



4347 Whitsett Ave, Studio City, CA 91604

Phone#: 818.380.0066

Provider Handbook Acknowledgment Form

I acknowledge that I have received a copy of XPRT Staffing Inc., provider handbook and that I have been informed that the complete XPRT Staffing Inc., provider handbook is available at www.xprtmedstaffing.com.

I understand that in processing my application with XPRT Staffing Inc. 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 inquiries 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 XPRT Staffing Inc., 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 XPRT Staffing Inc., the check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting XPRT Staffing Inc., authorization to release confidential medical information upon the request from XPRT Staffing Inc., clients while I am actively working at the client's facility and/or during the profiling and placement process.

I understand that XPRT Staffing Inc., goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with XPRT Staffing Inc., service or the service provided by one of XPRT Staffing Inc., clients I am encouraged to contact the local manager to discuss the issue. XPRT Staffing Inc., 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 XPRT Staffing Inc., corporate office at (818) 380-0066 and 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 XPRT Staffing Inc., professionals, which has not been addressed by XPRT Staffing Inc., management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring (800) 994-6610 and Customer Service should Office of Quality Monitoring not be available at (630) 792-5800. XPRT Staffing Inc., 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 the entire XPRT Staffing Inc., policies and my requirements as an XPRT Staffing Inc., 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 XPRT Staffing Inc., office to discuss.

Provider Name and Signature

Date