SOUTHERN CRESCENT PERSONNEL

DENTAL DIVISION
LOCUM TENENS

PART I - GENERAL

DATE			**SOCIAL SECURITY #**	
NAME	First	Middle	Last	
PRESENT ADDRESS	Street		Apt. No.	
	City		State	Zip
IF LESS THAN 3 YEARS, PREVIOUS ADDRESS	Street		Apt. No.	
	City		State	Zip
PHONE	**PAGER**	**CELL**	**WORK #**	**E-MAIL**
IN CASE OF EMERGENCY NOTIFY:	Name		Relationship	
	Address		Phone	
DENTAL LICENSE NUMBER			**Expiration Date**	
DEA NUMBER			**Expiration Date**	
MEDICAID PROVIDER?	_____**Yes** _____**No**		**If so, Medicaid #**	
AVESIS?	_____**Yes** _____**No**			
DORAL?	_____**Yes** _____**No**			
MALPRACTICE INSURANCE CARRIER			Phone #	
	Policy #		**Expiration Date**	
REFERRAL SOURCE	☐ Advertisement ☐ Friend/Relative Name: _____		☐ Internet ☐ Yellow Pages ☐ Other _____	

***Southern Crescent Personnel is an Equal Opportunity/Affirmative Action Employer**

PART II - EDUCATION

LIST ANY GRADUATE DEGREES EARNED INCLUDING SCHOOL (S) / UNIVERSITIES

DEGREE	**MAJOR**	**SCHOOL**
DEGREE	**MAJOR**	**SCHOOL**
DEGREE	**MAJOR**	**SCHOOL**

PART III - EXPERIENCE

PLEASE LIST BELOW ANY WORK OR VOLUNTEER REFERENCES FOR THE LAST FIVE YEARS:

(MOST RECENT FIRST)

DATES **FROM** _____/_____ **TO** _____/_____	Title or Position
COMPANY/NAME OR ORGANIZATION	**ADDRESS**
CONTACT PERSON	**PHONE #**
RESPONSIBILITIES	
DATES **FROM** _____/_____ **TO** _____/_____	Title or Position
COMPANY/NAME OR ORGANIZATION	**ADDRESS**
CONTACT PERSON	**PHONE #**
RESPONSIBILITIES	
DATES **FROM** _____/_____ **TO** _____/_____	Title or Position
COMPANY/NAME OR ORGANIZATION	**ADDRESS**
CONTACT PERSON	**PHONE #**
RESPONSIBILITIES	

TERMS AND CONDITIONS

This is an agreement between _____DDS, a Georgia licensed dentist, and Southern Crescent Personnel (SCP), a Georgia Corporation.

By signing this agreement YOU ARE AGREEING to abide by the terns and conditions set forth.

- **To inform SCP if you are offered a full time position as an Associate of if you decide to purchase a client's practice. If you form a business alliance with a client and the client hires you on a full time/part-time basis, or you become an Associate, or purchase the practice, then the client could be responsible for the full fee due in the amount of $15,000.00. This fee is due and payable on or before the start date.**

- **To maintain and stay in good standing with the Georgia Board of Dentistry by following all laws and regulations set forth under the strict state guidelines to maintain your license. You agree to notify SCP of any changes.**

- **To maintain your malpractice policy and notify SCP immediately if cancelled. NOTE: SCP does not maintain any malpractice insurance for contracted professionals. You could be held responsible for any damages or physical loss or damage to machinery, equipment or materials. SCP shall not be held liable t any loss or damages to said property caused by contracted Dentist. SCP and its staff or agents are not responsible for claims involving bodily injury, property damage, fire, theft or liability damages. Dentist agrees to add SCP as insured to malpractice policy.**

- **To follow all OSHA & HIPPA guidelines and adhere to all workplace legal requirements. To put the safety and health of yourself, the patients and staff as the foremost priority.**

- **You agree that you are not an employee of SCP but instead are a contracted professional. It is your responsibility to turn in to SCP an invoice for number of hours worked. You also agree that you will not form an alliance or agree to commission or separate compensation other than what is agreed through Southern Crescent Personnel. You agree and also understand that to be paid, SCP must receive and invoice. You may fax, mail or hand deliver the invoice to SCP. You will accept no payment from any of SCP's clients but can and will expect payment for hours contracted.**

- **You are responsible to pay all your unemployment taxes, Social Security, Federal and State Income taxes. SCP will not be responsible for any taxes for contracted professionals.**

- **You are not under the supervision of Southern Crescent Personnel or its agents or representatives.**

- **You agree not to start procedures, such as crown or bridgework that cannot be completed.**

- **You agree that you will not receive any payments in the form of money or extra compensation paid in the form of commission, while working for a client of SCP or sign a separate agreement for commission without a signed written agreement between SCP, the client and contractor that clearly defines the work to be done and payment to be made. This agreement is to be between SCP, the client and you the contractor. All payments for services rendered will come through SCP.**

- **You agree that failure to fulfill your agreed upon commitment could result in a reduced hourly rate.**

- **You are required to notify SCP of any offer or discussion regarding potential employment within 12 months of any interview or contracted work arranged through Southern Crescent Personnel.**

- **You agree as a result of your agreement and working relationship with SCP that you will have access to confidential material and information that belongs to the Client and/or SCP. You agree to protect the confidentiality of the Client, its patients and employees of said client and SCP.**

_____

Initial

- **You agree not to fraternize with individuals employed by Client, Practice, Clinic, Companies or develop personal relationships and/or sexual relationships with employees of Clients.**

- **You agree not to solicit an SCP Client Company's patients and/or employees to work for your personal gain, an affiliate, and subsidiary, other connected through another staffing agency, another dental office, practice or clinic for twelve (12) months following an assignment.**

_____

Print Name

_____ _____

Signature **Date**

_____ _____

Southern Crescent Personnel Representative **Date**

COUNSELOR RATINGS

Appearance_____ Personality _____ Communication _____ Voice _____

Dependability _____ Attitude _____ Experience Level _____ Attire _____

Copy of Driver's License _____ Copy of Social Security Card _____ Resume _____ W-9 _____

Copy of Dental License _____ Copy of Malpractice _____
Verified _____ Verified _____

References verified by: _____

SCP Representative Comments/Notes

This is an ongoing agreement unless either party submits in writing to terminate said agreement.

Contractor Release Form for Reference Checks

I voluntarily and knowingly authorize any present or past employer pr supervisor; college or University or other Institution of Learning; Administrator; law Enforcement Agency; State Agency; Local Agency; Finance Bureau/Office; Credit Bureau; Collection Agency; Private Business, such as Insurance Company for verification of malpractice insurance; Military Branch; The National Personnel records Center; Personal Reference; and or other persons to release my records or other information they may have concerning my Criminal History, Motor Vehicle History, Social Security Number, Earnings History, Character and Employment (including reasons for termination) or any other information requested, including verification of malpractice insurance, social security, or Federal Identification, Georgia Dentist license. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability for the furnishing of this information. A photographic or faxed copy of this authorization shall be valid as the original.

_____-_____-_____
Social Security Number

58-_____
Federal ID Number

_____
Dentist License Number

_____
DEA#

_____
Print Name

_____ _____
Signature of Applicant **Date**

_____
Witness SCP Inc.