



Per Diem Agreement

CLINICIAN INFORMATION	DATE: <input style="width: 100%;" type="text"/>
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Full Address: 	Full Name: <hr/> Phone: <hr/> E-Mail: <hr/>	Rate: LVN[X] Flat Rate \$45 Mileage: Not reimbursed
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COVERAGE LOCATIONS	NOT-DESIRED LOCATIONS
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SPECIAL SKILLS	Examples: Wound Care, IV Infusion, G-Tube, Tracheostomy Care, Blood Withdrawal
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|---|---|--|
| <input type="checkbox"/> IV infusion | <input type="checkbox"/> Wound care | <input type="checkbox"/> PEG tube care |
| <input type="checkbox"/> PICC care | <input type="checkbox"/> Wound vac | <input type="checkbox"/> Port care |
| <input type="checkbox"/> TPN | <input type="checkbox"/> Tracheostomy care | <input type="checkbox"/> Chemo disconnects |
| <input type="checkbox"/> Blood withdrawal | <input type="checkbox"/> Foley care | <input type="checkbox"/> IM injection |
| <input type="checkbox"/> G-tube/J- tube | <input type="checkbox"/> Sarapubic catheter | <input type="checkbox"/> _____ |

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BASE AVAILABILITY							

We require 2 week notice to change your base schedule to safely redirect patients. *See field employee standards handbook for details*

<p>Make sure you have read and understood the payroll & route sheets documents & explanation</p>	<p>NAME (Print) _____</p> <p>TITLE _____</p> <p>SIGNATURE _____</p>
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