Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950

HUMAN RESOURCES

EXAMINATION ANNOUNCEMENT NO. 26-114

POSITION:	**REGISTERED NURSE**	OPENING DATE:	**09/02/2026**
NO. OF VACANCIES:	**20**	CLOSING DATE:	**09/23/2026**
SALARY:	**$24.13 per Hour** *Estimated annual salary is **$50,190.40** per year.*		
WORKSITE LOCATION:	Nursing Services Commonwealth Health Center 1178 Hinemlu' St. Garapan Saipan, MP 96950 Commonwealth Healthcare Corporation		

DUTIES:

Assesses, implements, evaluates, and develops a written nursing plan of care. Evaluates and revises the nursing care plan as necessary to meet the stated goals. Responsible for the admission and discharge of assigned patients. Guides Licensed Practical Nurses (LPNs), Graduate Nurses (GNs), and Certified Nursing Assistants (CNAs). Communicates thoroughly and effectively with members of the medical staff, other healthcare professionals, patients, and family members. Demonstrates current knowledge of the legal and ethical standards of nursing practice and patient care. Participates in Quality Assurance and Performance Improvement (QAPI) and Continuous Quality Improvement (CQI) programs. Administers prescribed medications and treatments. Manages and controls the administration of narcotic prescriptions. Initiates intravenous infusion and adds medications as ordered by the physician. Manages the total nursing care of assigned patients. Must practice safe and sound nursing judgments in providing care for assigned patients. Must be able to prioritize, be flexible, and manage time efficiently to accommodate workflow and variability within the unit. Ensures that Medicare and other US regulatory standards are applied and practiced by all nursing professionals. Performs as Charge Nurse when assigned. Performs duties as a preceptor or mentor as assigned. Performs other related duties as assigned.

MINIMUM QUALIFICATION REQUIREMENTS:

Associates of Science degree in Nursing from a recognized or accredited school of nursing or foreign equivalent. Must pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and be licensed as a Registered Nurse (RN) by the Northern Mariana Islands Board of Nursing (NMI BON) to practice nursing in the Commonwealth of the Northern Mariana Islands (CNMI). Must possess a valid Basic Life Support (BLS) and/or Advanced Cardiovascular Life Support (ACLS) certificate. And, Neonatal Resuscitation Program (NRP) and Pediatric Advanced Life Support (PALS) certificates as required by assigned nursing unit. Computer literate. No work experience required.

ADDITIONAL JOB INFORMATION:

This position is a temporary, Full-Time employment status at 40 hours per week, with a shift schedule of eight (8) to twelve (12) hours per day from 7:00am to 7:00pm, Monday through Sunday with flexible

CHCC is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, sex, disability, age, mental or veteran status, the presence of a non-job-related medical condition or disability, or any legal protected status.

day(s) off per week. Employment start date will begin on December 15, 2026 through December 14, 2029. This position is paid on a bi-weekly basis (2-week period). Fringe benefits: Paid time off & holidays.

NOTE(S):

- Three-Fourths Guarantee as explained in 20 CFR 655, Subpart E in Form ETA-9142C: "Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first day of need, whichever is later, and end on the expiration date specified in the work contract or in its extensions, if any."
- Transportation and Subsistence as explained in 20 CFR 655, Subpart E in Form ETA-9142C: "If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved."
- Employer-Provided Tools and Equipment 655.423(k): Workers will be provided, without charge or deposit charge, all tools, supplies and equipment required to perform the duties assigned.
- Overtime Available: No, this position is **"EXEMPT"** and is NOT eligible to receive overtime compensation pursuant to the Fair Labor Standards Act (FLSA) of 1938 Federal Law.
- Deduction from Pay: CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical & Dental Insurance, Life Insurance and 401a Retirement Plan.

INTERESTED PERSONS SHOULD SEND THEIR COMPLETED APPLICATION FORMS TO:

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to the Human Resources Office. The HR Office is open Monday through Friday from 7:30 AM to 4:30 PM and is CLOSED on weekend/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670)236-8202 / (670)234-8950 to apply for the job opportunity posted on the CHCCs official website: https://www.chcc.health/job-opportunities.php. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.

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OMB Approval: 1205-0534
Expiration Date: 9/30/2026

CW-1 Application for Temporary Employment Certification
Form ETA-9142C
U.S. Department of Labor

***IMPORTANT**: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at http://www.foreignlaborcert.doleta.gov/. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.*

A. Nature of CW-1 Application

1. Type of Application *(choose only one)* *	☑ New employment	☐ Renewal of approved employment
2. **CW-1 Permit Renewal:** If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. §		
3. **Long-Term Worker:** Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? *	☐ Yes	☑ No
4. **Cap-Exempt Worker:** Will any of the CW-1 workers employed under this application be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? *	☐ Yes	☑ No
5. **Emergency Situation:** Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? *	☐ Yes	☑ No
FOR EMERGENCY SITUATIONS ONLY **If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.**		
6. Is a statement justifying the employer's emergency situation attached to this application? §	☐ Yes ☐ No	☑ N/A
7. Is a completed Form ETA-9141C, *Application for Prevailing Wage Determination* (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. §	☐ Yes ☐ No	☑ N/A

B. Employer Information

1. Legal Business Name * Commonwealth Healthcare Corporation		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 * 1178 Himenlu' St. Garapan		
4. Address 2 *(apartment/suite/floor and number)* § P O Box 500409		
5. City * Saipan	6. State * Northern Mariana Islar	7. Postal Code * 96950
8. Country * United States Of America	9. Province §	
10. Telephone Number * +16702368202	11. Extension §	
12. Federal Employer Identification Number *(FEIN from IRS)* * 66-0774364	13. NAICS Code * 62211	
14. Type of Employer *(Choose only one)* *	☑ Individual Employer	☐ Job Contractor – Joint Employer
FOR JOB CONTRACTORS ONLY **If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items.**		
15. A completed **Appendix A** identifying the employer-client is attached to this application. §		☐
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §		☐

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C. Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Muna	Esther	Lizama

4. Contact's Job Title *
Chief Executive Officer

5. Address 1 *
1178 Hinemlu' St. Garapan

6. Address 2 *(apartment/suite/floor and number)* §
P O Box 500409

7. City *	8. State *	9. Postal Code *
Saipan	Northern Mariana Is	96950

10. Country *	11. Province §
United States Of America	

12. Telephone Number *	13. Extension §	14. Business Email Address *
+16702368202		chcchr2011@gmail.com

D. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.	☐ Attorney ☐ Agent ☑ None

2. Attorney or Agent's Last (family) Name §	3. First (given) Name §	4. Middle Name(s) §

5. Address 1 §

6. Address 2 *(apartment/suite/floor and number)* §

7. City §	8. State §	9. Postal Code §

10. Country §	11. Province §

12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address §

15. Law Firm/Business Name §	16. Law Firm/Business FEIN §

FOR ATTORNEY USE ONLY
If "Attorney" is marked in question D.1, complete questions 17 – 19 below.

17. State Bar Number(s) §	18. State of highest state court where attorney is in good standing §

19. Name of the highest state court where attorney is in good standing §

FOR AGENT USE ONLY
If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.

20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §	☐

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U.S. Department of Labor

E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code *	2. SOC Occupation Title *
29-1141.00	Registered Nurses

3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	P-500-26176-048507

b. Job Offer and Minimum Requirements

1. Job Title *
Registered Nurse

2. Workers Needed *	Period of Intended Employment	
26	3. Begin Date: * 12/15/2026	4. End Date: * 12/14/2029

5. Job Duties – Description of the specific services or labor to be performed. *
(All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.)

Please See Addendum

6. Anticipated days and hours of work per week *(an entry is required for each box below)* *

40	**a. Total Hours**	12	c. Monday	4	e. Wednesday	0	g. Friday
12	b. Sunday	12	d. Tuesday	0	f. Thursday	0	h. Saturday

7. Hourly work schedule *

a. 7 : 00 ☑ AM ☐ PM

b. 7 : 00 ☐ AM ☑ PM

8. Education: minimum U.S. diploma/degree required. *

☐ None ☐ High School/GED ☑ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)

9. Training: number of months required. *	0	10. Work Experience: number of months required. *	0
11. Supervision: does this position supervise the work of other employees? *	☐ Yes ☑ No	11a. If "Yes" to question 11, enter the number of employees worker will supervise.§	

12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. *

Please See Addendum

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U.S. Department of Labor

c. Place of Employment and Wage Information

1. Worksite Address * 1178 Hinemlu' St. Garapan		
2. Worksite Address § *(apartment/suite/floor and number)* P O Box 500409		
3. City * Saipan	4. State * Northern Mariana Islan	5. Postal Code * 96950
6. Basic Wage Rate Paid * From: $ 24 . 13 * To: $ _____ . ____	6a. Overtime Wage Rate Paid § From: $ _____ . ____ To: $ _____ . ____	
7. Per *(Choose only one)* * ☑ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	7a. Additional conditions about the wage rate to be paid. § Fringe Benefits: Paid Time Off & Holidays	
8. Frequency of Pay. * ☐ Daily ☐ Weekly ☑ Biweekly ☐ Other *(specify)*: _____		
9. Will work be performed at worksite locations other than the one identified above? *	☑ Yes ☐ No	
10. If "Yes" is marked in question E.c.9, a completed **Appendix B** is attached to this application. §	☑	

d. Other Material Terms and Conditions of the Job Offer

1. **I have read and agree to provide** the following terms and conditions with this job offer as fully explained in Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. *	☑ Yes ☐ No

- **Three-Fourths Guarantee:** Workers will be offered employment for a total number of work hours equal to at least three-fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.
- **Transportation and Subsistence:** If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.

2. **Daily Transportation:** Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. *	☐ Yes ☑ N/A
3. **Overtime Available:** Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *	☐ Yes ☑ N/A
4. **On-the-Job Training Available:** Workers will be provided with on-the-job training to perform the duties assigned. *	☐ Yes ☑ N/A
5. **Employer-Provided Tools and Equipment:** Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	☑ Yes ☐ N/A
6. **Board, Lodging, or Other Facilities:** Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	☐ Yes ☑ N/A

7. **Deductions from Pay**: State all deduction(s) from pay and, if known, the amount(s). *

CNMI Tax, Federal Tax, Medicare and Social Security. Optional: Medical & Dental Insurance, Life Insurance, 401(a) Retirement Plan.

e. Recruitment Information

1. Explain how prospective U.S. applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. *
Please See Addendum

2. Telephone Number to Apply *	3. Email Address to Apply *
+16702368202	apply@chcc.health

4. Website address (URL) to Apply *
https://www.chcc.health/job-opportunities.php

F. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in **Appendix C** and have attached a signed and dated copy of Appendix C with this application. *	☑ Yes ☐ No
2. Please confirm that the employer-client identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix C** and has attached a separate signed and dated copy of Appendix C with this application. *	☐ Yes ☐ No ☐ N/A

G. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
Tudela	Vanessa	D

4. Law Firm/Business FEIN §	5. Law Firm/Business Name §
66-0774364	Commonwealth Healthcare Corporation

6. Law Firm/Business Email Address §
vanessa.tudela@chcc.health

For the public burden statement, please see the Form ETA-9142C, General Instructions.

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ADDENDUM

Section E.b.5: Job Duties

Assesses, implements, evaluates, and develops a written nursing plan of care. Evaluates and revises the nursing care plan as necessary to meet the stated goals. Responsible for the admission and discharge of assigned patients. Guides Licensed Practical Nurses (LPNs), Graduate Nurses (GNs), and Certified Nursing Assistants (CNAs). Communicates thoroughly and effectively with members of the medical staff, other healthcare professionals, patients, and family members. Demonstrates current knowledge of the legal and ethical standards of nursing practice and patient care. Participates in Quality Assurance and Performance Improvement (QAPI) and Continuous Quality Improvement (CQI) programs. Administers prescribed medications and treatments. Manages and controls the administration of narcotic prescriptions. Initiates intravenous infusion and adds medications as ordered by the physician. Manages the total nursing care of assigned patients. Must practice safe and sound nursing judgments in providing care for assigned patients. Must be able to prioritize, be flexible, and manage time efficiently to accommodate workflow and variability within the unit. Ensures that Medicare and other US regulatory standards are applied and practiced by all nursing professionals. Performs as Charge Nurse when assigned. Performs duties as a preceptor or mentor as assigned. Performs other related duties as assigned.

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ADDENDUM

Section E.b.12: Special Requirements

Associates of Science degree in Nursing from a recognized or accredited school of nursing or foreign equivalent. Must pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and be licensed as a Registered Nurse (RN) by the Northern Mariana Islands Board of Nursing (NMI BON) to practice nursing in the Commonwealth of the Northern Mariana Islands (CNMI). Must possess a valid Basic Life Support (BLS) and/or Advanced Cardiovascular Life Support (ACLS) certificate. And, Neonatal Resuscitation Program (NRP) and Pediatric Advanced Life Support (PALS) certificates as required by assigned nursing unit. Computer literate. No work experience required.

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ADDENDUM

ADDENDUM SECTION E.e.1: Recuritment Information

Interested applicants may be considered for employment by submitting a completed Commonwealth Healthcare Corporation (CHCC) Employment Application to the Human Resources Office. The HR Office is open Monday through Friday from 7:30 AM to 4:30 PM and is CLOSED on weekends/holidays. Applicants may contact the employer via email at apply@chcc.health or via telephone at (670)236-8202 / (670)234-8950 to apply for the job opportunity posted on the CHCCs official website: https://www.chcc.health/job-opportunities.php. Employment Applications are made available on the CHCC website and at the CHCCs HR & Main Cashier Office.

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1. City *	2. Postal/ZIP Code *	3. Additional Place of Employment Information § (Address—e.g., street address, area, town, village, geographic identification)	4. Additional Work Itinerary Information §						
			Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate (in $) From:	Basic Wage Rate (in $) To:	Per
Tinian	96952	San Jose Village		3	12/15/2026	12/14/2029	$24.13		Hour
Rota	96951	Songsong Village		3	12/15/2026	12/14/2029	$24.13		Hour

For the public burden statement, please see the Form ETA-9142C, General Instructions.

CW-1 Case Number: C-500-26231-178012 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____