

## Application Checklist for Providers

In order for us to start the process of searching for and matching you with practice opportunities, **we must have a completed document and credential file.**

**In addition to the Staff Care application package which includes:** Application, Release & Authorization, Date of Birth, Provider Service Agreement, Independent Contractor Declaration and W9 **please include the following information:**

- Malpractice Claim Form** (if applicable)
- 3<sup>rd</sup> Party Documentation of Malpractice Claims** (if applicable)
- Copy of Curriculum Vitae-** must include a complete chronology of activities, with the last five (5) years being detailed by mo/yr – mo/yr; gaps in chronology must be accounted for; if you are a locum tenens provider, your CV must reflect ALL assignments during the last five (5) years; please also write/type the date your CV was prepared
- Copy of Medical School Diploma** (if applicable)
- Copies of ALL Postgraduate Training Certificates** (if applicable)
- Copy of Specialty Board Certificate/ National Certification** (if applicable)
- Copy of ECFMG Certificate** (if applicable)
- Copies of ALL Current State Controlled Substance Registration Cards** (if applicable)
- Copies of ALL Current State License Renewal Cards** (if applicable)
- Copy of Current Federal DEA Registration** (if applicable)
- Reference forms** (Reference forms are not required to start the qualifying process)

Additional documentation may be requested later, pertaining to any questions answered in the affirmative under "Professional Liability" and "Background Questions".

**All forms and documents need to be received in order to place you on Staff Care's Roster of Eligible Providers. If you have any questions about the information or need any help, please call your Recruiting Consultant.**

## RELEASE AND AUTHORIZATION

(Please read carefully)



By my signature below, I authorize Staff Care, ("Staff Care") to confirm information contained on any document that I provide to Staff Care, including my curriculum vitae, and to conduct background and reference checks on me regarding any information related to possible placement as a locum tenens provider. This includes information on my education, licensing, work history, Medicare/Medicaid sanctions, malpractice claims and insurance eligibility. Staff Care may gather the information from various sources including, but not limited to, consumer reporting agencies, hospitals, medical institutions or organizations, personal references, physicians, employers (past and present), business and professional associates (past and present), governmental agencies and instrumentalities (local, state, federal, or foreign), university transcript offices, medical schools, the Office of Inspector General and the Federation of State Medical Boards.

I consent to Staff Care sharing this information with Staff Care clients and affiliates, government or other licensing entities, or professional liability insurers. I understand that, upon my request, Staff Care will disclose to me the nature and substance of the information in accordance with federal law. A request for disclosure of information must be made in writing and directed to my Recruiting Consultant.

I authorize the above-named entities and individuals to release to state licensing boards, hospitals, and Staff Care any information (written or oral), including medical information, files or records about me in their possession required for evaluation of my qualifications for placement as a locum tenens provider. I hereby release the above-named individuals and entities, including Staff Care and its agents, from liability or damages that may result from the release of information described above.

I make this release for the purpose of allowing Staff Care to assist in my request for a license to practice in my profession and to assist in my efforts to work as a locum tenens provider for Staff Care's clients.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT NAME CLEARLY

\_\_\_\_\_  
SIGNATURE

## DATE OF BIRTH FORM



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I understand it is necessary for me to disclose my date of birth in order for Staff Care's Quality Assurance Department to verify my credentials.

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**Date of Birth**

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**Provider's Signature**

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**Provider's Printed Name**

Upon receipt, this document will be separated from the application packet, placed in your file, and will not be considered when making assignment decisions.

**ALL QUALIFIED APPLICANTS RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.**

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown 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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	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
or
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. citizen or other U.S. person (defined below).

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, 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 payee 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 to Form W-9 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. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt 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,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

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.

Also see *Special rules for partnerships* on page 1.

## 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 income tax return. 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 income tax return 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).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

**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 Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” 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.

The following payees are exempt from backup withholding:

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 payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 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 payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> 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-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, 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 online at [www.ssa.gov](http://www.ssa.gov). 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](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://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.** Entering "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 payees, see *Exempt Payee* 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 <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the 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.) Also see *Special rules for partnerships* on page 1.

**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.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## 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, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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.

# 3<sup>RD</sup> PARTY DOCUMENTATION FOR MALPRACTICE CLAIMS

For each malpractice claim that was settled/dismissed/closed in or after 1990:

- Complete the "Malpractice Claim Information" form below AND
- Provide at least one of the following forms of 3<sup>rd</sup> party documentation
- Correspondences must be on sender's letterhead and include:
  - The plaintiff's name (or identifying information)
  - Date of incident
  - Allegations

## **Pending Claims:**

- **Legal Counsel Correspondence**

\*In addition to above requirements, the letter must contain a statement that the "case is defensible".

**Finalized Claims:** (In addition to the above requirements, all letters must contain the outcome of the claim and total indemnity paid on your behalf)

- **National Practitioner Data Bank Self-Query** (Claims settled/closed since 1990)

\*Customer Service 800-767-6732

\*<https://icd.npdb-hipdb.com:663/> - 'self-queries' link

\*NPDB report cannot be older than ninety (90) days from the date you sign your application

- **Final Court Order and/or Settlement Agreement**

\*The Records Department in the county where the claim was filed can assist you in obtaining the Final Court Order and/or Settlement Agreement.

- **Insurance Company/Legal Counsel Correspondence**

\*Claims History/Loss Run

- **Facility/Hospital/Clinic Correspondence**

\*The Risk Management and/or Legal Department should be able to assist you in obtaining a letter from the Facility/Hospital/Clinic.

- **United States Government Correspondence**

\*If the claim occurred while working at a government facility and you were covered under the Federal Tort Claims Act, the Risk Management and/or Legal Department should be able to assist you in obtaining a letter from the Facility/Hospital/Clinic.

- **Patient Compensation Fund Correspondence**

\*If the claim occurred in a state in which you were enrolled in the Comp Fund, contact the Comp Fund to obtain a letter stating how much they paid on your behalf.

**Patient Compensation Fund correspondence will not be accepted as sole 3<sup>rd</sup> party documentation. One of the above must also be obtained.**

At times, Staff Care's Quality Assurance team may require additional forms of 3<sup>rd</sup> party documentation for a single claim in the event that the originally submitted information is insufficient.

You may contact your Recruiting Consultant with any questions.

Thank you for your cooperation.

# MALPRACTICE CLAIM INFORMATION



(Please make copies if additional forms are needed)

Claimant Name: \_\_\_\_\_

Location of Occurrence (city/state): \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Provider Case Narrative (use separate paper and write 'see attached narrative' if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim Outcome: (check the appropriate outcome)

- Pending
- Withdrawn by Claimant
- Dismissed/Settled/Closed with no Payment
- Dismissed/Settled/Closed with Payment

Total Claim Payment (all defendants): \$ \_\_\_\_\_

Claim payment on your behalf: \$ \_\_\_\_\_

By Insurance Carrier: \$ \_\_\_\_\_

By Patient Compensation Fund (if applicable): \$ \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*Print Name:* \_\_\_\_\_

Date: \_\_\_\_\_

**All of the above information is required.**

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## Optional Information

Insurance Carrier Information (name, policy number, contact):

\_\_\_\_\_  
\_\_\_\_\_

Legal Counsel Contact Information: \_\_\_\_\_

\_\_\_\_\_

# INDEPENDENT CONTRACTOR DECLARATION



**The undersigned service provider (the "Provider") declares, acknowledges and agrees that he/she is an independent contractor and is not an employee of Staff Care or any of its affiliates.**

1. I am a trained healthcare provider engaged in the practice of healthcare.
2. I am solely responsible for my professional actions in providing services to patients at the contracted healthcare facilities or elsewhere.
3. Staff Care does not have the right to direct or control the manner in which I practice my profession.
4. I independently determine the assignments I am willing to accept and the rate at which I will be paid for each assignment. I cannot be directed by Staff Care to accept assignments.
5. Staff Care does not direct my professional services in any manner, including the time, place, type of professional service, working conditions, quality of the professional service, my right to utilize or hire assistants or the prices charged for the services I render.
6. I am capable of performing the services required by the assignments I accept. I understand that Staff Care does not control the working environment for the assignment and I will address any requests for assistance, accommodations or modifications necessary to perform the services directly with the healthcare facilities.
7. I have the right to terminate my relationship with Staff Care at any time and I may terminate an assignment with or without cause by giving thirty (30) days written notice. Staff Care does not have the right to terminate any assignment I choose to accept with a healthcare facility.
8. To my knowledge, Staff Care has no relationship with the healthcare facilities with whom I accept assignments other than that of a placement agency and I understand that Staff Care is not licensed to nor is it engaged in the practice of medicine.
9. I am not employed by Staff Care. As an independent contractor, I agree that I am responsible for and will pay all federal, state and local income or self-employment taxes due on payments received as a result of this assignment, and I am **NOT** entitled to claim unemployment benefits or workers compensation benefits against Staff Care.
10. To the extent I receive payments from Staff Care in relation to this assignment, such payments are made by Staff Care on behalf of the Client.

**This Declaration is a true and correct statement of the facts set forth herein.**

**This Declaration is executed effective as of \_\_\_\_\_, 20\_\_.**

## PHYSICIAN/PROVIDER

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

# PHYSICIAN REFERENCE FORM



Physician Name: \_\_\_\_\_ Physician's Specialty: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Reference's Specialty: \_\_\_\_\_

How Associated: \_\_\_\_\_ How Long: \_\_\_\_\_

When was your last clinical contact with the physician? \_\_\_\_\_ Reference's Phone: \_\_\_\_\_

Facility and Practice Setting: \_\_\_\_\_

Please rate the provider in the following areas:

	Does Not Meet Standards	Meets Standards	Exceeds Standards	Excellent
Communication Abilities (patients, colleagues, physician and ancillary staff)				
Professionalism				
Work Habits				
Charting and Documentation				
Clinical Skills				
Clinical Knowledge				
Competence				
Adaptability				

1. Do you have any reason to believe the physician would pose a risk to his/her patients?  Yes  No
2. Are there any issues you are aware of that might affect the physician's work?  Yes  No
3. Has the physician ever lost his/her hospital privileges or been placed on probation?  Yes  No
4. Are you aware of any disciplinary actions or problems with the physician's professional competence?  Yes  No
5. Are you aware of any past or pending malpractice claims against the physician?  Yes  No
6. Would you have any concerns with the physician treating a member of your family?  Yes  No
7. Are there any issues with the physician knowing his/her limitations and referring or consulting appropriately?  Yes  No

Please explain "yes" answers on questions 1-7: \_\_\_\_\_  
 \_\_\_\_\_

What are the physician's strengths? \_\_\_\_\_  
 \_\_\_\_\_

What are the physician's areas for development? \_\_\_\_\_  
 \_\_\_\_\_

What type of practice setting would you recommend? \_\_\_\_\_  
 \_\_\_\_\_

Would you hire this physician?  Yes  No

Any additional comments? \_\_\_\_\_  
 \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Date: \_\_\_\_\_