



Application for Admission: Internationally Educated Nurses Program

First Name: _____

Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone: _____

Email: _____

Home Address (City, State, Zip): _____

Course(s) Needed: _____

Country of Degree/License: _____

Nursing program graduation year: _____

- Do you have a SSN or tax ID, such as an ITIN? It is required. ☐ SSN ☐ Tax ID
- Do you hold an RN license outside of the U.S.? ☐ Yes ☐ No
- Are you a licensed RN in the U.S.? ☐ Yes ☐ No
- Are you a licensed LVN in the U.S.? ☐ Yes ☐ No
- Are you currently employed in a patient care setting? ☐ Yes ☐ No
 - If employed in a patient care setting, please provide:
 - Agency: _____
 - Position: _____

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.