



INS/AHSA CANDIDATE SUBMISSION (CS) FORM

Travel, Local Contract, and Locum Tenens Services

Member Health Care Facility:	
City/State:	
Agency Name:	INDEPENDENT NURSING SERVICES INC

Candidate Name:	
Designation - RN, RRT, Phys.(E.D.):	

Date:		Total Pages Sent:	
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CANDIDATE CONTACT INFORMATION

Phone Numbers:	
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CANDIDATE INFORMATION

Pertinent Candidate Experience (# of Years):	
License/Cert./Reg. - Active State/s:	
Date Available to Start Assignment:	
Previous Travel/Locums Exp. (Y/N, # Years):	