



# Engagement Agreement

Signer for Business Entity\*

Date

Business Entity Name

Street

City, State, Zip

e-mail address for Signer for Business Entity

This Engagement Agreement acknowledges your request for DreamSafe Anesthesia Staffing, Inc. to provide locum tenens coverage for Business Entity at City, State with April Charpentier, CRNA, as an independent contractor.

I. Proposed Schedule pending Credentialing and Privileges at Name of Facility :

Period of Coverage: Start Date thru End Date

Vacation Dates:

Length of Work Day: Eight (8) hour / day guaranteed

Maximum Overtime:

Time of Shifts: 0700-1530 Monday through Friday

On Call:

II. Rates of Compensation as Certified Registered Nurse Anesthetist:

Regular Rate: \$TBD hourly / 8 hours guaranteed per day

Overtime Rate: \$TBD / billed after 8-hour workday in minimum increments of one quarter (1/4) hour

Additional Notes:

III. Contractual Obligations and Responsibilities of Business Entity:

A. Credentialing and Obtaining Privileges:

Business Entity through its Credentialing Office agrees to complete all requisite credentialing and securing of Privileges as follows:

1. The Credentialing Office is to begin the credentialing application within one month of the execution of this Engagement Agreement;
2. The Credentialing Office is to use the available resources at <https://dreamsafe1099.com>;
3. For any information or documents that are not available at the website, the Credentialing Office will contact DreamSafe Anesthesia Staffing, Inc. via email at [april@dreamsafe1099.com](mailto:april@dreamsafe1099.com) or phone (720) 218-4912 within one month of determination of a need for additional information or documents;
4. To complete and email the DreamSafe Facility Credentialing Checklist when requested no sooner than one month into the credentialing process and no later than one month prior to the beginning of the Period of Coverage. The checklist can be found at: <https://dreamsafe1099.com/pdfs/CredentialingCheckList.pdf>. If the credentialing and privileges have not been completed by one month prior the beginning of the Period of Coverage, to provide frequent updates to DreamSafe Anesthesia Staffing, Inc. per request.

B. Post assignment contractual obligations and responsibility of the Anesthesia Group shall include but not be limited to:

1. Response to requests for references relating to DreamSafe's provision of services. References shall be provided within two (2) weeks of being requested from Facility.
2. Provider Feedback including one or both
  - i. Submit a Website Testimonial to <https://dreamsafe1099.com/testimonials.php>
  - ii. Email an Informal Evaluation with respect to recent assignment to [april@dreamsafe1099.com](mailto:april@dreamsafe1099.com). Evaluation will be provided on the website.

IV. Contractual Obligations and Responsibilities of Dreamsafe Anesthesia Staffing, Inc.

Dreamsafe Anesthesia Staffing, Inc. agrees to the following:

- A. Provide the information or documents to the Credentialing Office requested pursuant to item 3 above within two (2) weeks of the date of request;
- B. Block out and reserve the Period of Coverage stated above;
- C. To forgo any other requests for locum tenens coverage during the Period of Coverage;
- D. DreamSafe Anesthesia Staffing, Inc. will pay for all licensing and credentialing expenses.
- E. After all forms have been completed by the Facility Credentialing Offices, April Charpentier, CRNA will review and attest as requested.

V. Engagement Agreement Damages:

In the event that Business Entity is unable to fulfill the requests listed in III.A. Items 1 - 4 above OR grant Temporary Privileges within one week prior to Assignment Start Date, DreamSafe Anesthesia Staffing, Inc. reserves the right to remove contractual obligations referenced in section IV. B. and C. above and to terminate any agreement signed with Business Entity with respect to said assignment

\_\_\_\_\_  
Business Entity

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
Signature (e-Signature acceptable)

Its: \_\_\_\_\_  
Title

Dreamsafe Anesthesia Staffing, Inc.

By: \_\_\_\_\_  
April Charpentier, CRNA (e-Signature acceptable)  
Its: President

\_\_\_\_\_  
Date

Please return this agreement to [april@dreamsafe1099.com](mailto:april@dreamsafe1099.com)

**\*Business Entity: Staffing Agency, Anesthesia Group, or Facility**