



Nurse Hero Solutions – Facility Intake Form

Thank you for choosing Nurse Hero Solutions. Please complete the following intake form so we can efficiently assist you with your staffing needs.

Facility Information:

- Facility Name: _____
- Facility Address: _____
- Primary Contact Name: _____
- Title/Position: _____
- Contact Phone Number: _____
- Contact Email: _____

Position Details:

- Types of Positions Needed (Director, RN, New Grad RN, Physical Therapist, etc.):

- Number of Open Positions: _____
- Shift Requirements: _____

Qualifications and Requirements:

- Required Certifications (e.g., ACLS, BLS, CPR, etc.): _____

- Minimum Years of Experience: _____



- Specialty Areas Needed (e.g., ICU, Pediatrics, Orthopedics, etc.): _____

- Additional Skills or Qualifications: _____

Incentives Information:

- Sign-on bonus: _____

- Relocation: _____

- PTO: _____

- Any Special Notes or Requests: _____

Authorization:

- Authorized Facility Representative Signature: _____

- Printed Name: _____

- Title: _____

- Date: _____

Thank you for your submission! We look forward to partnering with you to fulfill your staffing needs. Please submit the completed form to **contact@nurseherosolutions.com** or contact us directly at **254-226-1344**.