



## APPLICATION PACKAGE CHECKLIST

Please utilize this checklist to assist you in the completion of the application process. When returning the following documents to us, please ensure that they are neat and legible.

- Employment Application Form
- Skills Checklist
- Reference Request Forms x 3
- Copy of Professional License(s)
- Copies of Professional Certifications and Credentials
- Refer a Friend Form

Please return these items via:

**Fax:** [800] 978-8556

**OR**

**Mail:** Nurses in Partnership, Inc.  
28118 Agoura Road, Suite 100,  
Agoura Hills, CA 91301

Thank you for considering **Nurses in Partnership, Inc.**