



Engagement Agreement

Signer for Facility or Practice Group
Name of Entity
Street Address
City, State, Zip Code

Date

e-mail address for Signer for Facility or Practice Group

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

I. Proposed Schedule pending Credentialing and Privileges at [Name of Entity]:

Period of Coverage: MM DD YYYY thru MM DD YYYY
Vacation Dates: MM DD YYYY thru MM DD YYYY
Length of Work Day: Eight (8) hour shifts guaranteed
Time of Shifts: DD through DD from AM to PM
On Call:

II. Rates of Compensation as Certified Registered Nurse Anesthetist:

Regular Rate: \$ hourly / 8 hours guaranteed per day
Overtime Rate: Billed after 4:00 p.m. in minimum increments of one quarter (1/4) hour
Daily Per Diem: \$ /work day

III. Contractual Obligations and Responsibilities of Facility or Practice Group:

A. Facility or Practice Group Credentialing and Obtaining Privileges:

Name of 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 week 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. at april@dreamsafe1099.com or 720.218.4912 within one week of determination of a need for additional information or documents;
4. To provide DreamSafe Anesthesia Staffing, Inc. with a minimum of weekly periodic updates of the credentialing process. If the credentialing and privileges have not been completed by one week prior the beginning of the Period of Coverage, to received daily updates; and
5. Credentialing and the obtaining of privileges are to be complete one (1) month prior to the beginning of the Period of Coverage.

B. Post assignment contractual obligations and responsibility of the Practice 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 or Practice group"].
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

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- 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. Make arrangements for travel to the work location, including but not limited to purchasing airline tickets, car rentals and other transportation expenses and other travel expenses;
 - E. Reserving and purchasing lodging for the Period of Coverage, including the day before and the day after the Period of Coverage; and
 - F. After all forms have been completed by the Facility Credentialing Office, April Charpentier, CRNA will review and attest as requested.
- V. Liquidated damages:
The parties to this Engagement Agreement agree that it would be impracticable or extremely difficult to fix the actual damages that Dreamsafe Anesthesia Staffing, Inc. would suffer if Facility or Practice Group fails to perform their obligations and responsibilities pursuant to this contract. Therefore, if Facility or Practice Group breaches this contract, Dreamsafe Anesthesia Staffing, Inc. shall be entitled to payment at the rate of One Thousand and No/100's (\$1,000.00) for each day not worked during the Period of Coverage, and One Thousand and No/100's (\$1,000.00) for canceled transportation and lodging, as its sole remedy and shall release [Facility or Staffing Agency] from any further liability to Dreamsafe Anesthesia Staffing, Inc. In such event, this contract shall be cancelled except for the enforcement of liquidated damages.
- VI. When the provisions of this Engagement Agreement have been accomplished the parties agree to execute a formal Anesthesia Services Agreement setting forth the details of their agreement. (Exemplar Attached)

Facility or Practice Group

By: _____
Signature (e-Signature acceptable)

Its: _____
Title

Date

Dreamsafe Anesthesia Staffing, Inc.

By: _____
April Charpentier, CRNA (e-Signature acceptable)

Its: President

Date

Please return this agreement to april@dreamsafe1099.com