

NURSES REGISTRATION FORM

Full Name:		Last Name	
Address 1:			
Address 2:			
City		State:	Zip
Country:			
Phone:		Email:	
Degree		License	
CGFNS Status:	<input type="checkbox"/> Passed	<input type="checkbox"/> Appeared	<input type="checkbox"/> Preparing
CGFNS Date:		Referrer:	
Field of Experience	Yrs	Field of Experience	Yrs
<input type="checkbox"/> Operating Room		<input type="checkbox"/> Labor & Delivery	
<input type="checkbox"/> ICU		<input type="checkbox"/> Recovery	
<input type="checkbox"/> CCU		<input type="checkbox"/> General Practice	
<input type="checkbox"/> Medical		<input type="checkbox"/> Psychiatric Nurse	
<input type="checkbox"/> Surgical		<input type="checkbox"/> Pediatric	
<input type="checkbox"/> ER		<input type="checkbox"/> Oncology	
<p>You can write a short profile of yourself or you may attach your complete resume. Nurses can go directly to the website for a completely FREE registration at http://www.nursetrust.com</p>			