HISPANIC NURSE SOLUTIONS

9770 S. Military Trail # 236, Boynton Beach, FL 33437

Entrance Application

Date (Fecha)________________

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Last Name (apellido) First Name (primer nombre) Middle initial (inicial Segundo nombre)

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Address (No P.O. Box) City (Ciudad) State (Estado) Zip Code

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Home phone (Tel de casa) Cellular Print e-mail (correo electronico)

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Social Security Number (Seguro Social) Drivers License number (Numerp de licencia de conducir)

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Reference (referencia personal) Name (Nombre) Phone No. (telefono) relationship (relacion a Ud.)

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Education (Pais de origen) University (Universidad)____

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Degree obtained (titulo obtenido) Year of graduation (fecha de graduacion)

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Programa deseado MD to ADN-BSN ( ) RN to BSN ( ) LPN to RN ( ) Other ( )

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Experience Attach to this application any relevant documentation of work experience

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Credential evaluation from (Evaluacion de Credentiales)

You must seek the translations and certification of your credentials from a certified organization, this certification must come directly from the certifying agency to Hispanic Nurse Solutions (entity to entity) (**IT will not be accepted coming from you) .** You must send a package which should be composed of this application ,you must also download and attach form W-9 fill it out , sign ,and attach a copy of your social security; download from I-9 Fill it out, sign and attach a copy of your immigration document even if you are a US citizen. Write A short essay “why do you want to be a BSN”; attach your curriculum; enclosed 2 letters of recommendation.

All of this must be mailed including the application fee of $ 350.00 money order (no checks accepted) written to SYLU Enterprises (**application fee is non refundable**)addressed to: .Hispanic Nurse Solutions 9770 S. Military Trail # 236, Boynton Beach, FL 33437.

Note: Every US State have their own additional requirements for licensure which change often. Neither HNS nor the Universities guarantee licensure.

I __________________________(signature of applicant) hereby declare that the information contained herein is true and correct under penalty of perjury.

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Signature (firma) Date (fecha)