

## ***Provider Handbook Acknowledgement Form***

I acknowledge that I have received a copy of Sharp Medical Staffing Provider Handbook. I acknowledge that I have been informed that the complete Sharp Medical Staffing employee handbook is available at [www.sharpmedicalstaffing.com](http://www.sharpmedicalstaffing.com).

Unless I have entered into an agreement with Sharp Medical Staffing providing other terms, I understand there is no specified length to my employment and that I am employed at will, meaning that either I or Sharp Medical Staffing may end my employment at any time, with or without notice or cause. But if I have entered into an agreement with Sharp Medical Staffing, such as employment agreement or an assignment agreement, I promise to abide by the terms of that agreement. For example, if I have agreed to an assignment with Sharp Medical Staffing, I promise to continue working for the entire length of the assignment.

I understand that in processing my application with Sharp Medical Staffing an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job-related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless Sharp Medical Staffing from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize Sharp Medical Staffing to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Sharp Medical Staffing authorization to release confidential medical information upon the request from Sharp Medical Staffing clients while I am actively working at the client's facility and /or during the profiling and placement processes.

I understand that Sharp Medical Staffing's goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with Sharp Medical Staffing service or the service provided by one of Sharp Medical Staffing Clients, I am encouraged to contact the local manager to discuss the issue. Sharp Medical Staffing has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectation, I am encouraged to call the Sharp Medical Staffing corporate office at (402) 933-1410. A corporate representative will work with me to resolve my concern. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by Sharp Medical Staffing healthcare professionals, which has not been addressed by Sharp Medical Staffing management, is encouraged to contact the Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or by calling the Office of Quality Monitoring at (630) 792-5636. Sharp Medical Staffing demonstrates this commitment by taking no retaliatory or disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

I have read and understand Sharp Medical Staffing policies and my requirements as a Sharp Medical Staffing employee. I understand that if I have any questions and/or need clarification for

items addressed in the handbook, it is my responsibility to contact the Sharp Medical Staffing office to discuss.

Employee Signature: \_\_\_\_\_

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