



Provider Handbook Acknowledgement Form

I acknowledge that I have received a copy of National Anesthesia Services, Inc. Provider Handbook and I acknowledge that I have been informed that the complete National Anesthesia Services, Inc. Provider Handbook is available at www.nationalanesthesia.com.

I understand that in processing my application with National Anesthesia Services, Inc. an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past assignment and education, criminal records, motor vehicle records, personal references, and other job-related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless National Anesthesia Services, Inc. from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my assignment. If contracted, I further authorize National Anesthesia Services, Inc. to check my conviction records, as needed, on a continuous basis as it relates to my assignment. I am granting National Anesthesia Services, Inc. authorization to release confidential information upon the request from National Anesthesia Services, Inc. clients while I am actively working at the client's facility and/or during the vetting and placement processes.

I understand that National Anesthesia Services, Inc.'s goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with National Anesthesia Services, Inc.'s service or the service provided by one of National Anesthesia Services Inc.'s clients, I am encouraged to contact the manager to discuss the issue. National Anesthesia Services, Inc. has processes in place to resolve customer complaints in an effective and efficient manner. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by National Anesthesia Services, Inc. healthcare professionals, which has not been addressed by National Anesthesia Services, Inc. management, is encouraged to contact The Joint Commission at www.jointcommission.org. National Anesthesia Services, Inc. demonstrates this commitment by taking no retaliatory or disciplinary action against providers when they do report safety or quality of care concerns to The Joint Commission.

I have read and understand National Anesthesia Services, Inc.'s policies and my requirements as a National Anesthesia Services, Inc. provider. I understand that if I have any questions and/or need clarification for items addressed in the Provider Handbook, it is my responsibility to contact the National Anesthesia Services, Inc. office at 1-800-642-1999 to discuss.

Provider Signature

Date

Provider Name