

Nursefinders®

an AMN Healthcare company

Subject: Form I-9 Processing

Dear Notary Public:

We are authorizing you to serve as an employer representative in order to facilitate our hiring of the healthcare professional with whom you are meeting. Please therefore:

1. Supervise the photocopying of original document(s) presented to you (one from List A, or one from List B and one from List C- per the back of Form I-9).
2. Seal the photocopy of the original document(s).
3. Complete, sign and seal the form below.

If you have any questions regarding our request, please call Quality Assurance Department at 1-866-245-1424. Thank you,

NurseFinders

Notary Public Certified Copy Certificate

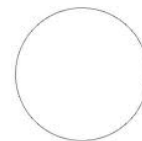
STATE OF _____ COUNTY OF _____

On this _____ day of _____, 201____, I attest that the attached document(s) is (are) a true, exact, complete, and unaltered photocopy of _____

who presented before me and that the photocopied document is neither a public record nor a publicly recordable document, certified copies of which are available from an official source other than a Notary Public.

1 from LIST A	OR	1 from LIST B	AND	1 from LIST C
Document Title: _____		_____		_____
Issuing Authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___

Print Name of Notary Public



Notary Seal

Signature of Notary Public