



UMS currently has agreements to provide contract nurses to over fifty medical facilities in Lafayette and the surrounding areas. These facilities require basic information about the nurses who perform services at their facilities. In an effort to provide better services to both the contract nurses and the facilities, UMS has assembled the information required by the various facilities in the enclosed packet.

If you wish to contract your services to any of our facilities, please fill out the enclosed package and return it to our office. We will in turn forward this information to any facility you choose to work with. Please advise our staff of your available shift times and areas or departments of preference. Thank you for choosing to contract your services through UMS. If you have any questions, please contact our office.

Information Checklist

The following items are contained in the information package:

1. **Contract Nurse Information**
2. **Payment Instruction Form**
3. **W-9 Tax Form**
4. **Agreement for Contract Nursing**
5. **Hepatitis B Form**
6. **Age Specific Criteria Checklist**
7. **Skills Assessment Checklist**
8. **Skills Checklist (ER, ICU, Med/Surg, etc.)**
9. **Consent for Criminal Background Check**
10. **Confidentiality Statement**
11. **HIPPA Privacy Protection**

If you wish to contract your services through United Medical Staffing, Inc., please submit the following:

1. **Driver's license**
2. **Social Security Card**
3. **Current Nursing License**
4. **Current CPR card**
5. **Other certification you may have**
**Ex. CPI, NALS, PALS, ACLS, IV certification (LPN)
6. **Current TB/PPD verification or Recent Chest X-ray**
7. **Proof of Malpractice Insurance (If applicable)**
8. **Proof of Worker's Compensation (If applicable)**
9. **Proof of Hepatitis B series if applicable**
10. **Name tag with name and title**

All medical facilities require a yearly TB skin test, a current nursing license and a current CPR card. Please fax or bring your new Nursing License to UMS each January. Fax updated credentials to 337-769-9069.

Name of Company _____
Address _____
City/State/Zip _____
Phone No. _____
From _____ **To** _____
Position _____
Duties _____

Name of Company _____
Address _____
City/State/Zip _____
Phone No. _____
From _____ **To** _____
Position _____
Duties _____

Education:
School name #1: _____ **Yr. grad:** _____
City/State: _____, _____ **Degree:** _____
School name #2: _____ **Yr. grad:** _____
City/State: _____, _____ **Degree:** _____
School name #3: _____ **Yr. grad:** _____
City/State: _____, _____ **Degree:** _____

Other Licensure:
State: _____ **Lic.#:** _____ **Expires:** _____

Nursing License Number _____ **State** _____
Has your nursing license ever been suspended? _____ **If so, explain why.** _____

Malpractice Ins. Co. _____
Policy#: _____
Exp. date: _____

Worker's Compensation Insurance Co. and Policy No. _____
Exp. Date _____

Signature and Title:

Date:

United Medical Staffing, Inc.
Payment Instruction Form

I, the undersigned, do hereby instruct and direct United Medical Staffing, Inc, (UMS) to pay all sums due to me for services rendered as an independent contractor upon my submission of invoice.

I understand that I am an independent contractor and not an employee of UMS and it is my desire that UMS regard the information signed by me on the daily time slip as accurate. However, I do understand that UMS has total authority to verify any time slips before submitting payments.

I understand that I am self-employed and am responsible for filing and paying my own federal, Social Security and F.I.C.A. taxes. I further understand that UMS is not responsible for my tax liability for fees received while sub-contracting my services through UMS.

I authorize UMS to release my check to the following named persons:

1. _____
2. _____
3. _____
4. _____

I understand and agree that this release will remain valid until I notify UMS in writing, either by mail or personally hand deliver to UMS a written statement canceling this release. I further agree that I will hold UMS harmless for the monies due me if misappropriated by the above named individuals.

I would like my check mailed to me. (Initial if applicable)

1. _____

Signature _____

Date _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as reported on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
OF								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- an individual who is a citizen or resident of the United States,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- any estate (other than a foreign estate) or trust. See Regulation section 301.7701-6(a) for additional information.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

AGREEMENT TO SOLICIT AND PROVIDE NURSING SERVICES

This Agreement outlines the arrangement between _____, hereinafter referred to as IC and UNITED MEDICAL STAFFING, INC., hereinafter referred to as UMS. IC and UMS are the only parties to this agreement.

UMS's principal place of business is located at 109 South College Road, Lafayette, Louisiana 70503. IC's principal place of business is located at:

Street Address: _____
City/State/Zip: _____

In consideration of the terms hereinafter expressed, IC, the undersigned Independent Contractor, hereby contracts with UMS, to solicit professional nursing services on behalf of IC to be rendered by IC. IC hereby agrees to provide professional nursing services as a CERTIFIED NURSING ASSISTANT to various medical facilities with whom UMS has agreed to provide supplemental staffing services (hereinafter referred to as FACILITY). IC understands that IC is not guaranteed a position with any FACILITY or with UMS for any period of time and that IC will be asked to provide professional nursing services to FACILITY for periodic staffing projects as the needs of the FACILITY dictate and that this is beyond the control of UMS.

IC understands that in providing the services described in this contract that IC is not employed by UMS within the meaning of Louisiana Revised Statutes 23:1472(12)E or Internal Revenue Service Ruling 61-196, page 715 et seq. IC understands that the monies paid to IC are not wages and that this contract is not a contract of hire. IC agrees to provide professional nursing services to the FACILITY at a negotiated rate to be determined by UMS and IC on a case by case basis and that IC will be paid for those services by UMS on a case by case basis. IC understands that IC is not a member of the regular staff of UMS and that IC is not guaranteed a position with any FACILITY or with UMS. The express intention of the parties is that IC is an Independent Contractor and not an employee, agent, joint venture or partner of UMS. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between IC and UMS or any employee or agent of IC or UMS. Both parties acknowledge that IC is not an employee for state or federal tax purposes. IC understands that IC will perform professional nursing services at his or her sole discretion and control as requested by FACILITY.

IC understands and warrants that IC has a professional status and that IC holds himself out to the public and to UMS as capable of exercising an independent calling requiring specialized skills and that IC ordinarily has full discretion in administering IC's professional services and that IC is not under the direction or control of UMS so as to create an employment relationship with UMS. IC further declares that IC has complied with all federal, state and local business permit and licensing requirements necessary to conduct business.

IC understands that the fees for his or her services will be billed directly to the FACILITY by UMS at a rate different from what IC has negotiated with UMS and that IC may not directly bill the FACILITY to receive monies from the FACILITY. IC understands that IC will be paid at IC's discretion, upon submission of a written invoice to UMS.

IC agrees that if IC provides services directly to the FACILITY during the term of this agreement other than as an independent contractor through UMS, IC will be required to pay UMS \$1,000.00 in damages. This will apply only to FACILITIES for whom IC's services have been solicited through UMS.

IC represents to UMS and the FACILITY that he/she is duly licensed as a CERTIFIED NURSING ASSISTANT in the State of Louisiana and that in providing the referenced professional services, IC will be free from any control or direction by UMS in the performance of professional

services under this contract. IC further understands, warrants and represents that the referenced professional services will be provided outside of all of the places of business of UMS for which that service is performed and that IC is customarily engaged in the independently established profession as a CERTIFIED NURSING ASSISTANT. IC declares that IC has obtained professional liability insurance for any and all employees or agents of IC and that IC shall make all applicable premium payments, deductibles, and renewal payments for such policies of IC. IC also declares that IC has obtained workers' compensation for IC and any and all employees or agents of IC. IC agrees to hold harmless and indemnify UMS for any and all claims arising out of any injury, disability, or death of IC or any employees or agents of IC. IC understands that the insurance contract and other information IC provides to UMS may be disclosed to any FACILITY desiring to utilize IC's professional nursing services. IC understands that UMS shall not obtain or pay for any insurance on behalf of IC.

IC reserves the sole right to control or direct the manner in which services are to be performed. IC shall retain the right to perform similar services for other entities during the term of this Agreement.

IC shall perform the services required by this Agreement at any place or location and at any time as IC deems necessary and appropriate. IC shall be responsible for all costs and expense incidental to the performance of services contracted through UMS, including without limitation, all costs of fees, fines, licenses or taxes required of or imposed against IC and all other IC's costs of doing business. UMS shall not be responsible for any expenses incurred by IC in performing services contracted through UMS.

IC, may at its own expense, hire assistants or substitutes to perform services with or on behalf of IC subject to acceptance of assistants or substitutes by FACILITY. All such assistants and/or substitutes shall be employees of IC and not of UMS. IC assumes full responsibility for assistants and/or substitutes, including but not limited to all applicable state and federal taxes, unemployment insurance, social security, workers' compensation and other applicable taxes or withholdings.

IC further understands and agrees that as an independent contractor, IC will be responsible for all city, parish, state, federal, FICA, unemployment, professional and other taxes or fees which may accrue or become due as a result of any professional fees earned by IC for professional services rendered by IC pursuant to this contract. IC agrees to hold UMS completely harmless for the payment of the aforesaid taxes or fees and to fully indemnify UMS for any sums including all taxes, fees, costs, attorney fees (expended by UMS) and penalties (incurred by UMS) should IC not pay the aforesaid taxes or fees for any reason or should any agency seek to collect from UMS any taxes or fees due by IC. IC understands that IC will be responsible for filing quarterly federal and state tax returns and for paying all federal and state taxes due as a result of the fees earned for services rendered by IC. IC further acknowledges that federal and state taxes are due monthly and federal and state tax returns are due on April 30, July 31, October 31, and January 31 of each year.

The term of this agreement shall be for a period of 1 year from the date specified below.

This agreement signed in Lafayette, Lafayette Parish, Louisiana this ____ day of _____, 20____.

Accepted By:

UNITED MEDICAL STAFFING, INC.

Authorized Agent

Independent Contractor

Hepatitis B Vaccine Verification

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine from a physician or other facility of my choice and at my own expense. If I have already received the Hepatitis B vaccine or receive the vaccine in the future, I agree to provide the written documentation to verify the same to UMS if I will continue to contract my services through UMS as an independent contractor.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series from a physician or other facility of my choice and at my own expense.

With my signature in the appropriate space below, I hereby agree that I decline the Hepatitis B vaccine or have or will provide the written documentation to verify that I have received the Hepatitis B vaccination series.

I decline the Hepatitis B vaccine. _____

I have received the Hepatitis B vaccine. _____

I will provide verification of the Hepatitis B vaccine. _____

I will take the Hepatitis B vaccine and provide that info to UMS. _____

Date _____

AGE SPECIFIC CRITERIA CHECKLIST

Please check all applicable areas: Check all age groups that you have experience working with or N/A if no experience.

	Neo-Natal			Peds			Adolescent			Adult			Geriatrics		
	N	Y	N/A	N	Y	N/A	N	Y	N/A	N	Y	N/A	N	Y	N/A
Knowledge of human growth and development															
Ability to assess age specific data:															
Possesses skills/knowledge to perform treatments (IE: meds, equipment, etc.)															
Ability to interpret age specific data:															
Ability to interpret age specific response to treatment															
Ability to involve family or significant other in decision-making related to plan of care:															
<u>Independent Contractor's Signature:</u>										<u>Date:</u>					

CNA Skills Assessment Checklist

Name: _____ Date: _____

CNA #: _____ Expiration Date: _____

Certifications (List): _____

Past Experience (List places and areas you worked in/time spent there)

List experience in the last six months: _____

School and date when training was completed: _____

Skills List: (Check if you are experienced in the following areas)

- | | | |
|--|--------------------------------|------------------------------|
| Occupied Bed Making _____ | Complete Bed Bath _____ | Shower _____ |
| Unoccupied Bed Making _____ | Partial Bed Bath _____ | Setting up food tray _____ |
| Feeding patients _____ | Axillary Temp. _____ | Oral Temp. _____ |
| Rectal Temp. _____ | Apical Pulse _____ | Radial Pulse _____ |
| Respirations _____ | Blood Pressure _____ | Using a Stethoscope _____ |
| Turning Pt. _____ | Dangling Pt. _____ | Pt. up in chair _____ |
| Range of Motion _____ | Recording I&O _____ | Enemas _____ |
| Collection of Urine _____ | Clean Catch Urine _____ | Sputum Collection _____ |
| Stool Collection _____ | 24-hr. Urine Collection _____ | Inserting Foley _____ |
| Catheter Care _____ | Application of stockings _____ | Using cold compresses _____ |
| Using Hot Compresses _____ | Post-Op Care _____ | Using bed scale _____ |
| Using upright scale _____ | Recognizing Codes _____ | Calling a code _____ |
| One on one contact with psychiatric patients _____ | | Answering Phones _____ |
| Recognizing infiltrated IV sites _____ | | Charting/Abbreviations _____ |

List any other skills that you may have: _____

Signature: _____

Date: _____

Consent for Criminal Background Check

I hereby authorize AccuScreen Systems through Larry Bruce Childers and/or Darin N. Morgan, authorized agent under Title 40 R.S. 1300.51 to perform a criminal background check and/or a State Police records check. I hereby hold harmless AccuScreen Systems, Larry Bruce Childers, and Darin N. Morgan from any cause of action that may arise from inaccurate information contained in State Police records. I also understand any adverse information contained within the files of State police and release to the authorized agency will be provided to me upon written request within ten (10) business days of receiving notice that a record exists. FAX this form to:(225) 383-6445 or (225) 343-9237

Signature: _____ Date: _____

To ensure an accurate and timely search, PLEASE PRINT clearly and complete this form entirely.

PRINT Complete Name: _____

Date of Birth: _____ Race: _____ Sex: _____

SSN: _____ Driver's Lic.#: _____ State Issued: _____

Street Address: _____

City, State, Zip: _____

If you have lived in any state other than Louisiana in the LAST 7 YEARS ONLY, complete the following:

City, State, Zip _____
Country/Parish _____ Mo./Yr. _____
All last names YOU used while living here _____

City, State, Zip _____
Country/Parish _____ Mo./Yr. _____
All last names YOU used while living here _____

City, State, Zip _____
Country/Parish _____ Mo./Yr. _____
All last names YOU used while living here _____

Professional License or Education Verification

Prof. Lic./ Degree Earned _____ License Number _____
State/ institution Issuing License/ Degree _____ Date Issued _____

Additional Comments: _____

Confidentiality Statement

You have the right to confidentiality –that means that the information given by you will not be released without your written consent, except to facilities in which you have or will work. We do not discriminate in the delivery of services. This means you will not be treated differently from others because of your race, color, sex, age disability, religious beliefs, nation origin or political beliefs.

This form gives UMS permission to release to any contracted facility, the Independent Contractors credentials, including, but not limited to; background checks, health screenings, certifications and/or licenses, etc.

This agreement signed this ____ day of _____, 2009.

Accepted By:
UNITED MEDICAL STAFFING, INC.

Authorized Agent

Independent Contractor

HIPPA PRIVACY PROTECTION

In accordance with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act, 45 (forty-five) CFR parts 160 and 164 (the "Privacy Regulations"), **United Medical Staffing, Inc.**, and _____ **Independent Contractor** understand and agree to abide by the Facility privacy policies and to not use or further disclose and patient's personal health information except as expressly permitted by this Agreement or as otherwise authorized in writing by the patient through a consent or authorization meeting the requirements of the Privacy Regulations.

United Medical Staffing, Inc. and Independent Contractor may only use a patient's personal health information for the sole purpose of treatment, and/or health care operations and may not release any information to unauthorized parties. **United Medical Staffing, Inc. and Independent Contractor** agree to implement appropriate safeguards to prevent the unauthorized use and disclosure of any patient's personal health information received by Facility under this Agreement. In addition, **United Medical Staffing, Inc. and Independent Contractor** shall make available to the Facility the protected health information for amendment purposes, should changes to the information be necessary or to provide an accounting of disclosures of the protected health information.

If an unauthorized disclosure of personal health information occurs, **United Medical Staffing, Inc. and/or Independent Contractor** shall immediately contact Facility to inform them of the disclosure and any remedial action taken to prevent further disclosures. **United Medical Staffing, Inc. and Independent Contractor** understand that any unauthorized disclosure of a patient's personal health information is grounds for immediate termination of this Agreement and/or a staffing assignment.

INDEPENDENT CONTRACTOR'S Signature

UNITED MEDICAL STAFFING, INC.

DATE