

五專

校友申請文件：CGFNS 英文表格 時數換算及填寫範例

本範例僅供參考，相關時數仍請依在校期間「歷年成績單」登載之
實際修課課程學分(18 小時/1 學分)自行換算填寫時數。

Request for Academic Records / Transcripts - Order

CGFNS International, Inc. | 3600 Market Street, Suite 400, Philadelphia, Pennsylvania 19104-2651 USA | +1 (215) 222-8454 | www.cgfns.org

Please provide specific theory and clinical hours for all nursing domains and subject areas listed below. Please DO NOT combine the nursing domains or subject areas. If they are combined in your curriculum, estimate the theory and clinical hours in each nursing domain and each subject area.

Nursing Domains		Theory Hours Attained	*Clinical Hours Attained	Independent Coursework or Integrated Coursework? (Circle One Per Row)	Clinical Education Occurred: (Instructions below)
1	Adult – Medical Nursing	252	364	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2	Adult – Surgical Nursing	252	365	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3	Maternal/Infant (excluding Gynecology)	90	135	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
4	Nursing Care of Children	72	135	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
5	Psychiatric/Mental Health (excluding Neurology)	90	135	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Subject Areas		Theory Hours Attained	*Clinical Hours Attained	Independent Coursework or Integrated Coursework? (Circle One Per Row)	Clinical Education Occurred: (Instructions below)
1	Community Health Concepts	54	135	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2	Geriatric Nursing (Gerontology)	36	N/A	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3	Physical Assessment	72	N/A	Independent <input type="checkbox"/> Integrated <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
4	Anatomy and Physiology (including Body Structure and Function)	180			
5	Ethical Considerations	72			
6	Health Counseling	N/A			
7	Human Growth and Development Throughout the Lifespan	54			
8	Interpersonal Relationships	36			
9	Leadership in Nursing	36			
10	Legal Aspects in Nursing	36			
11	Personal and Family Health Concepts	36			
12	Nutrition	104			
13	Pharmacology and Administration of Medications	72			
14	Professional Roles & Functions	36			

Instruction Box

Answers are required for each question outside of this instruction box.

DO NOT LEAVE ANY BLANKS.

Enter N/A if not applicable.

Instructions

Circle one number per row to show when the Clinical Education Occurred

- 1: Same Semester as Theory
- 2: Within six (6) months of Theory
- 3: More than six (6) months after Theory
- 4: By end of Program

* Do not include classroom education, laboratory, simulation, and planned clinical conferences (ward teaching) hours. CGFNS International must have the breakdown of theory hours and applicable clinical hours for all nursing domains and subject areas.

Evidence of Instruction in Required Settings	Circle One Per Row	
Patient Care Environment		
Acute	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Community	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Long-Term Care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Simulation		
Acute	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Community	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Long-Term Care	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Attention: This is a customized form for use only by the *applicant* and **Institution** identified below. Do not duplicate this form for any other applicant or institution.

Questions?: Contact CGFNS International at +1 (215) 222-8454 Monday through Friday from 9:30 am to 3:00 pm (EST).