



Internationally Educated Nurses Courses APPLICATION FOR ADMISSION

First Name _____

Last Name _____

Home Address _____

Email _____

Phone _____

Course(s) Needed _____

Year of graduation from nursing program _____

Do you hold an RN license outside of the U.S.? yes no

Are you a licensed RN in the US? yes no

Are you a licensed LVN in the US? yes no

Are you currently employed in a patient care setting? yes no

(If employed in patient care setting, provide name of facility/agency and your position title)

Agency _____ Your title _____

I understand that it is my responsibility to thoroughly read and understand the requirements stated in my letter from the BRN, and answer the above questions honestly. Dominican is not responsible for analyzing or interpreting the contents of the letter.

Signature of applicant _____ Date _____

Upload this form to Castlebranch account (dg20) and include:

- a copy of your letter from the BRN stating the need for the course(s)
- a copy of your RN or LVN license (if applicable)
- proof of employment in a patient care setting (if applicable) — example: paycheck stub, letter from employer
- proof of health insurance