Independence
Anesthesia Services

3722 Atlanta Hwy, Suite 1, Athens, GA 30606
Toll Free 866-427-6691 Fax 706-425-8656
www.IAS.health

Thank you for your interest in our service. Please feel free to call us with any questions or concerns. We are looking forward to providing assignments that meet your needs. Please find enclosed our agreement and a questionnaire.

Please return to us the following by email or fax:

- **Completed contract**
  Page one initialed and dated, page two signed and dated.

- **CRNA Application Questionnaire**
  Please sign and date at the bottom after completing questionnaire.
  Be sure to include explanations for any "Yes" responses.

- **CRNA Profile**

- **Your Curriculum Vitae**
  If your CV isn't current, just make written changes and we will be glad to update it.

- **Your dates of availability**

On behalf of the Independence Anesthesia Services team, thanks for allowing us the opportunity to serve you. Please call us toll free if you have any questions or concerns.

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INDEPENDENT CONTRACTOR AGREEMENT WITH RESTRICTIVE COVENANTS

This agreement is made this _____ day of _____ 20____, between _____, CRNA d/b/a _____ (hereinafter called "the Contractor"), and Pro Nurse, Inc. d/b/a Independence Anesthesia Services (hereinafter called "the Agent").

In consideration of the mutual promises of the parties, and for other good and valuable consideration, and intending to be legally bound, the Contractor and the Agent agree as follows:

1. The Agent shall search for work assignments for the Contractor as a certified registered nurse anesthetist (CRNA) at hospitals and/or other health care related facilities. The Agent shall use its best efforts to negotiate the most competitive contract rates and/or remuneration on behalf of the Contractor.
2. The Contractor is free to accept or reject any work assignment offered by the Agent. The Contractor is free to perform services in addition to and outside of any work assignment offered by the Agent and agreed by the Contractor.
3. The Contractor shall have sole control over the manner and means of the services performed. The Contractor shall not be deemed an employee of the Agent for any purpose, including, but not limited to, any local, state, or federal laws regarding employment or compensation for employment. The Contractor shall be fully responsible for and shall furnish proof of liability insurance and current licensure by individual nursing boards and American Association of Nurse Anesthetists (AANA) certification or re-certification. The Contractor has full and sole responsibility for any and all applicable local, state, and federal income tax withholding, state and federal unemployment and disability insurance withholding and contributions, social security tax withholding and contributions, Medicare tax withholdings and contributions, and workers' compensation insurance. The Contractor agrees to accept sole responsibility for accuracy of all credentialing and licensure materials. The Contractor shall indemnify and hold harmless the Agent and Agent's responsible officers, partners, and directors from and against any and all liability for such obligations.
4. Any work assignment accepted by the Contractor will be completed in a professional manner. If the Contractor fails to complete a work assignment after having accepted the assignment, the Contractor shall be regarded as having breached this agreement.
5. During the term of this agreement, and for a period of one (1) year after the termination of this agreement, for any reason whatsoever, the Contractor shall not, directly or indirectly, accept any position at any hospital and/or any health care related facility in a manner designed to avoid payment to Agent of its fees if during the term of this agreement Agent informed Contractor of the availability of a work assignment at said facility. A breach or circumvention of this agreement shall entitle the Agent, in addition to any other rights and remedies available at law, or at equity, or otherwise, to an injunction to be issued by any court of competent jurisdiction, without filing of a bond, enjoining and restraining the Contractor from violating any of the provisions of this paragraph
6. The Contractor authorizes the Agent and any of its associates or representatives to release any information the Agent determines may be material to the Contractor's placement including providing a curriculum vitae to perspective facilities and release Agent and any hospitals or healthcare facilities to which such information is disclosed, from and against any liability related thereto.

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7. In the event of a breach of this agreement, the Agent may, at its discretion:
   a. Terminate this agreement, and thereafter bring such action, as it may deem proper to protect its rights.
   b. Bring such action, including injunctive, as may be necessary to compel the Contractor to comply with his/her obligations under this agreement.
   c. Pursue such other remedies as may be available to it.
8. If the Agent initiates any proceedings, including injunctive, for breach of this agreement, the Contractor shall pay all costs and fees, including attorney's fees, associated with such proceedings. The parties agree that venue for any legal proceeding in this matter shall be in Oconee County, Georgia.
9. Either party may elect to terminate this agreement at any time, for any reason, with or without reason, notice, or cause, subject to the restrictions and obligations assumed under this agreement, provided, however, that the restrictions set forth in paragraph 5 shall be deemed to have no effect and shall be null and void if this agreement is terminated by the Agent within thirty (30) days after its execution. This agreement shall be fully enforceable if the Contractor terminates this agreement at any time for any reason.
10. The Contractor agrees that in the event a situation occurs while on a work assignment referred by the Agent, which could possibly lead to a threat of a malpractice suit, the Contractor will ensure that proper notice is given to the insurance carrier.
11. Both parties agree that a facsimile, photocopy, or similar duplication of this agreement is as valid as the original.

IN WITNESS THEREOF, the parties execute this agreement understanding they shall be legally bound.

INDEPENDENCE ANESTHESIA SERVICES

Authorized Representative Sign: _____ **Date:** _____

Authorized Representative Print: _____

Independent Contractor Sign: _____ **Date:** _____

Independent Contractor Print: _____

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CRNA Application Questionnaire

If the answer to any question is "yes", please provide a detailed explanation and attach.

Yes ☐	No ☐	Have any disciplinary actions been initiated or are any pending against you by any state licensure board?
Yes ☐	No ☐	Has your license to practice in any state ever been (voluntarily or involuntarily) denied, limited, suspended, reprimanded, or revoked?
Yes ☐	No ☐	Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example: HMO, PPO, PHO, Medicate, Medicaid)?
Yes ☐	No ☐	Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program (for example: HMO, PPO, PHO, Medicare, Medicaid)?
Yes ☐	No ☐	Have you ever been named as a defendant in any criminal proceeding?
Yes ☐	No ☐	Has your professional liability coverage ever been terminated by action of the insurance company? If "yes", state when and by what company.
Yes ☐	No ☐	Have you ever been denied professional liability insurance coverage or rated in a higher than average risk class for your professional specialty? If "yes", state when and by what company.
Yes ☐	No ☐	Has any professional liability insurance carrier excluded any specific procedure from coverage? If "yes", provide a detailed explanation on a separate sheet, including the name of the carrier, date, specific procedures excluded, and limitations.
Yes ☐	No ☐	Have any professional liability suits ever been filed against you?
Yes ☐	No ☐	Have any professional liability suits been filed against you, which are presently pending?
Yes ☐	No ☐	Have any judgments or settlements been made against you in professional liability cases?
Yes ☐	No ☐	Have you been hospitalized any time during the past five years?
Yes ☐	No ☐	Are you currently under the care of a physician or psychologist?
Yes ☐	No ☐	Have you ever been denied health, life or disability insurance?
Yes ☐	No ☐	Do you have any limitations on your health, life or disability insurance?
Yes ☐	No ☐	Do you currently or have you ever had any problems with alcohol or drug dependency?
Yes ☐	No ☐	Do you presently use any illegal drugs?
Yes ☐	No ☐	Are you currently taking any medication that may affect your clinical judgment or motor skills?
Yes ☐	No ☐	Are you currently under any limitations concerning your activities or workload?
Yes ☐	No ☐	Do you presently have any physical, mental, or emotional condition, which might affect your ability to perform the clinical privileges you are requesting?

_____

Independent Contractor: Print **Sign** **Date**

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CRNA Profile Questionnaire

Name _____

Address _____

City, State, Zip _____

Email _____

Phone # _____ Fax # _____

LICENSURE

Current States _____

Desired States _____

(we will gladly help with licensure)

PREFERRED CASE TYPES

	Yes	No	Comments
OB			
ENT			
Ortho			
Urology			
Gyn			
Hearts			
Vascular			
Neuro (Heads)			
Neuro (Backs)			

	Yes	No	Comments
Epidurals			
Spinals			
Regionals			
Blocks			
Plastics			
Pediatric			
Transplants			
Trauma			
Bariatric			

PREFERRED ASSIGNMENT TYPES

Directed / Team / Solo		Region(s) of US	
Short/Long/ Perm.		Metro/Rural	
Shift Times:		Lodging Requests	
Call Y/N		Travel Requests	
Weekends Y/N		Prof. Liability Ins. Y/N	
Hospital Size		Coverage Limits	