

Hispanic Nurse Solutions  
Application for Domestic Foreign Nursing Graduate

Date(fecha)\_\_\_\_\_

PERSONAL DATA

Name (Nombre)

\_\_\_\_\_ Last (Apellido)\_\_\_\_\_ First(Primer)\_\_\_\_\_ Initial(inicial)

\_\_\_\_\_ Address (Direccion) No POB

\_\_\_\_\_ City(Cuidad) \_\_\_\_\_ State ( Estado)\_\_\_\_\_ Pais

\_\_\_\_\_ 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 \_\_\_\_\_ level(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.cgfn.org](http://www.cgfn.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.

Do you have a tourist visa (tiene visa touristica)\_\_\_\_\_

### 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 understads 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.