

**USA VISA APPLICATION SECURITY REQUIREMENT**  
(Original Supporting Documents Checklist)

NAME OF APPLICANT: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

ORIGINAL DOCUMENTS REQUIRED	APPLICABLE	N/A
Nurse Intake Form (Optional)	<input type="checkbox"/>	<input type="checkbox"/>
Employer's Nurse Application Form	<input type="checkbox"/>	<input type="checkbox"/>
Updated Comprehensive Resume with Job Description	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Diploma or Bachelor's Degree Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Transcript of Records (must bear school seal or stamp)	<input type="checkbox"/>	<input type="checkbox"/>
Related Learning Experience (with supporting certification)	<input type="checkbox"/>	<input type="checkbox"/>
Board rating	<input type="checkbox"/>	<input type="checkbox"/>
Board Certificate	<input type="checkbox"/>	<input type="checkbox"/>
PRC License	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Previous Employment (original with employer's seal)	<input type="checkbox"/>	<input type="checkbox"/>
3 Character Reference (signed originals)	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Licensee (Certified true copy)	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificate(s) for you and your Dependents (notarized & authenticated)	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate (if applicable, notarized/ authenticated)	<input type="checkbox"/>	<input type="checkbox"/>
Current passport (all pages)- (yours and your Dependents)	<input type="checkbox"/>	<input type="checkbox"/>
CGFNS Certificate	<input type="checkbox"/>	<input type="checkbox"/>
VISA SCREEN CERTIFICATE (if available)	<input type="checkbox"/>	<input type="checkbox"/>
NCLEX Exam Score and Report Certificate	<input type="checkbox"/>	<input type="checkbox"/>
TOEFL/IBT/TSE, TOIEC and/or IELTS Result/Certificate	<input type="checkbox"/>	<input type="checkbox"/>
NBI Clearance	<input type="checkbox"/>	<input type="checkbox"/>
Police Clearance	<input type="checkbox"/>	<input type="checkbox"/>
Current Photograph – 4 copies- passports size	<input type="checkbox"/>	<input type="checkbox"/>
Medical Exam Result 1st Phase (clinic to be recommended by GWIP)	<input type="checkbox"/>	<input type="checkbox"/>
Other Certificates for Nursing related Training and Seminars	<input type="checkbox"/>	<input type="checkbox"/>
Credential Evaluation Certificate (for PTs)	<input type="checkbox"/>	<input type="checkbox"/>
NPTE Certificate (for PTs)	<input type="checkbox"/>	<input type="checkbox"/>
AMT (for MTs)	<input type="checkbox"/>	<input type="checkbox"/>
DS230 FORM (for you and all your dependents)	<input type="checkbox"/>	<input type="checkbox"/>
Form I- 140	<input type="checkbox"/>	<input type="checkbox"/>
Form ETA 9089	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Agency/ Applicant Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Offer of Employment	<input type="checkbox"/>	<input type="checkbox"/>
Copy of previous petition Form I- 140 and Receipt, and DS 230 Form	<input type="checkbox"/>	<input type="checkbox"/>