER OF YEARS OF EXPERIENCE IN THE FOLLOWING HEALTHCARE SETTINGS:**

<b>Healthcare Setting</b>	<b>Area Name</b>	<b>Years</b>
Hospital		
Community Health		
Clinic		
Specialty Area		
Other		

**21. Have you ever taken TOEFL (Test of English as a Foreign Language)** YES  NO

**Please indicate Date examination was taken**

**Please indicate the score obtained**

**22. Have you ever taken TSE (Test of Spoken English)**

**Please indicate Date examination was taken**

**Please indicate the score obtained**

**23. Have you ever taken CGFNS (Commission on Graduates of Foreign Nursing Schools) qualifying examination**

**Please indicate Date Examination was taken**

**Please indicate the score obtained**

**24. SECURITY AND BACKGROUND INFORMATION** YES NO

a. Do you have a communicable disease of public health significance such as tuberculosis (TB)?

b. Do you have documentation to establish that you have received



- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| vaccinations in accordance with U.S. law?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you or have you ever been a drug abuser or addict?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? Are you the spouse, son, or daughter of an individual who has violated any controlled substance trafficking law, and have knowingly benefited from the trafficking activities in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you ever been involved in, or do you seek to engage in, money laundering?  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Have you ever knowingly aided, abetted, assisted, or colluded with an individual who has been identified by the President of the United States as a person who plays a significant role in a severe form of trafficking in persons?   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Are you a member or representative of a terrorist organization?   | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?   | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?  | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?   | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Have you ever engaged in the recruitment of or the use of child soldiers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?   | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| u. Are you a member of or affiliated with the Communist or other totalitarian party?  | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Have you ever directly or indirectly assisted or supported any of the groups in Columbia known as the Revolutionary Armed Forces of Columbia (FARC), National Liberation Army (ELN), or United Self Defense Forces of Columbia (AUC)?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Have you ever, through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership?   | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Are you the spouse, minor child, or agent of an individual who has through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership? | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Have you ever disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention?   | <input type="checkbox"/> | <input type="checkbox"/> |
| aa. Are you the spouse, minor child, or agent of an individual who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention?   | <input type="checkbox"/> | <input type="checkbox"/> |
| bb. Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?   | <input type="checkbox"/> | <input type="checkbox"/> |
| cc. Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?   | <input type="checkbox"/> | <input type="checkbox"/> |
| dd. Have you ever intentionally assisted another person in withholding custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ee. Have you voted in the United States in violation of any law or regulation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ff. Have you ever renounced United States citizenship for the purpose of avoiding taxation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| gg. Have you attended a public elementary school or a public secondary school on student (F) status after November 40, 1996 without reimbursing the school?   | <input type="checkbox"/> | <input type="checkbox"/> |
| hh. Do you seek to enter the United States for the purpose of performing skilled or unskilled labor but have not yet been certified by the Secretary of Labor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Are you a graduate of a foreign medical school seeking to perform medical services in the United States but have not yet passed the National Board of Medical Examiners examination or its equivalent?  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| jj. Are you a health care worker seeking to perform such work in the United States but have not yet received certification from the Commission on Graduates of Foreign Nursing Schools or from an equivalent approved independent credentialing organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| kk. Are you permanently ineligible for U.S. citizenship?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ll. Have you ever departed the United States in order to evade military service during a time of war?   | <input type="checkbox"/> | <input type="checkbox"/> |
| mm. Are you coming to the U.S. to practice polygamy? Are you a former exchange visitor (J) who has not yet fulfilled the two year foreign residence requirement?  | <input type="checkbox"/> | <input type="checkbox"/> |
| nn. Has the Secretary of Homeland Security of the United States ever Determined that you knowingly made a frivolous application for asylum?   | <input type="checkbox"/> | <input type="checkbox"/> |
| oo. Are you likely to become a public charge after you are admitted to the United States?   | <input type="checkbox"/> | <input type="checkbox"/> |