



Standards and Expectations

Name: _____ **Date:** _____

As a health care professional, you are a vital part of our organization. The quality of clinical care that you deliver while working for our organization is a direct reflection on you as a professional as well as ConTemporary. This document is written to summarize the terms you have agreed to in connection with your employment by ConTemporary Nursing / Allied Solutions. By signing below, you are indicating that you agree to the terms of this document. ConTemporary Nursing Solutions is a temporary staffing agency, which hires health care professionals to service ConTemporary's clients. The following are standards and expectations for all staff:

1. All employees must abide by the Code of Ethics for professional clinicians. If you feel there is something that prohibits you from providing the highest quality of care, please inform ConTemporary immediately. _____ (initials)
2. All staff must abide by the Policies and Procedures outlined by each of ConTemporary's Clients and ConTemporary. If there is a concern about a policy/procedure, you should notify the Director of Nursing at (703) 354-5151 as soon as possible. _____ (initials)
3. You agree to abide by the laws governing patient confidentiality as well as HIPAA requirements at all times for all patients served while employed with ConTemporary. _____ (initials)
4. ConTemporary will provide assignments consistent with your experience and specialty on an as need basis. Employment with ConTemporary is "at will" which means that employment is for an indefinite period of time and may be terminated by the employee or employer at any time, for any reason (with or without cause). ConTemporary cannot guarantee specific assignments or a specified amount or quantity of work. I further understand that my employment is contingent on licensure status, background check, and urine drugs test results. _____ (initials)
5. I hereby certify that I have reviewed CTS' Drug Free Workplace Policy and that I agree to fully comply with the policy. I agree and understand that failure to comply with this policy will result in termination of employment. I understand that I may be required at any time during my employment to submit to a urine drugs test at the client's or CTS' request. _____ (initials)
6. I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection. It is recommended that healthcare workers be vaccinated against Hepatitis B. If I have not received the Hepatitis B vaccination, I am waiving the vaccination. I have been informed by CTS of these risks, and understand that I continue to be at risk for acquiring Hepatitis B, a serious disease. _____ (initials)
7. I understand and agree to abide by CTS' sexual harassment policy. I further understand and agree to abide by CTS' zero tolerance policy for sexual harassment in the workplace. _____ (initials)
8. Your pay rate is a personal matter and is not to be discussed with staff in other facilities or other ConTemporary employees. ConTemporary will pay you on an hourly basis. You agree to submit all time slips within 15 days of the date worked. _____ (initials)
9. You will be a W-2 Employee, which means ConTemporary will be responsible for withholding the appropriate Federal and State Income Tax on your behalf. ConTemporary is required by law to match the Social Security and Medicare taxes. I understand that if I choose to receive separate paychecks for each assignment worked, I accept responsibility for incurring a greater tax liability. _____ (initials)

10. Time slips must be accurate and complete for each shift worked and signed by the appropriate manager of the facility/client in order for your paycheck to be released. Time slips cannot be verified verbally; they must be authorized in writing. _____ (initials)
11. Overtime is paid for all hours worked over forty (40) in one pay week. ConTemporary complies with the Fair Labor Standards Act and does pay overtime for any hours worked over forty (40). _____ (initials)
12. I recognize the rights of ConTemporary Nursing Solutions, Inc. as the employer and agree not to be employed by an assigned client facility for a period of 180 days from the last date worked without the approval of CTS. I will notify ConTemporary if I plan to accept a position with a client facility. _____ (initials)
13. If a problem arises on an assignment, you must call ConTemporary immediately. **DO NOT** argue with the medical facility personnel, staffing office or administrator. **Never leave** an assignment without first calling and discussing the matter with ConTemporary management. You agree to notify ConTemporary immediately of any problems encountered on assignment including but not limited to a hostile work environment. You also agree to report any work related injuries to ConTemporary immediately. _____ (initials)
14. Personal telephone calls are to be made during break time on public telephones. Calls should not be made or received on the client's phones. _____ (initials)
15. You are expected to arrive on time or early for all assignments. If an emergency or situation arises causing you to be late or absent from your assignment, you must notify ConTemporary immediately. Failure to notify ConTemporary that you cannot report to a work assignment may result in termination. _____ (initials)
16. You will provide reliable transportation to and from assignments, at your own expense. Furthermore, you hereby certify that you are covered under an auto insurance policy, which includes comprehensive, liability, and collision coverage that meets the minimal limits required by law. _____ (initials)
17. Continuous cancellation of assignments that you have committed to is unacceptable and may be cause for termination. It is mandatory that at least six (6) hours notice be given to ConTemporary at all times when canceling an assignment unless there is a valid emergent situation. _____ (initials)
18. I understand that it is my responsibility to contact ConTemporary Nursing Solutions, Inc. prior to the end of my most current assignment to request another assignment. I further understand that I must make this request before I can apply for unemployment in the state of Maryland. Failure to make this request for another assignment may result in the delay or the denial of unemployment benefits. _____ (initials)
19. If ConTemporary must cancel an assignment, ConTemporary will provide you with at least a one hour and forty-five minute notice. If a one hour and forty-five minute (45) notice is not given for a cancellation, ConTemporary will pay you for two hours at the applicable hourly rate. _____ (initials)
20. All Clinicians must bring a current license, CPR card and Picture ID to each assignment so they can be presented at the request of facility's management. While employed with ConTemporary, you must maintain a good standing status for Maryland, Washington DC, and Virginia nursing licensure. You will notify ConTemporary immediately of the following events:
 - a. The filing or disposition of any charges against your professional license in Maryland, Washington DC, Virginia, or elsewhere.
 - b. The filing or disposition of any malpractice claim against you._____ (initials)

21. You are responsible for maintaining any required annual professional competencies necessary to practice in our clients' facilities. You also are responsible for providing the necessary credentials to keep your file current (BLS card, RN licenses, Annual Physical, PPD, TB Surveillance Form, JCAHO competencies, Certifications, Bi-Annual Evaluation). _____ (initials)
22. Dress attire for all assignments should be in strict accordance with medical facility/client dress code. _____ (initials)
23. If the facility/client asks you to self-schedule, please contact ConTemporary Nursing's Staffing Department prior to working the shift. Self-scheduling is acceptable, however, we must be notified prior to the shift in order for you to be considered "on duty" for ConTemporary. _____ (initials)
24. ConTemporary will provide you with malpractice/liability coverage for your activities as an "on duty" employee of ConTemporary. _____ (initials)
25. I understand that if I sustain an on-the-job injury, I am required to notify CTS immediately of the incident. _____ (initials)
26. If you are not on an assignment and are available to work, please call ConTemporary's office daily to keep us informed of your availability. It is your responsibility to maintain ongoing contact with us regarding your availability. Please understand that flexibility is the key to obtaining consistent work. _____ (initials)

I have read and understand the Standards and Expectations outlined by ConTemporary, Inc. I have also retained a copy for reference when necessary.

Agreed to By:

Employee Signature

Date

ConTemporary Nursing Solutions, Inc. Representative

Date

Please fax the completed form to the Credentialing / Recruiting fax: 703-354-0852 or bring with you to the interview appointment.