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OMB APPROVAL  
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U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 3

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

(Print of Type Responses)

1. Name and Address of Reporting Person\*

HWP Capital Partners II, L.P.

-----  
(Last) (First) (Middle)

c/o Haas Wheat & Partners, L.P.  
300 Crescent Court, Suite 1700

-----  
(Street)

Dallas TX 75201

-----  
(City) (State) (Zip)

2. Date of Event Requiring Statement (Month/Day/Year)

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 Person to Issuer  
(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)

SEE "EXPLANATION OF RESPONSES" BELOW.

6. If Amendment, Date of Original (Month/Day/Year)

7. Individual or Joint/Group Filing (Check applicable line)

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

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TABLE I -- NON-DERIVATIVE SECURITIES BENEFICIALLY OWNED

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| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership Form:<br>Direct (D) or<br>Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 4) |
|------------------------------------|---|---|--|
|------------------------------------|---|---|--|

|   |           |   |  |
|---|-----------|---|--|
| Common Stock, par value \$.01 per share | 1,326,418 | D |  |
|---|-----------|---|--|

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the Form is filed by more than one Reporting Person, see Instruction 5(b)(v).

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

FORM 3 (continued)

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

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| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |   |   |
| -----                                      |  |                 |   |                            |  |   |   |
| -----                                      |  |                 |   |                            |  |   |   |
| -----                                      |  |                 |   |                            |  |   |   |
| -----                                      |  |                 |   |                            |  |   |   |
| -----                                      |  |                 |   |                            |  |   |   |
| -----                                      |  |                 |   |                            |  |   |   |

Explanation of Responses:  
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.

HWP CAPITAL PARTNERS II, L.P.  
By: HWP II, L.P., its General Partner  
By: HWP II, LLC, its General Partner

By: /s/ Robert Haas  
-----  
Name: Robert Haas  
Title: Managing Member

November 13, 2001  
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Date

\*\* 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.