



CNA
APPLICATION PACKET

Please complete the attached application packet.

When all forms are completed and you have all required documents,
call 318-484-6111 for an appointment to return your packet.

Our office hours are:

Monday-Thursday, 8:00am-5:00pm

Friday, 8:00am-3:00pm

All credentials and forms must be returned with your application packet.

You will not be able to schedule shifts until the application process has been completed in full.

- CPR Card
- TB Test (*current within one year*)
- Flu Vaccine (*October-March*)
- Covid Vaccine (*if taken*)
- 2 Valid Forms of Identification (*Driver's License, Social Security Card*)
- Void check for direct deposit (*when hired*)

Should you have any questions, you may call 318-484-6111.

National Nurses of America looks forward to working with you!

Sincerely,

National Nurses of America Administration

5820 Jackson Street Ext., Alexandria, LA 71303
Phone: 318-484-6111 Fax: 318-484-2090

CERTIFIED NURSING ASSISTANT JOB DESCRIPTION

POSITION SUMMARY:

Provides direct patient care, both medical and non-medical; and are typically supervised by registered nurses and often assist LPNs. CNAs are often given patient duties with minimum supervision therefore it is necessary for a CNA to be capable of working in such a manner.

DUTIES, ACCOUNTABILITIES, AND RESPONSIBILITIES:

- Take and document vital signs
- Assist patients entering or leaving their beds and with walking
- Clean patient rooms, change linens, supply and empty bed pans
- Answer patient call lights/signals
- Monitor and document food and liquid input/output
- Collect and deliver specimens such as urine, feces, or sputum for testing
- Bathe, groom, shave, dress, and/or drape patients to prepare them for surgery, treatment, or examination
- Feed patients and restrain patients if necessary
- Turn and re-position bedridden patients, alone or with assistance, to prevent bedsores

QUALIFICATIONS, REQUIREMENTS, AND SKILLS:

- Current state certification
- Communication and documentation skills
- Hospital assignments require a minimum of one-year recent experience.
- Nursing home, home health, and hospice assignments requires a minimum of six months recent experience.

ENVIRONMENTAL CONDITION:

- Potential for cuts, bruises, muscle strains, and exposure to airborne pathogens via blood and body fluids; and exposure to contagious diseases and may be exposed to hazardous materials

PHYSICAL REQUIREMENTS:

- Constant walking, standing, bending, stooping, and pushing/pulling heavy objects

COMMENTS:

The intent of this job description is to provide a representative summary of the major duties and responsibilities performed by incumbents of this job. Incumbents may be requested to perform job-related tasks other than those specifically presented in this description.

I have read and fully understand the job description of the position I am applying for; and do not have any further questions.

Signature

Date

Agency Representative

Date



REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: _____
DATE: _____
ATTN: _____
PHONE: _____
FAX: _____

FROM: NATIONAL NURSES OF AMERICA
5820 Jackson Street
Alexandria, LA 71303
PHONE: 318-484-6111
FAX: 318-484-2090

PLEASE FAX COMPLETED FORM TO 318-484-2090 OR EMAIL
nationalnurses@suddenlinkmail.com

SUBJECT: _____
SSN: XXX-XX- _____
DOB: _____

Category	Provided by Applicant	Provided by Employer
Job Title		
Start Date (mm/dd/yyyy)		
End Date (mm/dd/yyyy)		

Signature of Verifier/Title

Date

I, the undersigned, give permission to release the above information to National Nurses of America.

Signature

5820 Jackson Street Ext. Alexandria, LA 71303
Phone: 318-484-6111
Fax: 318-484-2090
Email: nationalnurses@suddenlinkmail.com
Website: www.nationalnursesofamerica.com

INDEPENDENT CONTRACTOR REQUIREMENTS

Please only accept shifts you are certain you can fill. Late cancellations put both the client (facility) and National Nurses of America in a difficult situation and also give a poor reflection of both you and National Nurses of America. Cancellations should only be made in the case of an **extreme** emergency.

Accepting a shift and not reporting to the assignment will be labeled a **NO CALL/NO SHOW**. If there is any reason you will be unable to fulfill a shift assignment you previously committed to, you are **EXPECTED** to call as soon as possible and no later than two hours before the shift begins. If you are running late, call us so we may notify the facility. Not showing up is completely **UNACCEPTABLE** and you will be released from working with National Nurses of America.

You may be required by the facility to report to your scheduled shift at least **one hour** early for new facilities. You will be paid for this time. This **ONLY** applies to your first scheduled shift with each new facility.

Let us know as early as possible of your availability so we can have adequate time for scheduling.

It is also important to maintain a good bedside manner and be polite and courteous. You are expected to act respectful to hospital staff and administration at client facilities. This will reflect well on you and solidify your ability to retain shifts.

You are important to us. We want you to have a fulfilling and rewarding career as a medical professional.

Print Name: _____

Signature: _____

Date: _____

DRUG TESTING REQUIREMENTS

Drug testing under this company requirements will be performed by collecting urine on company premises. All testing will be conducted in a professional and sanitary manner with due regard to your privacy, dignity, and confidentiality. A secure written chain of custody process is implemented from the time of the collection of the specimen until the disposal of the specimen. All specimens will be analyzed for the presence of illegal drugs or other such substances.

All specimens will undergo an initial screening test and a positive test result will be confirmed further. A positive test result will be reviewed by a Medical Review Officer as defined by Louisiana law. The Medical Review Officer must provide an opportunity for an interview with the employee prior to the positive test result being communicated back to the company. This will ensure that positive test results are not due to authorized prescription, off-the-shelf, or over-the-counter medications appropriately used or other factors; which the Medical Review Officer feels could justify the presence of the drugs, alcohol or other such substances.

If you are suspected of being under the influence of illegal drugs or other such substances, may at the option of the company, be suspended from work until the results of the drug and /or alcohol test are received and are viewed by the company's administrator. You have the right, to receive the results of your test. If your test is verified positive by the Medical Review Officer you will be notified by either the company, the certified laboratory conducting the testing/screening, and/or the Medical Review Officer.

Consequences of a Positive Drug or Alcohol Test

1. In the event of a confirmed positive test result for the presence, use, or abuse, of illegal drugs, alcohol and other substances during a drug or alcohol screening, the applicant will not be contracted unless you have a prescription for the medication you tested positive for.
2. Once contracted and we receive a confirmed positive test result for the presence, use, or abuse, of illegal drugs, alcohol and other substances; you will be immediately terminated (2) may be reported to state and federal authorities and agencies.

BY SIGNING HEREIN BELOW:

1. I expressly confirm that I have read and understand the company's requirements.
2. I understand that participation in the company's requirements is a mandatory.
3. I further agree and expressly consent to all terms, conditions, mandates and prohibitions set forth in the company's requirements.

Name (PRINT): _____ Social Security No.: _____

Signature: _____ Date: _____

Administrative Signature: _____ Date: _____

WAIVER

NAME (print) _____

HEPATITIS

1) I am not able to obtain records of the Hepatitis B vaccination series, but attest that He/She has received them and releases the Agency and its Clients of any responsibility should I come in contact or contract the above-mentioned disease.

OR

2) I have not received the Hepatitis B vaccination series, and releases the Agency and its Clients of any responsibility should I come in contact or contract the above-mentioned disease.

Signature _____

Date _____

MMR (Measles, Mump, and Rubella)

1) I am not able to obtain records of the MMR shot but attest that I have had it and releases the Agency or its Client of any responsibility should I come in contact or contract the above-mentioned diseases.

OR

2) I have not taken the MMR shots and releases the Agency and its Clients of any responsibility should I come in contact or contract the above-mentioned diseases.

Signature _____

Date _____

OSHA TRAINING

I was not able to obtain records but have received training in OSHA Blood and Body Fluid Precautions or Bloodborne Pathogens.

Signature _____

Date _____

BACKGROUND/REFERENCE CHECK

I authorize National Nurses of America, its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions; and to verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any/all rights and claims I may have regarding National Nurses of America, its agents or representatives; for seeking, gathering and using such information in the contract process and all other persons, corporations, or organizations for furnishing such information about me.

Signature _____

Date _____

HIPAA TRAINING MODULE TEST

- T F 1. HIPAA stands for Health Insurance Portability Accountability Act
- T F 2. The date for compliance with HIPAA privacy standards is April 14, 2003
- T F 3. The HIPAA regulation affects only electronic transmission of health information
- T F 4. PHI stands for Protected Health Information
- T F 5. National Nurses of America is a “business associate” of hospitals, clinics, and other healthcare providers subject to HIPAA
- T F 6. You must know and comply with the privacy policies and procedures of any organization where you work
- T F 7. The HIPAA regulation affects me and my responsibilities to the patients I provide services for
- T F 8. You are allowed to repeat protected health information only when it is necessary to do your job
- T F 9. Only information that would virtually be impossible to identify the person is not subject to the privacy rules
- T F 10. No one will ever know that I don’t follow the law about privacy, so I can ignore the part about criminal penalties

I understand and will honor the privacy policies and procedures; and am aware that violations of the privacy policies and procedures may result in disciplinary action including termination.

Signature _____

Date _____

Score _____

**CERTIFIED NURSING ASSISTANT
SKILLS CHECKLIST**

NAME:	DATE:	
Directions: This self evaluation is for assessing your experience in specific clinical areas. Enter the number that best describes your skill level. Please complete as accurately as possible.	No experience	1
	Limited experience, supervision needed	2
	Experienced, no supervision required	3
	Proficient, able to supervise and teach	4

GENERAL NURSING		Care of Patient with	
Complete Bed Bath		Intoxication	
Partial Bed Bath		Diabetes	
Bed Making-Occupied		AIDS	
Bed Making-Unoccupied		Multiple Trauma	
Back Care		Burns	
Care of Confused Patient		Care of Combative Patient	
Bed Making Post Op Surgical		Care of Suicidal Patient	
Range of Motion		Care of Confused Patient	
Assist/Perform Bathing		Seizure Precautions	
Catheter Care		Asthma/COPD	
Colostomy Care		Open/Closed Head Injury	
Oral Hygiene		Spinal Cord Injury	
Tracheostomy Care		Drug Overdose	
Apply Restraints		Amputation	
Shaving a Patient		Chest Tubes	
Perineal Care		Renal Failure	
Intake and Output (I&O)		Abdominal Wounds	
Post Mortem Care		Drains	
Assist with Feedings		Hospice Care	
Pre-Operative Care/Preparation		Do you have a Stethoscope? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Weighing Patients		VITAL SIGNS	
Enemas		Pulse	
Charting in Nurses Notes		Temp-Oral	
Computer Charting		Temp-Axillary	
Wound Care		Temp-Rectal	
Positioning/Transferring		Temp-Tympanic	
Assist with Toileting Activities		Respirations	
Dressing Changes		Blood Pressure	
Monitor Restraints			
Blood Glucose Monitoring			
Urine Dipstick			
Pulse Oximetry			
Documentation			
Reporting to Supervisor			

AGE APPROPRIATE CARE: Ability to adapt care to incorporate normal growth and development, adapt method, and terminology of client instructions as it relates to the age and comprehension level of the client; and to ensure a safe environment.

AGE		AGE	
Newborn (birth – 30 days)		Adolescents (12 – 18 years)	
Infant (30 days – 1 year)		Young Adults (18 – 39 years)	
Toddler (1 – 3 years)		Middle Adults (39 – 64 years)	
Preschooler (3 – 5 years)		Older Adults (64+ years)	
School Age (5 – 12 years)			

The information I have given is accurate, and I hereby authorize National Nurses of America to release this skills checklist to their client facilities.

Signature

Date

Agency

Date

**CERTIFIED NURSING ASSISTANT
PROFESSIONAL SERVICES CONTRACT**

This contract made and entered into as of the dates set forth below, by and between:
NATIONAL NURSES OF AMERICA, INC., organized under the laws of the State of Louisiana, herein represented by Michael Areingdale, President, hereinafter referred to as "Company", and _____, a person of the age of majority, hereinafter referred to as "CNA"

WHEREAS, Company and CNA desire to enter into an agreement whereby Company will contract with third party clients (the "Clients") to utilize the services of certain independent contractors for CNA services from time to time, and whereby CNA will make available his/her services to said Clients, from time to time, in the manner set forth herein;

WHEREAS, other businesses in competition with Company, offering the same or similar services to third parties, engage their CNA's as independent contractors, rather than employees, which is advantageous to the CNA rendering such services, and which interferes with Company's recruit and retain the services of CNA's required to fulfill its obligations with Clients; and

WHEREAS, at the request of the CNA, and as an inducement to the CNA to remain engaged by the Company, Company has agreed to engage CNA as an independent contractor from the date of this agreement, rather than as an Employee;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

I.

ENGAGEMENT AND SERVICES

- 1.1 The Company hereby engages CNA, and CNA accepts the engagement, on a part time basis, to render nursing services for the Company, as an independent contractor, in the manner and to the extent permitted by the law, and the applicable canons of professional ethics as from time to time may be amended, and as set forth in this agreement.
- 1.2 The Company hereby agrees that it has and will continue to contract with hospitals, nursing homes, and other healthcare facilities (collectively "Facilities") to provide CNA'S to said Clients; as, if and when requested by Clients.

- 1.3 The Company hereby further agrees to utilize CNA, on an independent contractual basis, in providing said services to Clients, whenever, wherever and however, said Clients require and as Company sees fit, provided that CNA is competent with regard to, and familiar with, the services requested by the Client, and such engagement will not conflict with the terms of this Agreement.
- 1.4 The Company and CNA shall mutually agree upon the type of services CNA desires to provide, and whether such services will be provided on a daily, weekly or monthly basis, and CNA desired work volume and general availability. Subject to any pre-existing work commitments to others, which CNA shall be permitted to engage in under the terms of this agreement, CNA hereby agrees to make available his/her services to Company's Clients at any of Company's Client locations mutually agreed upon by Company and CNA.
- 1.5 CNA acknowledges that the Company engages numerous CNA's as independent contractors based on agreements similar to this agreement. Company has no obligation to offer to CNA all requested engagements from Clients, but Company agrees to offer engagements to CNA to constitute a sufficient economic benefit to CNA to provide for CNA's financial expectations. However, CNA understands that this relationship is a part-time engagement, and is not intended to constitute CNA's sole source of income. During the term of this agreement, CNA shall be allowed to work for himself/herself or others, provided that such work does not interfere with the obligations undertaken by CNA incident to this Agreement.
- 1.6 The Company shall, from time to time, notify CNA of available engagements for Clients and the compensation related to such engagement. The CNA shall be permitted to accept or decline any engagement offered by Company to CNA. Should CNA agree to provide his/her Services to a Client for a designated shift and/or designated time, CNA shall be bound by this agreement to provides said Services. Should CNA not be able to fulfill his/her obligations to the Client, he/she shall notify Company not less than four (4) hours prior to the beginning of said CNA engagement. In the event CNA is absent for a shift which he/she agreed to fulfill, and should CNA fail to notify Company four (4) hours prior to the start of said engagement, Company shall have the option of immediately termination this agreement, without regard to circumstances or reason leading to CNA's absence and/or failure to notify Company.
- 1.7 The CNA services (the "Services") rendered by the CNA shall include, but not be limited to, the practice of general CNA in accordance with CNA's ability and training, and at such places, and at such times, as assigned from time to time by the Company. Such Services shall include:
- (i) Receive and review report on assigned patients;
 - (ii) Give oncoming CNAs a complete patient report;

- (iii) Frequent checks on the well-being of patients;
- (iv) Assist with pre and post-operative patient care as requested by nursing staff;
- (v) Assist with patient admissions and discharges as requested by nursing staff
- (vi) Notify charge nurse or supervisor of changes in patients' conditions or any unusual symptoms;
- (vii) Report all pertinent information on patient to nursing staff;
- (viii) Keeping and maintaining appropriate records relating to all Services rendered by him/her under this agreement, and
- (xii) preparing and attending to, in connection with such Services, all reports, claims and correspondence necessary or appropriate under the circumstances;
- (xiii) To promote, to the extent permitted by law and applicable canons of ethics, the business of the Company.

1.8 All Services provided by CNA under this Agreement shall be performed in a professional, competent and courteous manner, in accordance with regulations and standards of all agencies, entities or bodies which have regulatory, accreditation, and oversight authority over CNA. All Services shall be performed in a manner so as not to reflect negatively on the Company. All Services under this Agreement shall be performed in accordance with any and all regulatory and accreditation standards applicable to the Company and physicians in general, including, without limitation, the Medicare/Medicaid Conditions of Participation and any amendments thereto. The CNA, in rendering Services, shall at all times comply with the policies and procedures of the Clients for whom Services are rendered by CNA, together with the policies and procedures set forth by the Joint Commission on Accreditation of Hospitals, HIPPA, and the State Board of Nursing.

1.9 CNA, while performing Services for a Client, is representing himself/herself and utilizing professional judgment as an independent contractor. This professional judgment is in the sole discretion of the CNA, and is to include all routines, practices and subjective decisions necessary to fulfill the contracted service to Client. CNA agrees not to perform services outside of his/her scope of ability, practice or licensure.

1.10 The Company shall have no right and shall not direct, supervise, oversee, or control or be responsible for the supervision, direction, or control of the CNA while CNA is performing Services for a Client, or as to the result to be accomplished. Company and CNA agree that the Client has the authority to direct, supervise, oversee and/or control CNA and can prohibit CNA from working in its facility, if it deems CNA in unfit, renders inadequate services. In this event, the CNA's existing contract with Company shall be automatically terminated, and shall become null and void as of the end of the last day of work by CNA for Clients. CNA shall be entitled to charge Company for the time and Services actually rendered to the Client.

- 1.11 CNA further hereby agrees that all fees received or collected as a result of services rendered by him/her on behalf of the Company during the term of this agreement shall be the property of the Company. Accordingly, CNA acknowledges that his/her engagement does not confer upon him/her any ownership interest in or personal claim upon any fees charged by the Company for his/her services, whether said fees are collected during his/her employment or after the termination thereof. CNA's compensation for services rendered shall be received from Company, and CNA's compensation for services rendered shall be received from Company, and not from company's clients.
- 1.12 CNA will not, under any circumstances, act as an agent of the Company.
- 1.13 Any fees earned by CNA as a result of services rendered on her own behalf or on behalf of others (other than the Company), shall belong to CNA.

II. **CNA'S RESPONSIBILITIES**

- 2.1 CNA shall at all times comply with the following:
- (i) CNA shall at all times hold and maintain a current certification from the State Board in the state they are working in;
 - (ii) CNA shall acquire and maintain Professional Liability Insurance in the amount of not less than \$1,000,000, evidence of which must be supplied to Company and Clients, if and when demanded;
 - (iii) CNA shall acquire and maintain general liability insurance;
 - (iv) CNA will submit to random drug and alcohol testing.
- 2.2 The CNA shall be solely responsible for all of his/her own expenses incurred in the his/her work, unless set forth in this agreement to be paid by Company, such expenses of CNA to include but not be limited to:
- (i) the cost of his/her professional training,
 - (ii) the cost of his/her professional liability;
 - (iii) the cost of his/her general liability insurance;
 - (iv) the cost of acquiring and maintaining his/her certification;
 - (vi) the cost of any required or voluntary continuing education courses; and
 - (vii) the cost of furnishing his/her uniforms, transportation, tools, instruments, and written material of a professional nature required in their practice.

III.
TERM

- 3.1 This Agreement shall be effective upon execution by all parties hereto. The Services to be rendered shall thereafter continue for a term of one (1) year (the "Term"). This agreement shall be automatically renewed as of each anniversary date (each a "Renewal Date") for an additional period of one year (each an "Extended Term"), unless either party gives written notice to the other party, prior to the Renewal Date that the party does not desire the contract to renew. It is understood and specifically agreed that there is no covenant on the part of either party that this agreement will be renewed after the expiration of the Initial Term or any Extended Term.

IV.
COMPENSATION AND OTHER PAYMENTS

- 4.1 The CNA shall be paid for his/her services by Company on a [weekly basis] in accordance with the engagement accepted and performed by CNA during that week. The Company shall have no obligation to pay CNA's compensation for Services rendered to a Client prior to receipt of the completed and signed time invoice or other document required by Client as evidence of work performed. Company will not reimburse CNA for any expenses, including but not limited to fees, fines, licenses or taxes, incurred in connection with the performance of Services hereunder unless agreed to by Company in advance.

V.
TERMINATION

- 5.1 Notwithstanding anything to the contrary herein contained, this agreement may be terminated by either party upon the terminating party giving written notice to the other party.
- 5.2 Notwithstanding anything to the contrary herein contained, this agreement may be terminated by the mutual consent of both parties.
- 5.3 Notwithstanding anything to the contrary herein contained, this agreement may be immediately terminated by Company by written notice to CNA upon the occurrence of any of the following events:
- (i) A patient's health or safety is in imminent and serious danger from CNA's actions; or
 - (ii) CNA fails to qualify for professional liability insurance meeting Company's requirements; or
 - (ii) CNA's conviction of any felony; or

- (iv) CNA's loss or any restriction of their certification to practice; or
- (v) CNA's death or disability;
- (vi) CNA's breach of any of the terms of this Agreement, including the failure of CNA to provide Services on the days required by this Agreement; or
- (vii) CNA's unprofessional behavior.

- 5.4 Upon termination of this Agreement, to the extent CNA's malpractice coverage is on a claims-made basis, CNA shall purchase, at CNA's expense, tail coverage covering CNA and the Company for an unlimited reporting period effective on the termination of this Agreement; provided, however, that the expense of purchasing the tail insurance shall be the responsibility of Company in the event CNA's termination of employment is made without cause.
- 5.5 During the term of this Agreement, and upon termination thereof, all records, reports, claims, patient files and correspondence shall belong to the Company.

VI.

INDEPENDENT CONTRACTOR

- 6.1 It is understood that CNA is an independent contractor and shall not be considered to be an employee of the Company. The Company shall have no control over the manner or method by which CNA meets his/her obligations incident to this agreement, provided that CNA shall perform the Services in the manner described herein. CNA shall not be subject to the provisions of any personnel handbook or other rules and regulations applicable to the employees of Company. As an independent contractor, CNA shall be responsible to secure, at its sole cost and expense, disability insurance, general liability insurance, and other insurance as may be required by law or is otherwise appropriate.
- Company will not withhold from the consideration paid to CNA any sums for income tax, Social Security, Medicare, unemployment insurance, or any other amounts which are required by law to be withheld from compensation paid to employees, and CNA agrees to indemnify and hold Company harmless from any and all loss, damage, or liability arising with respect to such withholdings, in the event any court or administrative agency determines that CNA was in fact an employee of Company. The Company will not provide, nor will it be responsible to pay for, any benefits for CNA similar to those which the Company currently provides for its employees, including but not limited to, health care insurance and/or benefits, paid vacation, paid holidays, sick leave or disability benefits, retirement benefits or benefits, paid vacation, paid holidays, sick leave or disability benefits, retirement benefits or contributions to qualified or non-qualified retirement plans, and death benefits.

VII.
MISCELLANEOUS

- 7.1 Any notices to be given pursuant to this agreement shall be deemed given when personally delivered or when received through certified mail, return receipt requested addressed to the party at the address hereafter provided
- 7.2 This agreement shall be enforced in accordance with the laws of the State of Louisiana. Venue for all purposes shall be Rapides Parish, Louisiana.
- 7.3 No delay or omission by either party to exercise any right or remedy under this Agreement shall be construed to be either acquiescence or the waiver of the ability to exercise any right or remedy in the future.
- 7.4 In the event either party resorts to a lawsuit to enforce this Agreement, the prevailing party shall be entitled to recover the reasonable costs of pursuing a lawsuit, including reasonable attorneys' fees.
- 7.5 Neither party shall be liable or be deemed in default of this Agreement for any delay or failure to perform caused by Acts of God, war, disasters, strikes, or any reasonable attorneys' fees.
- 7.6 In the event any part or parts of this Agreement are held to be unenforceable, the remainder of this Agreement shall continue in effect.
- 7.7 The rights and obligations of this Agreement may not be assigned.
- 7.8 This Agreement may be executed in duplicate, each of which, when executed and delivered, shall be deemed an original. The parties acknowledge and agree that this Agreement has been mutually discussed, negotiated, and drafted by the parties hereto. In order to be effective, any amendments to this Agreement must be in writing and signed by both of the parties.
- 7.9 This Agreement and any exhibits supersede any previous contracts between the parties and constitute the entire agreement between the parties. Both parties acknowledge that any statements or documents not specifically referenced and made a part of this Agreement shall not have any effectiveness.

THUS, DONE AND SIGNED in Alexandria, Louisiana, on this the _____ day of _____, 20__.

Independent Contractor Signature

NATIONAL NURSES OF AMERICA, INC.

WITNESSES:

Printed Name: _____

Printed Name: _____