



## SPONSORSHIP BIOGRAPHIC INFORMATION

PLEASE FILL OUT COMPLETELY!

SPONSORSHIP BIOGRAPHIC INFORMATION

Email Address: \_\_\_\_\_

EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

I am a      RN / PT / LPN / OTHER      \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Date Available: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_

Name(s) of Children: \_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Date/Place of Birth: \_\_\_\_\_

Current Immigration Status:       B1/B2 Visa       F1 Visa       J1 Visa       Other (specify) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ D/S \_\_\_\_\_ Others (specify) \_\_\_\_\_

### EDUCATIONAL BACKGROUND

NAME OF SCHOOLS ATTENDED & LOCATIONS	# of YRS ATTENDED	ATTENDANCE		TITLE OF DIPLOMA or DEGREE OBTAINED
		Entrance Date	Graduation Date	
<i>College or University of Nursing</i>		____ / ____ mo / yr	____ / ____ mo / yr	
School Name				
Location				
<i>Secondary Education / High School</i>		____ / ____ mo / yr	____ / ____ mo / yr	
School Name				
Location				
<i>Other</i>		____ / ____ mo / yr	____ / ____ mo / yr	
School Name				
Location				



**EXAMINATIONS/LICENSURES/CERTIFICATIONS**

CGFNS Certified:  Yes  No If yes, what is your CGFNS Certificate I.D. Number? \_\_\_\_\_

When & where did you take the test? \_\_\_\_\_

NCLEX Passer:  Yes  No If yes, which U.S. state did you apply your NCLEX? \_\_\_\_\_

When & where did you take the test? \_\_\_\_\_

Have you ever applied for ICHP/Visa Screen Certification?  Yes  No

If yes, when? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**List All Families and Relatives in the U.S.**

Name	Address	Contact Number(s)/Email
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit the forms, along with photocopies of the following:**

**LIST OF REQUIREMENTS**

1. Completed Sponsorship Biographic Information Form
2. Completed Employment Application
3. Copy of CURRENT Resume, with Job Descriptions
4. Copy of RN College Diploma, with attached English Translation (as applicable)
5. Copy of Board of Nursing License/Certificate
6. Copy of Current Nursing Board Photo ID Card (if any)
7. Copy of CGFNS Certificate (if any)
8. Copy of NCLEX Passing Letter
9. Copy of Visa Screen Certificate (if any)
10. Copy of College Transcript of Records
11. Copy of Birth Certificates - of self, spouse & children (as applicable)
12. Copy of Marriage Contract (if applicable)
13. Four (4) Passport-Sized Photos of Applicant

Thank you so much for your interest in the services we provide, and thank you for taking the time to fill out the paperwork. We truly look forward to assisting you and your family in attaining your dream of immigrating to the United States of America!!

Most sincerely,

**ESTRELLA R. KRISH - President, Professional Healthcare Associates, LLC.**

**JAIME M. RECABO, ESQ - Attorney and Counselor, Specializing in Immigration Law**

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