| | - | OMB AP | PROVAL | |
|---|--|--|---|---|
| | E: E: hi | xpires: De stimated avera ours per respo | 3235-0104 cember 31, 2001 ge burden nse0.5 | |
| | RITIES AND EXCHANGE Co Vashington, D.C. 20549 | OMMISSION | | |
| | FORM 3 | | | |
| INITIAL STATEMENT | OF BENEFICIAL OWNERS | HIP OF SECURIT | IES | |
| Filed pursuant to Section Section 17(a) of the Pu Section 30(f) o | | Company Act of | 1935 or | |
| (Print of Type Responses) | | | | |
| 1. Name and Address of Repor | ting Person* | | | |
| HWH Nightingale, L.P. | | | | |
| (Last) | | (Middle | | |
| c/o Haas Wheat & Partners 300 Crescent Court, Suite | 1700 | | | |
| | (Street) | | | |
| Dallas | ТХ | 752 | | |
| (City) | (State) | (Zip) | | |
| 2. Date of Event Requiring S | statement (Month/Day/Ye | ear) | | |
| 11/12/2001 | | | | |
| 3. IRS Identification Number | of Reporting Person, | if an Entity | (Voluntary) | |
| | | | | |
| 4. Issuer Name and Ticker or | Trading Symbol | | | |
| AMN Healthcare Services, | Inc. ("AHS") | | | |
| 5. Relationship of Reporting (Check all applicable) | Person to Issuer | | | |
| <pre>[_] Director [_] Officer (give title</pre> | [X] below) [_] | 10% Owner Other (specif | y below) | |
| 6. If Amendment, Date of Ori | ginal (Month/Day/Year |) | | |
| | 5 | , | | |
| 7. Individual or Joint/Group | Filing (Check appli | cable line) | | |
| [X] Form Filed by One Re | porting Person | | | |
| [_] Form Filed by More t | han One Reporting Per | son | | |
| | RIVATIVE SECURITIES B | ENEFICIALLY OW | NED | |
| | ======================================= | | | |
| Title of Security (Instr. 4) | 2. Amount of s Beneficial (Instr. 4) | Securities ly Owned | Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | : 4. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | (1) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Reminder: Report on a separate owned directly or in | | of securities | beneficially | |
| <pre>* If the Form is filed by m 5(b)(v).</pre> | | ng Person, s | ee Instruction | |

POTENTIAL PERSONS WHO ARE TO RESPOND TO THE COLLECTION OF INFORMATION CONTAINED

IN THIS FORM ARE NOT REQUIRED TO RESPOND UNLESS THE FORM DISPLAYS A CURRENTLY VALID OMB NUMBER.

(Over) SEC 1473(3-99)

FORM 3 (continued)

TABLE II -- DERIVATIVE SECURITIES BENEFICIALLY OWNED (E.G., PUTS, CALLS, WARRANTS, OPTIONS, CONVERTIBLE SECURITIES)

| | Date Exercisable and Expiration Date (Month/Day/Year) | | Title and Amount of Securities Underlying Derivative Security (Instr. 4) Amount Are | | 4. | Conver- sion or Exercise | 5. | Owner- ship Form of Derivative Security: Direct (D) or | 6. | Nature of Indirect |
|---|---|-------------------------|--|------------------------------|----|------------------------------------|----|--|----|---------------------------------------|
| 1. Title of Derivative Security (Instr. 4) | Date Exer- cisable | Expira- tion Date | Title | or Number of Shares | | Price of Derivative Security | | (D) Of Indirect (I) (Instr. 5) | | Beneficial Ownership (Instr. 5) |
| | | | | | | | | | | |

- -----

Explanation of Responses:

(1) The Reporting Person is the general partner of HWH Nightingale Partners, L.P. and may be deemed to beneficially own the securities held by such person. The Reporting Person disclaims beneficial ownership of such securities in excess of its direct or indirect interest in the profits or capital accounts of HWH Nightingale Partners, L.P. and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of these securities in excess of such amount.

The Reporting Person may be deemed a member of a Section 13(d) group that owns more than 10% of the Issuer's outstanding Common Stock. However, the Reporting Person disclaims such group membership, and this report shall not be deemed an admission that the reporting person is a member of a Section 13(d) group that owns more than 10% of the Issuer's outstanding Common Stock for purposes of Section 16 or for any other purpose.

HWH NIGHTINGALE, L.P.

By: HWH NIGHTINGALE, L.L.C., its General Partner

| By: /s/ Ro | bert Haas | November 13, 2001 | | | | | |
|------------|-----------------|-------------------|--|--|--|--|--|
| | | | | | | | |
| Name: | Robert Haas | Date | | | | | |
| Title: | Managing Member | | | | | | |

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

Page 2