



NURSE BROKERS, INC.

Dear Healthcare Professional:

Welcome to Nurse Brokers, Inc.

We are committed to providing exceptionally qualified professional to hospitals and healthcare facilities. We work to serve the needs of our nurses by providing highest compensation possible and personalized attention to individual needs.

We have 13 week travel contracts that can be customized to your individual needs. We offer three choices for the performances of your professional services.

#1 Nurse Contractor: Business license required

* \$48.00 / hour & **\$5.00 / hour bonus

These rates are for the first 40 hours worked each week.

****If you are interested in being a Nurse Contractor; you are required to obtain a business license, we can assist you with obtaining a business license or incorporating your company. Please contact one of our representatives for further information.****

#2 Tax Advantage Employee:

*\$14.92 / hour & **\$4.00 / hour bonus

*\$25.08 / hour Per Diem (tax advantage)

These rates are for the first 36 hours worked each week.

*\$40.00 / hour & **\$4.00 / hour for hours 37 through 40.

*\$60.00 / hour & **\$4.00 / hour for all hours in excess of 40

#3 Regular Employee.

*\$40.00 / hour & **\$4.00 / hour bonus

These rates are for the first 40 hours worked each week.

***These are sample rates, and are subject to change per location and institution.**

****Bonuses are contingent upon successful completion and performance of scheduled shifts and are adjusted for absenteeism, non completion or early termination.**

Please inform us of which program you are interested in.

Thank you again for your interest in Nurse Brokers, Inc. We look forward to you joining our family.

Now, let's get started.....

NURSE BROKERS, INC.

Application for Employment

Date: _____

Name: _____ Birth Date _____

Specialty: _____ Other Specialty _____

U.S. Social Security Number _____ E-Mail _____

Permanent Address _____ Phone _____

City _____ State/ Prov _____ Zip Code _____

Present Address _____ Phone _____

Cell Phone: _____ Other Phone _____

Drivers License _____ State _____ Exp Date _____

Emergency Contact _____ Relationship _____ Phone _____

Referred By: _____ Date available to travel _____

Shift Preference: Days _____ Nights _____ Unit Preference _____

Program Preference: Travel _____ Registry _____

Answer the following by stating yes or no to each question:

- Have you ever been convicted of or plead guilty to a crime (felony or misdemeanor) other than a minor traffic violation. _____
- Have you ever had any disciplinary action taken against any of your license(s) or certification(s)? _____
- Are your professional license(s) or certification(s) now under review, probation, suspension, or are you under a consent order from any licensing authority? _____
- Have you ever been named as a defendant in a malpractice claim? _____
- Do you have a legal right to remain and work in the United States? _____

(If you answered yes to any of the previous questions, please attach a separate sheet of paper with a full explanation, including dates and current status.)

-
- Has your professional license or certification ever been investigated or suspended? _____
 - Have you ever been investigated by federal or state authorities for an alleged violation of health care law? _____
 - Have you ever been excluded from participation in a federal health care program (Medicare / Medicaid)? _____
 - Can you submit verification of your legal right to work in the U.S.? _____
 - Have you ever been fired from a contract? _____
 - Have you ever been put on a "DO NOT RETURN" list? _____
 - **Any "yes" responses must be explained on a separate sheet of paper.**

Signed

Date

REQUIRED DOCUMENTS

Please find the following documents necessary for your completion. Please return these documents ASAP, so that we may begin processing your application. We will then market your professional services to hospitals based on hospital requirements, your qualifications, and required documentation in your file. Each hospital or institution may its own unique requirements. We will advise you if any additional materials are required. The more information and documentation you provide the faster the process will be.

If we can be of assistance in completing your forms, or if you have any other inquiries, please give us a call. We are looking forward to adding you as a valued member of our "family" of professionals at Nurse Brokers.

NAME: _____

- Background, & pre-employment bureau (sign and return directly to Nurse Brokers, Inc.)
- Business license (copy) if nurse contractor status is chosen
- Certifications (copy of current certifications)
- Chickenpox History /* Physical Exam Document (* may substitute with a recent physical)
- Confidentiality agreement
- Nurse profile
- Employment Application
- Current CPR (copy)
- Current ACLS (copy)
- Drivers License (copy)
- Drug screen consent form and policy
- Drug screen results (11 panel / within one year)
- Employment eligibility verification (Government Form I-9) (please enclose legible copies of verification documents from list A or lists B & C. Sign the upper section to the right of "Employee's signature)
- Hep B Form
- Immunization Record - MMR (or Rubellan and rubeola titre or immunization
- Independent Nurse Contractor Agreement (5 pages)(If independent contractor status is chosen)
- Malpractice insurance (copy)
- Nursing license (current copy for any state in which you wish to work)
- Resume (optional)
- Social Security Card or Taxpayer ID card (copy)
- Skills checklist(s)
- TB screening or X-Ray (proof of annual TB reading)
- TB screening questionnaire
- Verification release / Employment references form (**three employment references**)
- (**three professional references**)
- Work experience History
- Work experience checklist
- W-4 form

NURSE BROKERS, INC.

NURSE PROFILE

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home # _____ work # _____

Cell# _____ Fax # _____

Pager# _____ PIN # _____

SSN# _____ DL # _____

DOB: _____

Emergency Contact: _____ Phone _____

RN License# _____ State: _____ Expiration Date _____

Other States you are licensed in _____

Number of years as:

RN	LVN	RT	CAN	EMT	Other
----	-----	----	-----	-----	-------

Number of years in:

ICU/CCU	TELE	Med/Surg	ER	L&D	ANGIO
NICU	PEDS	PostPart	OB	OR	Home Health
Other					

Willing to work in:

ICU/CCU	TELE	Med/Surg	ER	L&D	ANGIO
NICU	PEDS	PostPart	OB	OR	HomeHealth

Shift Preferences:

12hr	8hr	F/T	P/T	PD	Traveler
Days	PM	Nights	Wkends		

Hospital Location Preferences:

Interested in a travel position? Yes No Locations _____

Interested in Registry shifts? Yes No Locations _____

First Date Available for Work:

--

NURSE BROKERS, INC.

PROFESSIONAL CERTIFICATIONS:

BCLS:_____ Exp:____/____ ACLS:_____ Exp:____/____

PALS:_____ Exp:____/____ NALS:_____ Exp:____/____

CCRN:_____ Exp:____/____ CEN:_____ Exp:____/____

MICN:_____ Exp:____/____ Critical Care: _____

Highest Grade Completed_____

LICENSURE:

State:_____ State:_____ State:_____

Exp Date:_____ Exp Date: _____ Exp Date:_____

Which of these States is your original State of Licensure?_____

Please list any additional states on a separate sheet of paper.

EDUCATION

Name of Institution	School address And Phone	Course of Study	Graduation Date	Type of Degree Or Diploma	Designation: RN/LPN/ etc...
Graduate School					
College					
College					

NURSE BROKERS, INC.

WORK EXPERIENCE CHECKLIST

Adult ICU:	___ YES	___ NO	_____	Dates of experience (i.e. 6/98-7/03)
Neuro ICU:	___ YES	___ NO	_____	Dates of experience
CVICU:	___ YES	___ NO	_____	Dates of experience
Dialysis:	___ YES	___ NO	_____	Dates of experience
ER:	___ YES	___ NO	_____	Dates of experience
Tele Med:	___ YES	___ NO	_____	Dates of experience
Tele Cardiac:	___ YES	___ NO	_____	Dates of experience
Med/Surg:	___ YES	___ NO	_____	Dates of experience
Rehab:	___ YES	___ NO	_____	Dates of experience
Psych:	___ YES	___ NO	_____	Dates of experience
Burn Unit:	___ YES	___ NO	_____	Dates of experience
OR:	___ YES	___ NO	_____	Dates of experience
Oncology:	___ YES	___ NO	_____	Dates of experience
PICU:	___ YES	___ NO	_____	Dates of experience
NICU:	___ YES	___ NO	_____	Dates of experience
Pediatrics:	___ YES	___ NO	_____	Dates of experience
Psych Peds:	___ YES	___ NO	_____	Dates of experience
OB:	___ YES	___ NO	_____	Dates of experience
Nursery:	___ YES	___ NO	_____	Dates of experience
L&D:	___ YES	___ NO	_____	Dates of experience
Level II Nursery:	___ YES	___ NO	_____	Dates of experience
Ventilators:	___ YES	___ NO	_____	Dates of experience
Ortho:	___ YES	___ NO	_____	Dates of experience
Hospice:	___ YES	___ NO	_____	Dates of experience
Balloon Pumps:	___ YES	___ NO	_____	Dates of experience
Epidurals:	___ YES	___ NO	_____	Dates of experience
Computer charting	___ YES	___ NO	_____	Dates of experience
LTC:	___ YES	___ NO	_____	Dates of experience
Private Duty	___ YES	___ NO	_____	Dates of experience
Home Health	___ YES	___ NO	_____	Dates of experience
H/H Infusion:	___ YES	___ NO	_____	Dates of experience
Intermittent Skilled Visit	___ YES	___ NO	_____	Dates of experience
Basic Recognition of EKG arrhythmias:	___ YES	___ NO	_____	
Use of emergency equipment:	___ YES	___ NO	_____	
Blood Glucose Monitor type:	_____			

Nurses assigned to special care units, proficiency in intensive or cardiac care and competency in:

The recognition, interpretation, and recording of signs and symptoms in critically ill patients:

___ YES ___ NO

The parenteral administration of electrolytes and fluids: ___ YES ___ NO

The prevention of contamination and cross-infection as covered in the Universal Precautions annual in-service: ___ YES ___ NO

The exercise of appropriate safety precautions in the use of electrical and electronic equipment as covered in fire/electrical safety annual in-service: ___ YES ___ NO

The recognition of the need for psychological and social services for patients and their families:

___ YES ___ NO

Name:

Date

Nurse Brokers, Inc. Representative

Date

NURSE BROKERS, INC.

WORK EXPERIENCE HISTORY

(Start with most recent employer)

From: ____/____/____ to: ____/____/____

Position: Specialty: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Contact: _____

Duties: _____

Reason for leaving: _____

From: ____/____/____ to: ____/____/____

Position: Specialty: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Contact: _____

Duties: _____

Reason for leaving: _____

From: ____/____/____ to: ____/____/____

Position: Specialty: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Contact: _____

Duties: _____

Reason for leaving: _____

NURSE BROKERS, INC.

- The Person Below has applied for a position with Nurse Brokers, Inc. and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information will be kept confidential.

I authorize the person or company completing this form to release all information regarding my employment with them. I release and hold harmless any individual, or company which is providing this information, both factual and opinion, to Nurse Brokers, Inc. from any legal liability and from any damages that may result from the disclosure of the information.

Applicants Signature

Date

APPLICANT SECTION

Print Applicant Name _____

Facility Name _____ Phone _____ Ext _____

Supervisor's Name and Title _____ Phone _____

Social Security # _____

Dates Employed: From mo ____/yr ____ To mo ____/yr ____

EMPLOYER RESPONSE:

Respondents Name: _____ Position: _____
(Reference Contact)

Do the employment dates above correspond with your records? _____

If not please give correct dates. _____

Comments: _____

Was this person ever disciplined for work related conduct or incidents? _____

Comments: _____

Is this person eligible for rehire: YES _____ NO _____

Comments: _____

Responsibilities and Duties _____

Comments: _____

I acknowledge the above information is accurate according to the information made available or provided on the date listed below.

Evaluator's Signature

Title

Date

NURSE BROKERS, INC.

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Date

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Facility Name _____ Phone _____ Ext _____

Supervisor's Name and Title _____ Phone _____

Social Security # _____

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(Reference Contact)

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If not please give correct dates. _____

Comments: _____

Was this person ever disciplined for work related conduct or incidents? _____

Comments: _____

Is this person eligible for rehire: YES _____ NO _____

Comments: _____

Responsibilities and Duties _____

Comments: _____

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I authorize the person or company completing this form to release all information regarding my employment with them. I release and hold harmless any individual, or company which is providing this information, both factual and opinion, to Nurse Brokers, Inc. from any legal liability and from any damages that may result from the disclosure of the information.

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Date

APPLICANT SECTION

Print Applicant Name _____

Facility Name _____ Phone _____ Ext _____

Supervisor's Name and Title _____ Phone _____

Social Security # _____

Dates Employed: From mo ____/yr ____ To mo ____/yr ____

EMPLOYER RESPONSE:

Respondents Name: _____ Position: _____
(Reference Contact)

Do the employment dates above correspond with your records? _____

If not please give correct dates. _____

Comments: _____

Was this person ever disciplined for work related conduct or incidents? _____

Comments: _____

Is this person eligible for rehire: YES _____ NO _____

Comments: _____

Responsibilities and Duties _____

Comments: _____

I acknowledge the above information is accurate according to the information made available or provided on the date listed below.

Evaluator's Signature

Title

Date

NURSE BROKERS, INC.

PROFESSIONAL REFERENCES

Applicant:_____

Name:
Phone:
Relationship:

Verified by_____Date_____
Notes_____

Name:
Phone:
Relationship:

Verified by_____Date_____
Notes:_____

Name:
Phone:
Relationship:

Verified by_____Date_____
Notes:_____

NURSE BROKERS, INC.

HEPATITIS B VACCINE

OSHA requires all health care workers at risk to have the opportunity to have the Hepatitis B Vaccination offered to them. I acknowledge that Nurse Brokers, Inc. requires that I have the vaccination series or sign a refusal as a prerequisite to providing service.

It is my decision to:

1. I understand the OSHA guidelines and I have completed the Hepatitis B vaccine series. (Attach written proof of vaccination)

Signature

____/____/____
Date

2. I understand the OSHA guidelines and I am in the process of receiving the series. I need # _____ or booster, in the series.

Signature

____/____/____
Date

3. I understand the OSHA guidelines and I decline the Hepatitis B vaccine and HOLD HARMLESS NURSE BROKERS, INC. I understand that by declining to attain the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature

____/____/____
Date

TUBERCULOSIS SCREENING QUESTIONNAIRE

Name

Date

Positive TB skin test (PPD) Date: _____

Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three to four weeks or longer:

- | | |
|---|------------------|
| 1. Chronic Cough (greater than 3 weeks) | Yes ____ No ____ |
| 2. Production of Sputum | Yes ____ No ____ |
| 3. Blood-Streaked Sputum | Yes ____ No ____ |
| 4. Unexplained Weight Loss | Yes ____ No ____ |
| 5. Fever | Yes ____ No ____ |
| 6. Fatigue/Tiredness | Yes ____ No ____ |
| 7. Night Sweats | Yes ____ No ____ |
| 8. Shortness of Breath | Yes ____ No ____ |

NO EVIDENCE OF PULMONARY TUBERCULOSIS OR CONTAGIUM.

Date

Contractor's Signature

NURSE BROKERS, INC.

NURSE CONTRACTOR AGREEMENT

This Agreement entered into on the _____ day of _____ 200__ by and between **NURSE BROKERS, INC.** and _____ a Professional Nurse Contractor whose address is _____ and whose phone number is _____, is for the purpose of obtaining the services of _____ as an Contractor to perform the services set out below. It is agreed that the Contractor is contractually bound to Nurse Brokers, Inc., (NB) and not to the hospital or healthcare institution in which they are providing services. The hospital or healthcare institution maintains a separate contract with NB and is not a party to this agreement.

Nurse Brokers, Inc. desires to enter into this Agreement with the Contractor, and the Contractor desires to enter into this Agreement with NB, under the terms and conditions hereinafter set forth.

Now, therefore, the parties agree as follows:

1. THE SERVICES TO BE PROVIDED.

The Nurse Contractor shall perform the following services for NB.

- A. Nursing Services. The Nurse Contractor shall be provided the opportunity to provide professional nursing services. The Nurse Contractor may bid for shifts as they are available. The Contractor shall perform such services and document the performance according to the Policies and Procedures of the hospital or health care institution at which the services are performed.
- B. Documentation. The Contractor shall maintain appropriate licenses, certifications, testing and other documentation of fitness to practice, as required by law and by accepted Standards of Practice for nurses of the state in which their services are performed.
- C. Malpractice Insurance. The Nurse Contractor shall maintain individual malpractice insurance in the minimal amount of \$1,000,000.00 per event, and \$3,000,000.00 yearly aggregate. Independent Contractor shall provide proof of malpractice insurance to NB before working any shift for NB and at yearly renewal. The Nurse Contractor shall provide immediate notification to NB of any cancellations or lapses of malpractice insurance coverage.
- D. Health Insurance or Workers Compensation Insurance. The Nurse Contractor shall maintain health insurance and/or Workers Compensation insurance as legally required. A copy of any and all insurance cards and policies shall be provided to NB before contracted services may be provided. The Nurse Contractor shall provide immediate notification to NB of any cancellation or lapses of health insurance or Workers Compensation insurance.
- E. Dress Code. The Nurse Contractor shall comply with the dress code of the institutions.
- F. Notice and Attendance. The Nurse Contractor shall provide NB with notice, no less than four (4) hours before canceling any shift of work awarded. Any notices less than four (4) hours shall be subject to a cancellation or non performance fee of up to one hundred dollars (\$100.00). The cancellation or non performance fees charged shall be used as an extra incentive or bonus for a replacement Contractor. Contractor shall maintain professional standards of attendance for scheduled hours of work.

- G. Invoice. The Nurse Contractor shall provide an invoice to NB before noon each Sunday, for shifts completed the preceding week, ending Saturday. The invoice week shall be Sunday through Saturday.
- H. Taxes. The Nurse Contractor shall be responsible for all mandated federal, state and local payments and/or taxes.

2. CONTROL OF NURSE CONTRACTOR AND RESPONSIBILITY OF NURSE CONTRACTOR:

- A. Control. The Nurse Contractor is free from direction and control over the means and manner of providing the services listed in (1) above. However, that the Nurse Contractor agrees to perform the services to the standards and specifications required by NB and the hospitals or healthcare institutions for which the services are performed, and such services and their results are carried out in a professional manner.
- B. Responsibilities. Nurse Brokers, Inc. and the Nurse Contractor agree that this agreement conforms to any and all laws or statutes of the State of Nevada.
 - (1) The Nurse Contractor shall be responsible for obtaining all business registrations or professional occupation licenses required by state law or local government ordinances for the Independent Contractor to conduct services.
 - (2) The Nurse Contractor shall furnish the tools or equipment necessary for the performance of contracted services.
 - (3) Payment for the Nurse Contractor's services shall be made on the basis of time worked, as invoiced by the Nurse Contractor, to be paid as specified in Section 3A.
 - (4) The Nurse Contractors shall receive annually from NB, a tax reporting form, 1099, indicating all monies paid for services performed by Nurse Contractors.
 - (5) Nurse Contractor shall represent to the public that their services are provided as a Contractor.
 - (6) The Nurse Contractor warrants that they will comply with all legal requirements to perform the services required as a Contractor.
 - (7) The Nurse Contractor will adhere to the shifts awarded the Nurse Contractor by NB. Non performance charges may be applicable (see 1F).

3. FINANCIAL TERMS

- A. Payment for Services. NB agrees to pay and the Nurse Contractor agrees to accept, the fee for service scale as reported in Appendix A. This scale can change from time to time without notice. The Nurse Contractor can request a current Appendix A at any time. Payment for services rendered will be made on the Friday following a timely submission of an invoice. Non timely invoicing shall be paid with the next regularly scheduled invoice payment date.
- B. Deductions. All invoices paid hereunder shall be paid without deductions for Federal, State or Local taxes, Medicare or Social Security, Unemployment or Workers' Compensation Insurances, Health Insurances, or any other deductions that would possibly be made if the Independent Contractor was working as an employee. It is expressly agreed that the contracted party is working for itself as a Nurse Contractor and as such the Nurse Contractor is both employer and employee at the same time.
- C. Other Deductions. The Nurse Contractor may authorize in writing, and NB may agree to allow deductions from their invoices from time to time, for reasons deemed necessary by the Nurse Contractor.

4. RESPONSIBILITY FOR DAMAGES.

The Nurse Contractor agrees to be responsible for the safekeeping of the property of NB, during the performance of services. The Nurse Contractor agrees to pay promptly to NB, a reasonable amount to repay or replace any such property damaged or lost by the Nurse Contractor.

5. TERM AND TERMINATION

- A. This agreement shall be effective upon execution by the Nurse Contractor and Nurse Brokers, Inc. and will renew automatically on an annual basis.
- B. Notwithstanding any other terms and conditions hereunder, this agreement may be terminated without cause by either party by written notification to the other party at least thirty (30) days prior to the desired effective date of termination. Such termination will have no effect upon the rights and obligations resulting from any transactions occurring prior to the effective date of the termination.
- C. In the event that either party shall become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver of its business or its assets or shall avail itself of, or become subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any state relating to insolvency or the protection of rights of collectors, then, at the option of either party, this agreement may be terminated immediately by either party and be of no further force and effect.

6. NURSE CONTRACTOR STATUS

As mentioned at the beginning of this contract, NB maintains two sets of contracts, one with the hospital or health care institution where the nurse provides services (Contracting Facility) and one with the Nurse (Nurse Contractor). At the time the Nurse Contractor signs their contract with NB, NB becomes obligated to fulfill all of the stipulations of the contract, including but not limited to, finding a position for the contractually bound Nurse. As part of the contract with the Contracting Facility, NB can receive finders' fees for finding new staff for the Contracting Facility. If NB does receive a finder's fee, NB pays half of the finder's fee to the newly found the Nurse Contractor or employee. For this reason, NB utilizes the following loyalty clause:

From the time the Nurse Contractor signs their contract with NB and for a period of twelve (12) months following the effective date of its termination for any reason, the Nurse Contractor agrees to the following:

Without prior written approval from NB, the Nurse Contractor, as an individual or through another company, shall not hire on, or contract with, a Contracting Facility that NB has placed, or is attempting to place the Nurse Contractor. If the Nurse Contractor breaches this clause they agree to pay NB, an amount of money equal to the lost revenue that NB would have received had the Nurse Contractor fulfilled this clause.

NB, possesses no proprietary rights to the Nurse Contractor outside of this contract and will not discourage, prevent, or hinder the Nurse Contractor from entering into such other contracts as he or she may see fit.

7. INDEMNITY

The Nurse Contractor agrees to hold NB harmless in the event of any accident whatsoever involving the Nurse Contractor, or any person under the Nurse Contractor's employ, direction, or supervision, or involving any equipment, tools, or instruction used by the Nurse Contractor (or under the control of, or under the direction of the Nurse Contractor). The Nurse Contractor hereby agrees to be responsible for any and all acts of all persons under her/his control, direction, or supervision, and be responsible for any and all acts undertaken by the Nurse Contractor or those under the Contractor's control, direction, or supervision. The Nurse Contractor hereby agrees to indemnify NB for and against any and all claims, liabilities, and obligations of every kind and description, contingent or otherwise, arising out of or related to the operations of the Nurse Contractor's business and the providing of contracted services for NB except for the claims, liabilities, and obligations of the Nurse Contractor expressly assumed by NB in writing.

8. ASSIGNMENT OF CONTRACT AND BINDING EFFECT

Neither party shall assign, subcontract, or transfer any of its rights or obligations under this agreement to a third party without prior written consent of the other party. If there is a valid assignment, subcontract or transfer, this agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns.

9. GOVERNING LAW AND JURISDICTION

- A. This agreement shall be governed in all respects by, and be construed in accordance with, the laws of the State of Nevada, and any action brought shall be brought in Clark County, Nevada, and the parties hereby consent to said jurisdiction and venue.
- B. In the event of a default under this Agreement, the defaulting party shall reimburse the non-defaulting party for all costs and expenses reasonably incurred by the non-defaulting party in connection with the default, including, without limitation, attorney fees. Additionally, in the event a suit or action is filed to enforce this Agreement or with respect to this Agreement, the prevailing party shall be reimbursed by the other party for all costs and expenses incurred in connection with the suit or action, including, without limitation, reasonable attorney fees at the trial level and on appeal.

10. HEADINGS NOT BINDING

The headings used in this agreement have been prepared for the convenience of reference only and shall not control, affect the meaning of, nor be taken as an interpretation of any provisions of this agreement.

11. SEVERABILITY

If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of this Agreement notwithstanding the part or parts found void or unenforceable. If any clause is not enforced for any length of time by NB, it will not be considered unenforceable. Any clause could be enforced by either party at any time.

11. EXECUTION

DATED this _____ day of _____, 200_____

NURSE BROKERS, INC.

NURSE CONTRACTOR

Signed: _____ Signed: _____

Title: _____ Printed Name: _____

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed on the day and year written above.

Initial here



NURSE BROKERS, INC.

RANDOM DRUG SCREENING POLICY

It is the policy of Nurse Brokers, Inc. that all nurses or other allied health care personnel will receive a urine panel drug screen prior to providing service. Urine panel drug screens may be required on an annual basis. Nurses and other health care professionals are subject to unlimited, random drug screens without notice. Nurse Brokers, Inc. reserves the right to choose the date and time of the random drug screening. If the individual does not have the test completed on that specific date, they will be placed on inactive status. They will then be given an alternate date. This date will be at the discretion of Nurse Brokers, Inc. They will remain inactive until that time and be required to meet with the Clinical Coordinator for evaluation. If the nurse contractor does not attend the counseling session or does not comply with the alternate date for testing (which ever comes first), their inactive status will be brought to review for termination.

The individual is notified of this policy and asked to sign a receipt of this information document at the time of affiliation, general orientation and yearly, during mandatory in-service.

Signature

Date

NURSE BROKERS, INC.

CONSENT FOR RANDOM DRUG SCREENING

I recognize that the use or abuse of alcohol, drugs, and any chemical substance by a nurse, other licensed health care worker, or any other person having responsibility for the care of any patient at a client hospital or other health care facility creates an unsafe environment for other employees and is dangerous to the treatment of patients.

Therefore, I voluntarily consent to any search by any designated management representative of Nurse Brokers, Inc. personnel of my person or personal effects, vehicles or other items brought with me to an assignment to work at a client hospital or other health care institution, or any work site of Nurse Brokers, Inc.

I voluntarily consent to a urine, blood or breathe sample for the purposes of an alcohol, drug, intoxicant, or substance abuse screening test. Furthermore, I voluntarily consent to the release of the test results to the President of Nurse Brokers, Inc. or his/her designee for purposes of determining my fitness for affiliation and continued service. I understand that such information will be confidential and not divulged to any party unless required by operation of law or unless I am informed as to whom such information is being divulged. Furthermore, I understand that my failure to execute this consent form will result in my not being considered further for affiliation with Nurse Brokers, Inc.

NAME (PLEASE PRINT)

____/____/____
DATE

SIGNATURE

____/____/____
DATE

NURSE BROKERS, INC.

____/____/____
DATE

**Arizona Investigations, Background &
Pre-employment Bureau**

45 W. Marshall Avenue Phoenix, Arizona 85013

Ph: (602)-230-1000 Fax: (602)-265-3390

Lic# 9410014

INPUT FORM

Date: _____ **Customer:** 269

Applicant Information *Please Print*

Name: _____
First Name Full Middle Name Last Name

Other names (Maiden Name, AKA's): _____

Date of Birth: _____ Social Security # _____

Driver's License# _____ State of Issue _____

APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment. The report may include information about your general reputation, personal characteristics, or mode of living, driving record history, credit report history or social security number search for residency.

If you are denied employment, either wholly or partly, because of the information contained in this consumer report, a disclosure will be made to you for the name and address of the consumer reporting agency making such report. If the report contains information about you that is a matter of public record, such as arrests, indictments, or convictions, you may also be informed of the name and address of any persons to whom the information is reported.
You may also request a copy of this report.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

I have read and understood the above notice.

Applicant Signature: _____ **Date:** _____

Applicant, Please do not write below this line.

-
- () ACIC warrants and wants search
 - () 39 month driving record
 - () Social Security verification
 - () Felony search, in state: City or County: _____, AZ
 - () Felony search, out of state: City or County: _____, State
 - () other _____

NURSE BROKERS, INC.

REFERRAL PROGRAM RULES **FOR NEW PROVIDERS ONLY – EFFECTIVE 3/01/05:**

To obtain a referral bonus an individual needs to refer another individual to Nurse Brokers, Inc.

The referral program is 2 tiered with multiple levels (years).

The referee must identify the person referring them (the referrer) with their first direct contact with NB.

A permanent record of the referrer will be kept on file.

You will remain listed as the referrer for life provided the referee works at least once every calendar year.

Starting with the first date worked by the referee and ending one year later, the referrer shall receive a referral bonus as follows:

For year #1 referrer will receive 2% of all earnings by the referee providing that the referrer is a current preferred provider of Nurse Brokers, Inc, and is currently serving in that capacity. If the referrer is a regular provider or other individual the rate will be 1% of all earnings.

For years two (2), three (3), four (4) and up the referral bonus will be as follows:

TIER 1		TIER 2	
REFERRED BY PREFERRED PROVIDER, CURRENTLY WORKING		REFERRED BY REGULAR PROVIDER OR ALL OTHERS	
Year 1	2.0%		1.0%
Year 2	1.5%		0.75%
Year 3	1.0%		0.50 %
Year 4 and up	0.5%		0.25%

NOTE: All providers that have referrals prior to 12/01/04 will be grandfathered under the old referral program.

REFERRAL PROGRAM RULES
SUBJECT TO CHANGE WITHOUT NOTICE.

