TruMerit | CGFNS INTERNATIONAL

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Doc ID #: DS- 2660006

Nursing Education Form

The following information identifies the applicant to the Nursing School/Educational Institution where education was received. Ensure this information is correct, then sign and date the form. Provide each populated form to the Nursing School/Educational Institution to be completed and sent directly to TruMerit by the school.

Part A: Personal Information

ID Number:	**10216530**	Order Number:	**3813030**
First/Given Name:	**Chia-Yang**	Date of Birth:	**June 7, 2000**
Middle Name:		Phone Number:	
Last/Family Name:	**Kao**	Email Address:	**kaojoyki8967@gmail.com**

Name used when attended this school: **Chia-Yang Kao**

Name of school of nursing/educational institution: **Taipei Medical University**

- Did this school close or merge with another school? N
- If yes, name of institution where transcripts and training records are archived:

Attendance Start Date: September 2018 Attendance End Date: June 2022

I, **Chia-Yang Kao** hereby give my consent to Taipei Medical University to provide the information and documents related to my education requested in this form, and to send this completed form and documents directly to TruMerit at the following address:

For Standard Mail:
TruMerit
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
United States

For Courier Mail:
TruMerit
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
United States

Applicant Signature: Chia Yang Kao Date Signed: 2025, 10, 21

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

Part B: Student Education and Credential Information Completed by Authorized Official

To be completed by the official authority. Please provide the following information (**in English**) concerning the education of this applicant. Please spell out all names fully (**no initials or abbreviations**). When sending this form, please be sure to include the applicant's **academic documents required in Part 5.**

Do not leave any fields blank; mark questions that are not applicable as N/A.

Part 1: Education / School Information

School Name at Time of Student Attendance:

Current Name If Different from Above:

Address: Country:

Type of Institution: ☐ Secondary ☐ Hospital
☐ Vocational ☐ University / College

Phone Number: Web-Site Address:

Part 2: Student & Credential Information

Student Name on Official Transcript:

Date of Birth (DD/MM/YYYY):

Course of Study: ☐ Nursing ☐ Psychiatric Nursing
☐ Practical Nursing ☐ Other_____

Name of Credential / Degree Obtained:

Name in Native Language/Characters (If Different):

Type of Credential: ☐ Diploma ☐ Master's Degree
☐ Certificate ☐ Doctoral Degree
☐ Associate's Degree ☐ No Credential Obtained
☐ Bachelor's Degree ☐ Other: _____

Part 2: Student & Credential Information (continued)

Date Student Started Program (DD/MM/YYYY):

Name in Native Language/Characters (If Different):

Did Student Complete Program? ☐ Yes Date Completed or Graduated (DD/MM/YYYY): _____ ☐ No Last Date of Attendance (DD/MM/YYYY): _____

Comments:

Part 3: Education Program & Accreditation Information

Program Information

Program Length of Study:

Date Began Offering Program (DD/MM/YYYY):

Minimum Entrance Requirements:

Date Stopped Offering Program (DD/MM/YYYY):

Language of Theoretical Instruction:

Clinical Instruction:

Learning Method:

☐ On site in class learning
☐ Online distance learning
☐ Blended
☐ Other: Explain_____

Initial Accreditation/Approval of Education Program

Name of Accrediting/Approving Organization:

Date Initially Approved (DD/MM/YYYY):

Current or Most Recent Accreditation / Approval

Name of Accrediting/Approving Organization:

Date Renewed (DD/MM/YYYY):

Date Expires (DD/MM/YYYY):

Level of Accreditation:

Part 4: Nursing Education Details

For the subjects listed below, please provide specific contact hours (not credit hours) of theoretical instruction, lab and hours of clinical practice. If there are no hours, please indicate Not Applicable (NA). Do not combine subject areas. If they are combined in the curriculum, please estimate the hours of theoretical instruction and hours of lab or clinical practice in each subject area. All fields are required.

	Subject Areas	Theory Hours	Clinical Hours	Lab Hours	Independent or Integrated		(Yes or No)
		# or NA	# or NA	# or NA	Independent	Integrated	**Were theory and clinical hours completed within 6 months of each other?**
Required	Adult Medical Nursing				☐	☐	
	Adult Surgical Nursing				☐	☐	
	Obstetrics & Maternal Health				☐	☐	
	Pediatric Nursing				☐	☐	
	Psychiatric Nursing				☐	☐	
	Geriatric Nursing				☐	☐	
	Gynecological Nursing				☐	☐	
	Primary Health Care				☐	☐	
	Community & Public Health Nursing				☐	☐	
Required	Foundations of Nursing				This Section Left Blank.		
	Anatomy & Physiology						
	Pathophysiology						
	Health & Physical Assessment						
	Pharmacology & Medication Administration						
	Patient Education						
	Nutrition						
	Personal & Family Health Concepts						
	Human Growth & Development						
	Infusion Therapy						
	Professional Roles & Functions						
	Interpersonal Relationships						
	Leadership & Management in Nursing						
	Ethical Considerations						
	Legal Aspects						
	Applied Research						
	Clinical Teaching						
	Microbiology						
	Comments:						

Part 5: Documentation Requirements

****Please provide the following required additional information/documents with this completed form***:*

Check if Included	Check if Not Included	Document
☐	☐	**Official Transcript** (Required) This is the official document or record of this applicant's enrollment, progress and achievement within your education institution. The transcript should identify courses taken (title and course number), credits and grades achieved, theoretical and clinical hours and credentials earned. In some countries this information is represented in a Diploma Supplement.
☐	☐	**Related Learning Experience** (Required for programs located in the Philippines) Related Learning Experience are educational activities and experience that are closely connected to a specific field of study. Examples include internships, apprenticeships, co-op programs, workshops, or research projects.
☐	☐	**School and University Mark Sheets** (Required for programs located in India or Nepal) Mark Sheets are documents that provide a detailed record of a student's academic performance. They typically list the grades or marks achieved by the student in various subjects or courses.

Part 6: Authorized Official Information

To be completed by the official authority. Please provide the following information and spell out all names fully (no initials or abbreviations). Mail this completed form and all documents directly to TruMerit.

Verified by:

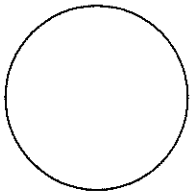
Printed Full Name of Official: Email:

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 primary source.

Official's Signature: _____ Date Signed (DD/MM/YYYY): _____



In the space to the left, place the official seal or stamp of this organization

If the official providing the educational instruction information is a different official, please complete the following.

Official authorized to provide educational information:

Printed 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 primary source.

Official's Signature: _____ Date Signed (DD/MM/YYYY): _____

[Official signature, date signed, seal or stamp are required for this document to be accepted.]

Postal Mailing Address	By Courier
TruMerit Credential Verification Service for New York State (CVS) 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA	TruMerit Credential Verification Service for New York State (CVS) 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 USA

If you have any questions, please contact TruMerit via phone at +1 215-222-8454.