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PLEASE PRINT CLEARLY OR USE TYPEWRITER

CGFNS Record of Starting and Ending Times

Center name: _____ Center number: _____

Site name: _____ Site number: _____

Exam date: _____

Instructions

Enter the exact starting and ending time for each section (book) of the examination. After the examination is completed, complete this page and return it to CGFNS with your marked rosters and Irregularity report.

Start time

Ending time

Nursing part 1: _____

Nursing part 2: _____

These tests were administered on the date and at the time prescribed and in accordance with the instructions (any exceptions should be noted on the irregularity report).

Chief Proctor's signature: _____

Chief Proctor's name (printed): _____