

Provider Handbook Acknowledgement Form

By my signature below, I acknowledge that I have received and read the Company Policy Manual for Alliant Personnel Resources LLC, that I have been given the adequate opportunity to ask questions and receive clarification, regarding the policies and procedures set forth in the Company Policy Manual, and that I understand its contents.

I understand that I am required to abide by, and agree to abide by, Alliant Personnel Resources LLC's policies as set forth in the Policy Manual or as otherwise adopted or implemented by "company" from time to time. I understand that there may be other policies or procedures in effect at Alliant Personnel Resources LLC from time to time that are not included in the Employee Policy manual, and I agree to abide by those policies and procedures.

I understand that in processing my application with Alliant Personnel Resources, LLC 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 Alliant Personnel Resources, LLC 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 Alliant Personnel Resources, LLC to check my credit, conviction records, and other items listed above as needed, on a continuous basis as it relates to my employment. I am granting Alliant Personnel Resources, LLC authorization to release confidential medical information upon the request from Alliant Personnel Resources, LLC clients while I am actively working at the client's facility and /or during the profiling, credentialing, and placement processes.

I understand that Alliant Personnel Resources, LLC goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with Alliant Personnel Resources, LLC or the service provided by one of Alliant Personnel Resources, LLC Clients, I am encouraged to contact the local manager to discuss the issue. Alliant Personnel Resources, LLC 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 Alliant Personnel Resources, LLC corporate office at (855) 413-5006. 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 Alliant Personnel Resources, LLC healthcare professionals, which has not been addressed by Alliant Personnel Resources, LLC management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. Alliant Personnel Resources, LLC 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 understand that Alliant Personnel Resources LLC may rescind, modify, change, or deviate from the Company Policy Manual or any of its policies or procedures at any time, and any such rescission, modification, change, or deviation may become effective regardless whether the Company Policy Manual has been revised or I have been notified.

I understand that this signed acknowledgement will be inserted in my personnel file.

Employee Signature

Date

Employee Name Print