

Hispanic Nurse Solutions

Date (fecha) _____

NAME (NOMBRE)

_____ Last (apellido) _____ First
(primer) _____ Initial (inicial)

_____ A
Address (NO POB)

_____ City (Cuidad) _____ State
(estado) _____ Zip Code(codigo postal)

_____ social security number
_____ Telephone _____ Cell(cellular)

_____ Email (correo electronico)

Do you wish to be added to our database for news and updates _____ yes
_____ no . Quisiera recibir noticias pertinentes a enfermeria
Via correo electronico _____ si _____ no.

Whom should we contact in case of emergency ? A quien se deberia contactar en
caso de urgencia _____ ? (name/nombre)
_____ (relationship/relacion) _____ tel . /
telefono.

EDUCATION

_____ Country of origin (Pais de Origen)
_____ University(Universidad)

_____ Degree obtained(Titulo
Otorgado) _____ Year (ano)

EXPERIENCE

How many years of work experience in nursing do you
have? _____ Cuantos anos de experiencia en enfermeria? _____

EXAMS

**Have you taken the NCLEX –
RN ? _____yes _____no _____how many
times? _____**

**I, _____swear that the information contained herein is true and
correct under penalty of perjury. I also understand that acceptance to present the
NCLEX-RN is made by the board of nursing to which I apply.**

_____**Signature _____Date**