HISPANIC NURSE SOLUTIONS

Entrance Application

Date (Fecha)________________

____

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

____

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

____

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

____

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

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Do you wish to be added to our database for news and updates related to the nursing career by e-mqail ? Yes ( ) No ( )
Desea que le enviemos noticias y actualizacion de cambios relacionados a enfermeria via correo electronico ? (marque una de las 2 elecciones) Yes ( ) no ( )

Whom should we contact for you in case of an emergency? A quien debemos notificar en caso de que surgiera una emergencia con Ud.?

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

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Education

____

Country of origin (Pais de origen)   University (Universidad)

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

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Experience

How many years of work experience in nursing do you have? Cuantos años de experiencia en enfermeria tiene?
1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( ) 7 ( ) 8 ( ) 9 ( ) 10 ( ) In what area? En que area?
List it please ; (por favor listarla)

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Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

EXAMS

Have you taken the NCLEX-RN exam? Yes ( ) No ( ) Ha tomado el examen NCLEX-RN ? Si ( ) No ( )

How many times have you taken it, and failed it ? 1 ( ) 2 ( ) 3 ( ) 4 ( )

Cuantas veces lo ha tomado y fallado ? 1 ( ) 2 ( ) 3 ( ) 4 ( )

I ___________________________swear that the information contained herein is true and correct under penalty of perjury. I also understand that acceptance to the NCLEX-RN preparation course is not guaranteed of attaining licensure. Approval to sit for the NCLEX-RN exam is made by the board of nursing to which I apply.

____   ____________________________

Signature (firma)   Date (fecha)