

Child Care Health Consultant (Nurse)

Cash Remittance

Your Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Name of person referred: _____

Phone: _____

Email: _____

I understand that the person referred must be hired by Nurse Consultants LLC for me to receive my first \$100.00 payment and must continue employment for at least six (6) months for me to receive my second payment of \$100.00.

Please mail to Nurse Consultants LLC, 155 Windermere Ave,
unit 2602, Ellington, CT. 06029

Or

Email: info@nurseconsultantsllc.com