



APPLICATION FOR EMPLOYMENT

REACH Staffing Consultants, INC., is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

1 Your name

First (given) and middle names (leave a space between names)

Last (family/surname) names (leave a space between names)

3 Your other names (if applicable)

Please print or type all other names appearing in your documents. Include legal documents verifying name change (for example: a marriage certificate).

Name before marriage

Other names (leave a space between names)

You birth date (spell the month and enter numbers for the day and year)

Your mailing address (**Note:** You are responsible for notifying REACH Staffing Consultants, INC. if your address changes)

Your gender

Month

Day

Year

Female

Male

4 Your U.S. Social Security Number (if you have one)

5

Your marital status

Divorced

Widowed

Married

Single (never)

Indicate the address where you reside

Street																								
Street																								
City																								
State/Province															Post/Zip code									
Country																								

7 Your details

Telephone (include country code and area code) phone (include country code and area code)	Mobile	Fax (include country code and area code)	
Email (required)	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May REACH contact you to discuss your transition to practicing in the U	Email <input type="checkbox"/>		
May REACH send you text messages? <input type="checkbox"/> Yes			
<input type="checkbox"/> No			
What is your preferred method of communication from REACH? <input type="checkbox"/>	Postal mail <input type="checkbox"/>		

8 Your citizenship

Birth country
Birth state/province
Native language
Country where you hold current citizenship

9 Your healthcare profession

Please print or type the title of the health care profession for which you are being assessed. See page 1 for explanation and page 9 for instructions. Audiologist Clinical laboratory scientist (medical technologist) Clinical laboratory technician (medical technician) Practical nurse / Licensed vocational nurse Occupational therapist Physical therapist Physician's assistant Registered nurse Speech language pathologist

Your education (Please note: Inaccuracies in this section will result in delay of the processing of your application)

Please list every school in the order you attended them, whether or not you completed each course. Explain any gaps in time in your educational history on a separate sheet. If the school has closed or merged with another school, provide the name and address where your records are located, if known. Also use a separate sheet if you attended more schools than there is room for in each table.

Primary education

Name of primary schools attended and contact information	Address, city and country	Month/Year entered	Month/Year	Name of diploma or certificate in its original language (please use English alphabet)
1		/	/	
CONTACT				
2		/	/	
CONTACT				

Secondary education (or equivalent)

Enclose a photocopy of your diploma, certificate or external exam certificate from your secondary school (or secondary school equivalent), including word-for-word English translations of each of these documents. External exam results and completion date verification must be submitted directly to REACH by the examining agency or school.

Name of secondary schools (or equivalent) attended and contact information	Address, city and country	Month/Year entered	Month/Year	Name of diploma or certificate in its original language (please use English alphabet)
1		/	/	
CONTACT				
2		/	/	
CONTACT				

Post-secondary (tertiary) non-health care education

Complete all information requested for your non-health care post-secondary (tertiary) schools.

Name of non-health care postsecondary (tertiary) schools attended and contact information	Address, city and country	Month/Year entered	Month/Year	Name of diploma or certificate in its original language (please use	Degree

				English alphabet)	
1		/	/		
CONTACT					
2		/	/		
CONTACT					
		/	/		
CONTACT					

Post-secondary (tertiary) health care education

Complete all information requested for your health care post-secondary (tertiary) schools. Complete the top section of the *Request for Academic Records/Transcripts* form and send it to each of your schools to complete. The school is requested to send to REACH directly your academic records/transcripts and the completed form. Audiologists, clinical laboratory scientists (medical technologists), clinical laboratory technicians (medical technicians), practical nurses, licensed vocational nurses, occupational therapists, physical therapists, physician’s assistants, registered nurses and speech language pathologists refer to the **Specific health care requirements**.

Name of health care postsecondary (tertiary) schools attended and contact information	Street, city, state/province, country (will be verified)	Professional title obtained	Month/Year entered	Month/Year	Name of diploma or certificate in its original language (please use English alphabet)	
1			/	/		
CONTACT						
2			/	/		
CONTACT						
3			/	/		

CONTACT					
---------	--	--	--	--	--

License/Registration/Diploma

I was never licensed/registered outside the United States. Yes No If "yes", please attach a separate sheet with an explanation ✓ Have any of your registrations/licenses/certification ever been revoked, suspended or restricted for any reason? Yes No If "yes", please attach a separate sheet with an explanation ✓ Does the country where you were educated require licensure for your profession? Yes No If "yes", please attach a separate sheet with an explanation ✓ Have you ever been licensed/registered in the country where you were educated? Yes No If "no", please explain

If yes, please indicate the title of your license/registration/diploma/certification and the registration number

If the country where you were educated does not issue a license/registration/diploma/certification, does your diploma/certificate give you the right to practice? Yes No

Are you licensed/registered in the United States? Yes No

If yes, are you licensed/registered with a state or national licensing authority? State National

Please name the states where you are licensed/registered and the registration numbers

Please name the national licensing authority which licensed/registered you

For registered nurses only: exams of nursing knowledge

Have you ever taken these Qualifying Exam®, the State Board Test Pool Examination (SBTPE), or the National Council Licensure

Examination for Registered Nurses or Practical Nurses (NCLEX-RN® or NCLEX-PN®)? Yes No

If yes, which? CGFNS Qualifying Exam® SBTPE NCLEX-RN® NCLEX-PN®

Have you ever passed any of the above exams? Yes No

If yes, which? CGFNS Qualifying Exam® SBTPE NCLEX-RN® NCLEX-PN®

If you passed either SBTPE or NCLEX-RN®, please print or type the date and location where you passed the examination

Month Day Year State/Province Country

Did passing of this exam lead to you obtaining a license being in the same state/province and country? Yes No

12 English language proficiency exam

instruction on completing the English language proficiency exam. Submit dates taken

ETS administration dates

TOEFL®		iBT		test	date:	Month
<input type="text"/>	<input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>	<input type="text"/>	
Spell month		Registration / Appointment number				

IELTS administration dates

Office: 1258 North 54th Street, Philadelphia PA 19131 Philadelphia Phone: 484-954-0374 : Email: reachstaffingconsultants.com

13 Fees and payment information

Application Fee is **\$35** non - refundable. Fees for REACH services are located online and are subject to change. Full payment for all services must be made before your files can be reviewed. If you use a credit card, you may pay online or *Payment can be made in U.S dollars or Naira*. Alternatively, you may submit an international money order or certified bank check paid in U.S. dollars, drawn on a U.S. bank, and made out to REACH. Personal checks are not accepted. Please do not send cash.

Please note: Any money submitted to REACH will first be applied to any unpaid balance on previous orders/services before new orders are processed. The fee covers processing your application, your certificate and reviewing your credentials.

✓ Terms and Conditions

All documents submitted, including academic records/transcripts, become the property of REACH and will not be returned to you. Do not send original diplomas, degrees, certificates, registrations or licenses.

No evaluation is conducted until REACH receives a complete application and full payment. Please include payment with your application. ✓ Fees are subject to change and are found on our website.

Any payment sent to REACH will be applied first to any unpaid balance from previous orders for products or services before it is applied as payment to this application.

You are given 12 months to meet the requirements of the initial application order, after which it expires. If an initial application that has been paid in full expires, you have up to 12 months to apply for a reprocess (another 12 months on that application) and fully pay the reprocess fee listed in the fees table at [our website](#). If you have NOT paid in full, or if fees paid were applied to previous services, and the initial application order expires, you do not qualify for the reprocess, but must submit a new application and pay the full fee to have 12 months to process the application and complete all the requirements. The subsequent 12 months begins when we receive the application ("If your application expires").

No refund is given after an application is submitted.

If your application includes any forged, altered or falsified documents or information, REACH will not continue to work with you.

I agree to the Terms and Conditions of the Visa Credentials Assessment outlined above.

I certify that all information that REACH has received as a part of this application now or in the past from me or from a third party on my behalf, is true and complete. I also certify that all documents which have been submitted to REACH for any purpose have not been falsified, altered or tampered with by any person.

I understand that REACH and others will rely on this application and on the documents and information submitted, and that if any of the items are falsified, altered or tampered with or if I alter or misrepresent a copy as an original, REACH may take action against me as it deems appropriate and the consequences could adversely affect my professional license, immigration status, employment and other matters from which I release REACH from all liability.

I authorize REACH to disclose the information and documents in this application, the status of any REACH certificates, reports or evaluations prepared by REACH, any other information obtained by REACH, and the results and reasons for any action taken against me by REACH to any person or organization I designate in writing or to any other recipient who

REACH may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.

I understand that REACH may revoke my application if it determines that I was not eligible to receive it or that it was otherwise issued in error.

You must sign and date this application in order for it to be processed.



Your signature

Sign entire name Print your name

Date

Month / Day / Year

