The global migration of nurses can be traced to the 1960s. The dominant migration patterns are from South to North and East to West, although some movement exists among developing and developed countries (Kingma, 2006). The United Kingdom (UK), Australia, Canada, and the United States are leading host countries for internationally educated nurses (IENs). The proportions of IENs in the national nurse workforces range from 5.6% in the United States (Health Resources and Services Administration, 2010) to 17.6% in Australia (Australian Institute of Health and Welfare [AIHW], 2009). Some sectors and regions in these countries have much higher proportions. For instance, IENs make up 29% and 24% of the nurse workforce in California and Florida, respectively (Aiken, 2007). Western Australia has the highest proportion of IENs in Australia (26.3%; AIHW, 2009). More importantly, IENs are providing significant clinical care. For instance, a significantly higher proportion of IENs (71.1%) worked in direct patient-care positions compared with their American counterparts (54.0%), according to the 2004 National Sample Survey of Registered Nurses (Xu, Zaikina-Montgomery, & Shen, 2010).

IENs must meet regulatory standards, which vary from one host country to another. This article describes and compares regulatory standards for registration/licensure of internationally educated nurses in the United Kingdom, Australia, Canada, and the United States. Specifically, the article provides a detailed account of the regulatory requirements regarding education, language proficiency, national licensure exam, registration/licensure in the home country, recency of practice, fitness to practice, and transition programs. The four countries share many regulatory requirements for registration/licensure of internationally educated nurses. The most noticeable difference is whether international nurse applicants must go through a tailored transition program. Regulatory challenges and their implications are described within national and international contexts.

Principles, Process, and Standards
Nursing is regulated around the globe primarily because it directly affects health. Based on legal authority, regulatory bodies grant the privilege to practice nursing only to those who meet regulatory standards. Two major mechanisms worldwide regulate entry into practice: registration and licensure. Both achieve the same purpose of allowing only qualified nurses to enter the profession legally.

Registration means that after meeting all regulatory requirements, IENs apply to get onto an official register of nurses kept by government authorities. Licensure refers to the process by which IENs obtain legal permits (licenses) to practice nursing. Both achieve the same purpose of allowing only qualified nurses to enter the profession legally.

Equity, objectivity, equivalency, transparency, rigor, and consistency are general principles regulatory bodies in the four countries strive to follow during the review and decision process regarding registration or licensure of IENs (Australian Nursing and Midwifery Council...
Equity means that IENs are held to the standards set for domestic nurses, no more and no less. Objectivity means the review of submitted evidence and subsequent decisions are based on explicit standards to minimize subjectivity or bias. Equivalency means that IENs are assessed to determine the degree to which they compare with prevailing standards for domestically educated nurses. Transparency means application procedures and review criteria are published and made known and accessible to IENs. Rigor means that the application and review process must be robust and legally defensible. Consistency means assessment of IENs must be performed with minimal variations among applicants.

The Regulatory Model for Registration/Licensure of Internationally Educated Nurses (Figure 1) illustrates principles and process for evaluating a nurse for who applies to practice in another country. This model is a useful reference point for this article.

**Process**

Specific procedures are developed to implement regulatory standards. In general, the three procedural steps regarding applications for registration/licensure by IENs are as follows:

1. International nurse applicants must submit an application to a designated regulatory body with all required evidence and fees.
2. The regulatory body conducts a review to check submitted evidence against existing standards.

3. The regulatory body decides to approve the application or deny it with specific reasons. In some cases, conditional approval is given along with a request for additional evidence or conditions for full approval.

Process are in place for handling appeals if the applicant does not agree with an unfavorable decision. However, an applicant may object only to the procedures, not the standards. Regulatory bodies will examine only the question of whether due process was followed.

**Standards**

To work legally, IENs must meet regulatory standards or requirements for registration/licensure in the host countries. Nursing regulatory bodies enforce standards that are based on and derived from statutes in their jurisdiction.

**Regulatory Standards for Initial Registration/Licensure**

In general, before IENs can practice nursing, they must meet regulatory requirements regarding education, language proficiency, a national licensure exam, registration/licensure in their home country, fitness to practice, recency of practice, and transmission programs (Figure 1).

**Education**

Nursing regulatory bodies assess IENs’ educational level, using the standards for domestically educated nurses to determine equivalency (International Council of Nurses [ICN], 2009). Possible questions that nursing regulatory bodies may ask include the following: What level of education is required before starting nursing education in the home country? Is the IEN’s nursing program at the tertiary level? Is the program approved by the government, a regulatory body, or another accreditation authority? What is the program’s duration? How much time is devoted to theory (classroom instruction) and how much time is devoted to direct patient care (clinical experiences)? Do the content areas of the curriculum reflect those in domestic nursing programs? Is the program designed to produce first-level generalist nurses? What are the competence standards and program outcomes?

**Language Proficiency**

Language proficiency is essential for safe, effective nursing care, and language proficiency and communication are the toughest and most common challenges for IENs (Edwards & Davis, 2006; Hearnden, 2007; Jeans et al., 2005; Xu, 2007, 2010). Generally, regulatory bodies assess language proficiency by requiring IENs to pass standardized language tests (ICN, 2009), which vary by country. In response to the priority for patient safety and the ever-increasing complexity of health care, regulators have raised the standards for passing these tests over time.
National Licensure Exam

A licensure exam measures the knowledge, skills, and abilities required for safe nursing practice at the entry level. In North America, nurses, including IENs, must pass licensure exams before being allowed to practice nursing. In contrast, Australia, New Zealand, and the UK do not require national exams for registration of domestic nurses or IENs. Instead, these countries use methods such as supervised practice (i.e., precepted experiences) to evaluate IENs’ competencies.

Registration/Licensure

Regulatory bodies must verify that IENs have official registration with regulatory agencies in their home country or the jurisdiction of their last employment. To assess registration, regulatory bodies in host countries rely on verification of current licensure/registration and certificates of good standing from home regulatory authorities or regulatory bodies that approved an IEN’s last license/registration. This critical evidence provides judicious assurance of the legal standing of applicants.

Fitness to Practice

Nurses, including IENs, must be physically and mentally competent to carry out their duties. Nurses must adhere to established ethical standards, the most basic of which is: “Do no harm.” According to a study by International Council of Nurses (ICN) (2009), regulatory agencies worldwide increasingly require a criminal background check.

Recency of Practice

Host countries require that IENs have current clinical experience because of the implications for competencies, patient safety, and quality of care.

Transition Programs

A transition program is defined as a formal program of learning activities for all newly arrived/hired IENs specifically designed to facilitate and support their adaptation to a new practice environment in a host country. Because of documented transition challenges facing IENs (Baumann, Blythe, Rheuame, & McIntosh, 2006; Edwards & Davis, 2006; Jeans et al., 2005; Takeno, 2010; Tregunno, Peters, Campbell, & Gordon, 2009; Xu, 2007; Xu, Gutierrez, & Kim, 2008), some host countries require IENs to participate in transition programs before registration/licensure (Xu & He, in press; Zizzo & Xu, 2009). Usually, IENs with non-English-speaking backgrounds must participate in these programs.

However, requirements vary, depending on such factors as the country of origin, standards of nursing education, and transnational mutual-recognition agreements (Xu & He, in press). Bridging, adaptation, or integration programs are examples of transition programs. The emphasis of these programs varies in different national and institutional contexts.

Other Requirements

IENs must meet other requirements that may affect their registration/licensure in host countries, such as immigration requirements for appropriate visas and work permits.

Regulatory Standards in the UK, Australia, Canada, and the United States

The Regulatory Model for Registration/Licensure of Internationally Educated Nurses (Figure 1) serves as a guide to descriptions discussed below of specific regulatory requirements in the four countries. Some variations exist among provinces or states within a given country, especially if it does not have a single, national regulatory system in nursing. The following descriptions of regulatory standards are based on prevailing practices in the four countries.

Regulatory Standards in the UK

Consisting of four countries (England, Northern Ireland, Scotland, and Wales), the UK has a centralized nursing regulatory system. The national nursing regulatory body is the Nursing and Midwifery Council (NMC), which regulates and registers nurses and midwives (ICN, 2009). All nurses, including IENs, must register with NMC to practice nursing legally. The NMC Register has three parts: nurses, midwives, and specialist community public-health nurses. The part for nurses is further divided into four specialty fields of practice: adult (general) nursing, mental-health nursing, learning disabilities nursing, and children’s nursing (NMC, n.d.).

Because the vast majority of IENs are educated as general nurses, they are eligible to apply for registration only as adult nurses. IEN applicants can initiate the application process even if they are not currently physically in the UK. However, after receiving approval to apply for the Overseas Nurse Program, they must be in the UK to participate in university-based clinical placement (NMC, n.d.). The following description of regulatory requirements for registration in the UK is based primarily on NMC (n.d.).

Education

The educational requirements are as follows:

- IENs must have successfully completed at least 10 years of education before starting the post-secondary-education nursing programs. Post secondary education nursing programs generally start at the minimum age of 17.5 years in the UK.
- International nurse applicants must have completed a 3-year, full-time nursing program or a program totaling 4,600 hours at the post-secondary-education level leading to registration/licensure as first-level nurses in their home countries. Specifically, the NMC has determined that American nurses with an associate’s degree in nursing from programs requiring less than 3 years of full-time study do not meet the UK education requirement for registration.
- At least half of the curriculum (2,300 hours) must be clinical/practical education and at least one-third (1,533 hours) must be theory.
- The curriculum from the country of origin must include both theoretical and clinical instruction in general and specialist medicine, general and specialist surgery, child-care and pediatrics, maternity/obstetric care, mental health and psychiatry, care of the elderly, and community/primary-care nursing.

Applicants cannot use medical qualifications such as an MD degree as a basis for NMC registration. In fact, if applicants have been educated as physicians or medical technicians in their home countries without receiving specific nurse education, they are not eligible for registration, even if their qualifications may allow them to carry out the duties of a nurse in their home country.

**Language proficiency**

Since February 1, 2007, the minimum requirement on the International English Language Testing System (IELTS) (academic version) has been set at 7.0 for the overall score and the four components: listening, reading, writing, and speaking. Only results from tests taken in the last 2 years are valid. However, IENs from European Union (EU) countries are not subject to this regulatory requirement under EU Directives. IENs from non-EU countries, including those from English-speaking countries, such as Australia, Canada, New Zealand, South Africa, and the United States, must pass the IELTS before applying for registration.

The NMC has no plan to waive the IELTS requirement for applicants from English-speaking countries. The rationale is that all overseas applicants are required to meet the NMC standard for English language proficiency, regardless of their home country. The exam ensures that all applicants meet the same standard in an equitable, fair, and nondiscriminatory manner. Apparently, the NMC does not consider nurses from other EU countries to be overseas applicants. This policy is controversial (ICN, 2009).

**National licensure exam**

The UK does not have a nurse licensure exam for domestically or internationally educated nurses.

**Registration/licensure**

IEN applicants must have current registration or licensure as first-level nurses (i.e., registered nurses) at the time of application.

**Fitness to practice**

Evidence of fitness to practice (evidence of good health and good character) must be submitted for review. Physical and mental fitness to practice are verified during supervised practice in the adaptation program, which is required for IENs from non-EU countries.

**Recency of practice**

The NMC requires IENs to have at least 12 months of nursing practice as first-level nurses after they graduate from nursing school. If they have more than 12 months of nursing practice as first-level nurses, at least 450 hours must be in the last 3 years.

**Transition program**

The NMC requires IENs from non-EU countries to complete the Overseas Nurse Program, which lasts 3 to 6 months. This adaptation program includes 20 days of protected learning at NMC-approved universities and a period of supervised practice if deemed necessary (NMC, 2004). The purpose of this standard is to ensure that IENs demonstrate the competencies required in the UK. After IENs successfully complete the adaptation program and receive documented verification, they may be recommended for registration with the NMC.

**Regulatory Standards in Australia**

To practice nursing in Australia, nurses must be registered with the appropriate state or territory nursing boards. Effective July 1, 2010, Australia moved to a national registration and regulation system for nurses. On July 29, 2010, the newly appointed Nursing and Midwifery Board of Australia (NMBA; federal regulatory authority under the new national regulatory scheme) approved and put into effect five national standards for initial registration of IENs (NMBA, 2010):

- Establishing identity
- Meeting English language proficiency requirements
- Meeting current Australian nursing educational standards
- Providing evidence of having practiced as a registered nurse within a defined period of time preceding the application
- Demonstrating fitness to practice nursing

These five standards were drawn from the six standards originally developed by the Australian Nursing and Midwifery Council (ANMC, 2009). The NMBA has not adopted the sixth proposed standard, completing the National Adaptation Program (NAP) for internationally qualified nurses, presumably because more consultation with stakeholders is needed. Similar to the Overseas Nurse Program in the UK, the NAP was designed as a period of 4 to 12 week of supervised practice, depending on country of origin (ANMC, 2009).

These national standards are intended to be flexible yet strict enough to meet public-protection requirements and professional standards for registration in Australia. The state and territorial offices of the Australian Health Practitioner Regulation Agency, under the guidance of the State and Territory boards of NMBA, are responsible for implementing the standards. Because of the Trans-Tasman Mutual Recognition Agreement, nurses educated in Australia or New Zealand can register in either country without an assessment of their qualifications. The following description of the national standards for registration and migration of IENs is based on the NMBA (2010).
Education
The minimum educational standard is a university-based bachelor’s degree (or where relevant, a postgraduate qualification). Alternatively, qualifications combined with experience comparable in duration and content to the nationally agreed minimal educational standard for nursing in Australia is acceptable. The nursing program must have a minimum length equivalent to six semesters of full-time study. Schools must directly submit transcripts of courses, including total hours for each subject and clinical experience, and a certificate and evidence of successful completion of the program.

Language proficiency
All international applicants must pass standardized English tests regardless of country of origin (ANMC, 2009). Two standardized language tests are acceptable: the IELTS and the Occupational English Test (OET). To meet the language requirement, the applicant must achieve a score of 7 in all four areas of the academic version of IELTS or at least a B in all four components of the OET (listening, reading, writing, and speaking). The applicant must ask the testing agency to send the official test report directly to the regulatory authority. Test results are valid for 2 years before applying for registration.

National licensure exam
Australia does not have a nurse licensure exam for domestically or internationally educated nurses.

Registration/Licensure
Verifiable evidence of current professional registration or licensure to practice as a registered nurse in the country of residence, country of origin, or country of initial education is required.

Fitness to Practice
International nurse applicants must submit evidence from a registering authority verifying they have no previous disciplinary proceedings against them and no restrictions resulting from mental or physical incapacity. In a statutory declaration, applicants must attest to having no criminal conviction, professional impediment, or physical or mental incapacity that would preclude them from practicing as a nurse in Australia. The submitted documentary evidence must be in the form of verification directly from the relevant regulatory authority, or in the absence of a regulatory system, from the highest relevant nursing authority or professional body under which applicants previously practiced.

Recency of practice
IENs must have practiced as a registered nurse in the last 5 years. Applicants must provide certified documentary evidence of professional nursing experience from their last employer.

Transition program
The Australian Nursing and Midwifery Council (ANMC, 2009) proposed that IENs not from New Zealand and other English-speaking countries such as the United States, UK, and Canada be required to participate in the new NAP before receiving a recommendation for registration. However, the newly formed NMBA (2010) has not taken action on this proposal. Whether or not the NMBA will act on this sixth standard proposed by the ANMC (2009) remains to be seen.

Regulatory Standards in Canada
Canada is a federated union of provinces, and nursing is regulated at the provincial level. To practice in Canada, nurses, including IENs, must register with the appropriate provincial nursing boards. In Canada, the majority of IENs are landed immigrants, not skilled workers with work visas sponsored by health care employers. Currently, 25 provincial nursing regulatory bodies handle applications for registration/licensure of IENs of different levels and specialties (Jeans et al., 2005). Temporary registration can be granted for 6 months with appropriate qualifications. The following description of Canadian regulatory requirements is based primarily on Jeans et al. (2005).

Education
Regulators look for evidence from submitted course transcripts and diplomas/certificates to evaluate if IENs meet the following standards:
- Both theory and clinical experiences are in the curriculum. The total time devoted to theory and clinical experiences must not be fewer than 300 to 500 and 500 to 1,000 hours, respectively.
- Medical-surgical nursing, maternal nursing, pediatric nursing, and mental-health nursing must be in the curriculum.
- The regulatory body must determine that the nursing program is designed to produce generalist nurses rather than specialist nurses.
- IENs must graduate from nursing programs at the post-secondary-education level.

The national trend is to require a baccalaureate degree in nursing. Ontario first implemented this requirement in 2005. To help IENs with this regulatory change, some provinces allow conditional registration with a stipulation that IENs obtain their baccalaureate degrees within a specified period.

Language proficiency
There are no specific English language requirements for IENs from English-speaking countries (Jeans et al., 2005). IENs from non-English-speaking countries must pass one of eight standardized English language tests recognized by the 25 regulatory bodies. IENs from non-French-speaking countries planning to practice in
Quebec must pass a French language test. Occasionally, exemptions are made if applicants can provide evidence that they completed their nursing education programs in English or French. However, documentary evidence of "at least three years in French in a secondary or post-secondary institution" (Ordre des infirmières et infirmiers du Quebec, n.d., p. 5) is required if IENs plan to practice nursing in Quebec.

The most commonly recognized tests are the Test of English as a Foreign Language (TOEFL), the Test of Spoken English (TSE) and, increasingly, the Canadian English Language Benchmarks Assessment for Nurses (CELBAN). The CELBAN categorizes English language proficiency into 3 stages and 12 levels: Stage I Basic (levels 1 to 4), Stage II Intermediate (levels 5 to 8), and Stage III Advanced (levels 9 to 12). The passing CELBAN standards for IENs in Canada are writing 7, reading 8, speaking 8, and listening 9 (Ogilvie, Leung, Gushulik, McGuire, & Burgess-Pinto, 2007). Canada is the only country thus far to develop a nursing-specific language test to assess IENs’ language proficiency. The major push of CELBAN is to make language testing more relevant to nursing.

National licensure exam
Except in Quebec, IENs must pass the Canadian Registered Nurse Exam for registered nurse licensure. In Quebec, IENs must pass a different exam consisting of theory and practice components given over 2 days (Ordre des infirmieres et infirmiers du Quebec, n.d.).

Registration/licensure
Verifiable evidence of current licensure/registration in country of origin as a registered nurse is required.

Fitness to Practice
In five of the ten provinces and territories, the regulatory bodies require a criminal record check or review and a character reference at the time of application. Although Jeans et al. (2005) do not report specific requirements for physical or mental fitness, such information is likely requested on application forms, included in other required evidence, or screened in the immigration process.

Recency of practice
A minimum of 800 to 1,685 hours of professional nursing experience in the 3 to 5 years before application for licensure/registration is required. IENs who do not meet this requirement are advised to take a refresher course in Canada to update their clinical experiences.

Transition program
In Quebec, IENs must complete “a professional integration program” to introduce “the occupation’s professional, legal, ethical, organizational, and sociocultural aspects” and adapt their current competencies to nursing practice in Quebec (Ordre des infirmieres et infirmiers du Quebec, n.d., p. 3). The other provinces have no regulatory requirement for transition programs. However, Canadian scholars and professional agencies have been calling for a mandatory adaptation program for all IENs interested in coming to Canada to practice nursing (Baumann et al., 2006; Jeans et al., 2005). In fact, many bridging programs are in place to help IENs meet licensure requirements and to facilitate their adaptation and integration.

Regulatory Standards in the United States
Similar to Canada, the United States has a decentralized regulatory system. According to the 10th Amendment to the United States Constitution, the powers not delegated to the federal government by the Constitution nor prohibited by it to the states are reserved to the states. Accordingly, the licensure of nurses is under the purview of the states, and regulatory standards for IENs vary among them. Based on National Council of State Boards of Nursing (NCSBN) (2004, n.d.) and Rachel (2009), the following description of state regulatory standards focuses exclusively on initial licensure by examination.

Education
In general, the educational requirements for IENs are as follows:
- Applicants must usually submit evidence that they have graduated from a secondary school before their nursing education.
- Both theory (classroom instruction) and direct patient care (clinical experiences) typically must be included in the curriculum as documented in and evidenced by official transcripts, with verification of total hours in both components.
- The program usually must include distinctive content in medical-surgical (adult) nursing, maternal nursing, pediatric nursing, and mental-health nursing.
- The program must be approved by the BON or a Commission on Higher Learning designated by the board.

Language proficiency
Most states accept the following standardized tests and passing scores: TOEFL: paper-based 540, computer-based 207; Test of Written English (TWE): 4.0; Test of Spoken English (TSE): 50; or TOEIC: 725 plus TWE: 4.0 and TSE: 50; or ILETS: 6.5 overall with a spoken score of 7.0 in the academic module (NCSBN, n.d.). State boards of nursing (BONs) may consider a waiver of the English language requirement based on an IEN’s native language, country of origin, language of instruction, and language of textbooks (NCSBN, n.d.). Consequently, IENs from Australia, Barbados, Canada (except Quebec unless English is used as the medium of instruction in the nursing program), Ireland, Jamaica, New Zealand, South Africa, Trinidad and Tobago, and the UK may be regarded as automatically meeting the language standard.

National licensure exam
Passing of the National Council Licensure Examination – Registered Nurse (NCLEX-RN), the national licensure exam for registered nurses, is required for licensure.
**Registration/licensure**

Some state BONs require current registration or licensure from the country of origin, verified directly by the authority that issued the registration certificate or license.

**Fitness to practice**

Most states require a criminal background check and applicants must report any disciplinary action.

**Reency of practice**

Some BONs require evidence on the recency of nursing practice for licensure, including practice in the applicant’s home country.

**Transition program**

Currently, no BON requires a transition program for IENs.

**Discussion**

**Cross-National Comparison of Regulatory Standards**

Despite cross-national differences, regulatory requirements for registration/licensure of IENs have striking similarities, particularly from a categorical perspective (Table 1). This finding is not surprising because the underpinning principles of IEN regulation are essentially the same globally. Inevitably, some requirements have quantitative differences, such as age, duration/length or total hours of nursing programs, years of working experience as registered nurses, and cutoffs for standardized language tests.

Across the four countries, the most significant difference is whether regulators require a transition program. Explanations for this difference include the question of whether transitioning IENs is regarded as a patient-safety issue—and therefore a regulatory issue—and the IENs' different legal and immigration statuses. In the UK (and possibly Australia in the near future), a transition program may be considered the best way to assess the competencies of IENs in the absence of a national licensure exam. Adaptation programs or bridging programs have been in place in Canada, and scholars have been calling for a national, pan-disciplinary approach to and standardization of these programs with sustained government funding. These standardized programs should be mandatory (Baumann et al., 2006; Jeans et al., 2005). Moreover, Jeans et al. (2005) recommend developing programs using a collaborative approach with educators, regulators, and employers to increase their relevance and effectiveness. With the growing evidence of the importance of transitioning IENs for patient safety and quality of care (Takeno, 2010; Tregunno et al., 2009; Xu, 2007, 2010; Xu et al., 2008), formalized transition programs in various forms will likely be required in other countries in the foreseeable future.

**Regulatory Challenges and Implications**

Significant regulatory challenges exist regarding the assessment of IENs for initial registration/licensure. The first is the fundamental issue of equity regarding the different requirements for English language proficiency among EU nurses and non-EU nurses in the UK. This policy has direct implications for patient safety because not all EU-educated nurses are linguistically competent to deliver safe, effective nursing care in an English-language work environment. In most EU countries, English is not the first language for nurses. As the ICN (2009) points out, “…with respect to language proficiency in this region [EU] freedom of movement is given a higher priority than patient safety” (p. 30). Yet, the UK is bound by the EU Directives to waive the language requirement for these nurses. Legally defensible measures are needed to resolve this issue.

Different regulatory requirements among provinces or states in decentralized regulatory systems frequently lead to confusion and delay and present barriers to registration/licensure. For instance, the 25 nursing regulatory bodies in Canada have some differences in specific regulatory requirements and procedures, but their general approach to IEN assessment is similar. These differences have led to unnecessary confusion and frustration for IENs (Jeans et al., 2005).

IENs interested in coming to the United States to practice nursing find it difficult to learn the differences among state regulatory standards for licensure. A step toward improving this situation is the Uniform Licensure Requirements that were revised in 2011 by the National Council of State Boards of Nursing (see article on page 19). Assessment of IENs always presents conceptual and logistic challenges because of the differences in national educational systems, definitions of the term nurse, and nursing education systems. Equivalence has been the underpinning principle for assessing educational credentials of IENs. However, equivalence may be determined at face value because of a lack of data or knowledge on the part of credentials evaluators. For instance, the assumption that a similar level or duration of education leads to a similar or equal quality or outcomes of education is sometimes made. This flawed assumption gives inadequate attention to the qualitative differences in the content and delivery of education. Therefore, adding the qualitative dimension—that is, what is taught at what depth and how—will facilitate a more accurate and substantive assessment of educational credentials.

ICN (2009) and Jeans et al. (2005) raise cautions about assuming equivalency of role, education, or practice standards for IENs who share the same registered nurse title. For example, in some countries nurses are educated at the secondary education level. When assessing these nurses’ education credentials for certificate exam eligibility, agencies have taken into consideration individually documented evidence of further academic study a particular nurse pursued after basic nursing education.

Additionally, assessing transcripts submitted by IENs poses a challenge if curricula are not organized around the four or five traditional subject or specialty areas (ICN, 2009; Jeans et al., 2005). Finally, logistic challenges always exist. For example, an IEN may be unable to provide credentialing evidence because of a nursing program closure or merger. Another frequently encountered
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<th>United Kingdom</th>
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| **Education** | - Minimum of 10 years of school before post-secondary nursing education  
- Minimum age 17.5 years at the start of nursing program  
- 3-year full-time nursing program or a program totaling 4,600 hours leading to registration/licensure as first-level general nurse in home country  
- 50% (2,300 hours) of program time in clinical training and at least one-third (1,533 hours) in theory  
- Theoretical and practical instruction in general and specialist medicine, general and specialist surgery, pediatric care, obstetric care, mental health and psychiatry, care of the elderly, community/primary care | - Bachelor’s degree  
- Minimum of six full-time semesters of nursing study with courses on theory and clinical experiences | - Bachelor’s degree in nursing  
- Courses on theory (must be within 300 to 500 hours) and clinical experiences (must be within 500 to 1,000 hours)  
- Content on medical-surgical nursing, maternal nursing, pediatric nursing, and mental-health nursing  
- Program must be approved by the BON or a Commission on Higher Learning designated by the board. |
| **Language proficiency** | - 7.0 in IELTS (academic version) for overall score and all components  
- Nurses from EU countries exempt from English language requirement | - 7.0 in IELTS (academic version) or at least Band OET  
- Eight other standardized English language tests acceptable  
- At least 3 years of French if applying in Quebec | - CELBAN: writing 7, reading 8, speaking 8, and listening 9  
- Most states accept the following standardized tests and passing scores:  
  - TOEFL: paper-based 540, computer-based 207; TWE: 4.0; TSE: 50; or TOEIC: 725 plus TWE: 4.0 and TSE: 50; or ILETS: 6.5 overall with a spoken score of 7.0 in the academic module  
- Criminal background check required by most states |
| **National licensure exam** | - Not applicable | - Not applicable | - Passing CRNE or professional examination if applying in Quebec.  
- Passing NCLEX-RN |
| **Registration/licensure** | - Current registration or licensure as first-level general nurse | - Current registration or licensure as first-level general nurse | - Current registration or licensure as first-level general nurse with verification  
- Current registration or licensure as first-level general nurse with verification |
| **Fitness for practice** | - Evidence of good health and good character (evaluated during and submitted at the end of supervised practice) | - Evidence on and attestation to absence of professional discipline, criminal record, mental and physical incapacity | - Character reference  
- Criminal record check |
|               |                                      |                                      |               |
challenge is submitting evidence of recent work experiences and employment references. IENs who fled their home countries and became refugees or asylum seekers because of domestic conflicts, international wars, or natural disasters may be unable to submit such evidence (ICN, 2009).

Inconsistency often exists between regulatory standards and immigration policies (Singh & Sochan, 2010). Nursing regulatory bodies and immigration services agencies need to increase coordination or harmonization of regulatory requirements to reduce the burden on IENs.

### Conclusions

Given the ongoing global shortage of nurses, the migration of nurses is unlikely to abate in the near future. In fact, regulatory bodies have been under pressure to meet challenges from the accelerating global nurse migration. Assessment of international nurse applicants for registration/licensure is critically important to regulatory agencies because of their mission of public protection. However, this important assessment task is complicated by cross-national differences in educational systems (including nursing education), national/official languages, and national or provincial/state registration/licensure requirements. Consequently, understanding regulatory standards and their similarities and differences is important to various stakeholders at the local, national, and international levels.

Developing evidence-based regulation for IENs and applying equivalence-based regulatory requirements consistently are imperative. Having a clear idea of regulatory standards for registration/licensure of IENs in other countries and understand their similarities and differences is a logical starting point toward this goal.

### References


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