		OMB APF	PROVAL	
	Ex Es ho	MB Number: kpires: Dec stimated averag ours per respor	cember 31, 2001 je burden ise0.5	
	ITIES AND EXCHANGE CC shington, D.C. 20549	OMMISSION		
	FORM 3			
INITIAL STATEMENT	OF BENEFICIAL OWNERSH	IP OF SECURITI	ES	
Filed pursuant to Section Section 17(a) of the Pub Section 30(f) of		Company Act of	1935 or	
(Print of Type Responses)				
1. Name and Address of Report	ing Person*			
HWP Nightingale II, L.P.				
(Last)	(First)	(Middle)		
c/o Haas Wheat & Partners, 300 Crescent Court, Suite	1700			
	(Street)			
Dallas	TX	7520		
(City)	(State)	(Zip)		
<ol> <li>Date of Event Requiring St 11/12/2001</li> </ol>	atement (Month/Day/Ye	ear)		
3. IRS Identification Number	of Reporting Person	if an Entity (	Voluntary)	
	of Reporting Ferson,	in an Enercy (	voluntaryy	
4. Issuer Name and Ticker or	Trading Symbol			
AMN Healthcare Services, I	nc. ("AHS")			
5. Relationship of Reporting (Check all applicable)	Person to Issuer			
[_] Director [_] Officer (give title b	[X] elow) [_]	10% Owner Other (specify	/ below)	
6. If Amendment, Date of Orig	inal (Month/Day/Year)			
7. Individual or Joint/Group	Filing (Check applic	cable line)		
[X] Form Filed by One Rep [_] Form Filed by More th	orting Person an One Reporting Pers			
TABLE I NON-DER	IVATIVE SECURITIES BE	ENEFICIALLY OWN	IED	
1. Title of Security (Instr. 4)	2. Amount of S Beneficiall (Instr. 4)	3 Gecurities Ly Owned	B. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 4)
				(1)
Deminder, Deport on a service	ling for each also		onoficially	
Reminder: Report on a separate owned directly or ind		n securities D	JEHEI TOTATTÀ	
<pre>* If the Form is filed by mo 5(b)(v).</pre>	re than one Reportin	ng Person, se	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)

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

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Explanation of Responses:

(1) The Reporting Person is the general partner of HWP Nightingale Partners II, 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 HWP Nightingale Partners II, 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.

HWP NIGHTINGALE II, L.P.

By: HWP Nightingale II, LLC, its General Partner

By:	/s/ Robert Haas	November 13, 2001					
	Name: Robert Haas Title: Managing Member	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.

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