

**SAMPLE CCHC RN CONTRACT**

The following is a sample only. Each CCHC RN or agency is responsible for the final content of the contract

**Name**  
**Address**  
**Address**

This contract shall be between XXXXXXXX and XXXXXXXXXXXXX for services related to providing consultation to the director of the center and the staff in the infant room.

**Term of Contract:**

The contract shall become effective upon signatures of both parties, but shall cover tasks performed relating to this contract between \_\_\_\_\_ and \_\_\_\_\_. This agreement shall terminate automatically upon completion by XXXXXXXXXXXXXXXXXXXX of the services required by this agreement. This contract may be terminated by either party with 30 days written notice.

**Description of Services:**

- I. XXXXXXXXXXXXX will provide the following services:
  - A. Monthly consultation to the infant room
  - B. Consultation to the Director for design and planning

For work done,XXXXXXXXXXXXXXXXXX, will provide written summaries to the Director of the work completed.

**Payment:**

XXXXXXXXXXXXXXXXXX will invoice \_\_\_\_\_ each month, following the completion of the work done the previous month. Payment is due, within 30 days of receipt of the invoice, to *NAME AND ADDRESS*. Payment amounts shall be as follows: \$XX per hour.

**Expense Reimbursement:**

XXXXXXXXXXXXXXXXXXXXXXXXXX shall be entitled to reimbursement from \_\_\_\_\_ for all "out of pocket" expenses in addition to this amount. Itemized report and copies of receipts shall be made available on request.

**Payment Reporting:**

\_\_\_\_\_ will report the total amount of all payments to XXXXXXXXXXXXX including any expenses, in accordance with the federal Internal Revenue Service and the state regulations. XXXXXXXXXXXXXXXXXXXX will be responsible for any federal taxes applicable to amounts paid under this contract.

**Entire Agreement:**

This agreement contains the entire agreement of XXXXXXXXXXXXXXXXXXXXXXXXXXXX and \_\_\_\_\_ and there are no other promises or conditions in any other agreement, either written or oral.

**Amendment:**

This agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

**Relationship of Parties:**

It is understood that XXXXXXXXXXXXXXXXXXXX is an independent contractor and shall have the control of the work and the manner in which it is performed. XXXXXXXXXXXXXXXXXXXX is not to be considered an agent or employee of and is not entitled to participate in any employee benefits from

\_\_\_\_\_.

\_\_\_\_\_ has relied upon the professional ability and training of XXXXXXXXXXXXXXXXXXXX as a material inducement to enter into this contract. XXXXXXXXXXXXXXXXXXXX warrants that all work will be performed in accordance with generally accepted professional practices and standards, as well as the requirements of applicable federal, state and local laws. It is understood that acceptance of XXXXXXXXXXXXXXXXXXXX, work by \_\_\_\_\_ shall not operate as a waiver or release.

\_\_\_\_\_ shall hold harmless, indemnify and defend XXXXXXXXXXXXXXXXXXXX its officers, agents and employees from any and all liability, actions, claims, losses, damages, or other costs including attorney's fees and witness costs, (at both trial and appeal level, whether or not a trial or appeal ever takes place) that may be asserted by any person or entity arising from, during or in connection with the performance of the work described in this contract, except liability arising out of the sole negligence of XXXXXXXXXXXXXXXXXXXX. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification.

\_\_\_\_\_

CCHC RN

\_\_\_\_\_

Representative of Facility

\_\_\_\_\_

Date

\_\_\_\_\_

Date