

Hispanic Nurse Solutions
Application for Domestic Foreign Nursing Graduate (Residing legally in US)

Date(fecha)_____

PERSONAL DATA

Name (Nombre)

_____ Last (Apellido)_____ First(Primer)_____ Initial(inicial)

_____ Address (Direccion) No POB

_____ City(Cuidad) _____ State (Estado)

_____ Telephone(H)(casa)_____ Cell(celular)

_____ Email (correo electronico) Do you wish to be added to our database for news updates(Quisiera ser incluido en nuestra base de data para noticias con respecto a la profesion) _____yes (si)_____no(no)

Whom should we contact in case of emergency ? A quien se debe contactar en caso de urgencia ? _____Name(nombre)_____relation(relacion)_____tel._____

EDUCATION

_____ Country of origin(Pais de Origin) Where were you educated (Donde Estudio _____ University (Universidad)

_____ How many of years was your program? Cuantos anos de estudio?

_____ Degree (titulo otorgado) Year of Graduation (ano de graduacion)_____

LANGUAGE

Have you ever taken the TOEFL (Ha aprobado el TOEFL) _____yes _____no ; Score(puntaje)_____ Date taken (fecha del examen)_____

Have you ever taken TSE (test of spoken English) _____yes _____no ;Score(puntaje)_____ Date taken (fecha del examen)_____

Have you ever taken IELTS (Ha aprobado) Cambridge _____yes _____no ;Score (puntaje)_____ Date take (fecha del examen)_____

Have you taken any ESOL clases (Ha tomado clases de ESOL) _____yes _____no _____ what level(que nivel)_____

No hablo Ingles _____ Estoy interesado en tomar clases via el internet _____si _____no

CREDENTIAL EVALUTION

Have you had Credential Evaluation Service (CES) by CGFNS completed ? Ha completado Evaluacion de Credenciales de CGFNS _____yes _____no ; If yes please provide your CGFNS id_____ ; if no please visit www.cgfns.org to begin the process

IMMIGRATION STATUS

Are you a US permanent Resident _____yes _____no ; US citizen _____yes _____no _____

If you are Cuban are you paroled?_____yes _____no ; Are you on a visa ?_____yes
_____no if yes which visa?_____ ; Other _____please attach seperate explanation.

EXPERIENCE

Please mark areas you have experience in and the number of years , position example â•“ floor nurse, supervisor, head nurse If manager how many nurses did you supervise number of beds. Favor marque las areas donde tiene experiencia , numero de anos de experiencia, y posicion ejemplo â•“ enfermero de piso, jefe, etc.... Si fue jefe cuantos enfermeros tuvo a su cargo , cuantas camas en la unidad?

_____Medical -Surgical_____ Years _____ Position _____ Managed _____ Beds

_____OR(Operating Room)_____ Years _____ Position _____ Managed _____ Beds

_____ICU(Intesive Care/Critical Care)_____ Years _____ Position _____ Managed _____ Beds

_____CCU (Cardiac Care)_____ Years _____ Positon _____ Managed _____ Beds

_____ER (Emergency Room)_____ Years _____ Position _____ Managed _____ Beds

_____PACU(Post-Anesthesia)_____ Years _____ Positon _____ Managed _____ Beds

_____OB(Obstetrics)_____ Years _____ Position _____ Managed _____ Beds

_____Other (otra Aria)_____ Years _____ Positon _____ Managed _____ Beds

Since living in the United States have you worked in an area related to the field of nursing?_____yes
_____no ; if yes where and when_____

EXAMS

Have you ever taken the NCLEX-RN (ha intentado el NCLEX-RN) _____yes _____no? Which state did you test through(atravez de cual estado) ?_____ How many times (cuantas veces)_____

Disclaimer: Applying to the HNS program does not guarantee being accepted ; HNS is a private program and reserves the right to decline acceptance based on educational background, immigration status or the inability on the part of the candidate to provide proof of their education.

If the candidate is accepted he/she understands that they will be subject to a three year work contract upon licensure in anyone of the fifty states ; The candidate understands this and is willing to relocate._____yes_____no_____ Initials_____

I, _____(candidate's name) hereby swear that the information provided herein is true and correct under penalty of perjury. I also understand that I will be interviewed and examined in order to be accepted to the HNS program.

_____Signature _____Date

Please note if accepted you will need to provide supporting documentation.

