



Credentiaing Advantage Application for Healthcare Staffing Agency Certification

INSTRUCTIONS

Complete and return the Certification Application to: Risk Control Services (RCS), 5506 Mitchelldale St. Houston, TX 77092. Maintain a copy of the completed application for your records.

STAFFING FIRM INFORMATION

Date staffing firm was founded: _____

Type of business entity (e.g., Limited Partnership, Corporation, Subsidiary): _____

Federal Identification Number: _____

If the staffing firm does business as (dba) another company or is known by a different name than the legal name please indicate this name below:

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____ Firm web site URL: _____

Firm Owner(s): _____

Firm Manager: _____ Chief Executive Officer: _____

Certification contact person: _____ Title: _____

Contact phone number: _____

Contact e-mail address: _____

If the staffing firm is a branch or franchise of a larger organization, or if it is owned, operated, managed by, or affiliated with another organization, indicate the name and address of such organization: Not applicable:

Company name: _____

Chief Executive Officer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DEMOGRAPHIC INFORMATION

Number of internal office staff: _____ Number of temporary employees: _____

Total number of active clients: _____

Complete the following information on your staffing firm's services. Please use per annum figures:

Occupation	Hospital	Long Term Care	Other Settings	% of Total Revenue
RN				
LPN/LVN				
Nurse Aides				
Advance Practice (e.g. CRNA, ARNP)				
Other				

If your staffing firm provides occupations described as "Other", please elaborate on the types of services provided under this category: _____

Attach a list of office locations that will be included in the certification process. Provide company name, street address, phone number, and contact name. You may attach a company office directory for this purpose.

Attached Not Applicable, one location.

Does your firm have a travel division or otherwise place travel healthcare personnel? Yes No

Are you engaged in any active vendor on premise (VOP) service arrangements with clients where your firm provides on-site supervision at the client's facility(ies)? Yes No

Are there special attributes or features of your firm that we should take into consideration in planning the certification process?

Has your firm made any business acquisitions since being organized or founded? Yes No

Please place a mark next to state names that your firm has work-site employees:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> North Dakota | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> DC | <input type="checkbox"/> Maryland | <input type="checkbox"/> Nevada | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | |

INSURANCE INFORMATION

Current professional or general liability insurance carrier: _____

Telephone Number: _____ Address: _____

Current Workers Compensation Insurance Carrier: _____

Telephone Number: _____ Address: _____

Broker's Name: _____

Telephone Number: _____ Address: _____

Acknowledgements

By signing below, I hereby affirm, on behalf of my company/firm, that my firm agrees to abide by and comply with all qualifications, standards, and requirements of the Credentialing Advantage Certification program. I understand that this application does not constitute certification. I further certify that my company is in compliance with the applicable laws in all jurisdictions in which it has operations. I understand that any falsification of information on this application may be grounds for refusal of the application for certification and/or repeal of any certification awarded by Credentialing Advantage.

Credentialing Advantage shall maintain confidential any and all information and documents provided by any firm seeking certification or any firm having obtained certification and will use such information solely for the purposes of reaching a certification decision, and will not disclose such information to any third party, except on prior written authorization from the firm or as mandated by applicable law(s).

By signing this application, the undersigned acknowledges that he or she is authorized to submit this application for certification by Credentialing Advantage and that the applicant firm meets all certification eligibility criteria.

The undersigned, on behalf of the staffing firm, agrees that the individual or the firm shall not be entitled to monetary damages of any kind, whether it be compensatory, consequential, collateral, punitive, or otherwise, from Credentialing Advantage, its officers, directors, agents, auditors, committees, employees or members as a result of any controversy or other claim that arises out of any procedures, decisions, or actions with respect to certification by Credentialing Advantage.

Signed By: _____ Date: _____

Type or Print name

Type or Print name

(Type or print name of staffing company/firm)