

Registered Nurse Independent Contractor Application

Full Na	me:							Da	te:	
A 11	Last			First				<i>M.I.</i>		
Address	s: <u>Street Add</u>	lress						Ap	artment/Unit #	#
								-		
Home F	<i>City</i> Phone:		Cell Phone:		eMa		State	Zij	o Code	
Positior	n Applying F							e Available to		
Are voi	a citizen of	the United State	-s?	YES NC		on ant	_ horized	l to work in t	he IIS ?	YES NO
ne you				YES NC		ou aut	1011200			
Have you ever worked for CCT Nurses, Inc.?				YES NC		n?				
Have you ever been convicted of a felony? YES NO If yes, explain: If you were a veteran, what branch?										
				YES NO)					
Has you	ur nursing lice	ense ever been	suspended?		If yes, expl	ain: _				
							Ŋ	YES NO		
Has the	re ever been	an investigatior	where your	nursing pra	actice was in q	uestio	n?	I	yes, explai	n:
					AND TRAINI	NG				
Do vou	have a valid	CA RN Licens		NO If ves	s, provide: I	licens	e #:		Expires:	
j										
										YES NO
÷	-	ast two (2) year		1	n a critical car	e setti	ng (ICI	U/CCU/ED/C	CT)?	
CERT	-	S CERT	es of recent experies	CERT		e settin	ng (ICU E RT			YES NO EXPIRES
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I herby certify the facts set forth above are true and complete.	Applicant Signature:	Date: