Independent Contractor Application

EZ Inspirations - Specialized In-Home Respiratory Therapy Care

EZ Inspirations
Care In Every Breath

1. Contractor Demographics

Name:

Date of Birth: **SSN:**

Home Address:

City / State / ZIP:

Phone:

Email:

Preferred Service Area / County:

Emergency Contact Name:

Emergency Contact Phone:

2. Qualifications, Licenses & Profiles

License Type: ☐ CRT ☐ RRT

CRT / RRT License Number:

License Expiration Date:

NPI Number:

Medicaid Number (if applicable):

CPR / BLS Certification Number:

BLS Expiration Date:

Professional Liability Insurance Carrier:

Policy Number & Expiration Date:

Active CAQH Profile? ☐ YES ☐ NO

3. Current/Past Employment:

Employer 1 – Most Current

Employer Name:

City / State:

Start / End Date:

Position / Title:

Reason for Leaving:

Employer 2

Employer Name:

City / State:

Start / End Date:

Position / Title:

Reason for Leaving:

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4. Credentialing Disclosure - *Answer YES or NO. If YES, attach a written explanation.*

1	Have you ever had a professional license suspended, revoked, or restricted?	☐ Yes	☐ No
2	Have you ever been subject to disciplinary action by a licensing board or professional organization?	☐ Yes	☐ No
3	Have you ever been convicted of a felony or crime involving moral turpitude?	☐ Yes	☐ No
4	Do you have any current malpractice claims or pending litigation?	☐ Yes	☐ No
5	Have you ever been excluded from Medicare, Medicaid, or any federal health program?	☐ Yes	☐ No
6	Are you currently bound by a non-compete or restrictive covenant with another employer?	☐ Yes	☐ No

5. Professional References

Reference 1

Full Name:

Organization / Employer:

Relationship to Applicant:

Phone:

Email:

Years Known:

Reference 2

Full Name:

Organization / Employer:

Relationship to Applicant:

Phone:

Email:

Years Known:

6. Certification & Signature

By signing below, I certify that all information provided in this application is true and complete. I understand that any misrepresentation may result in immediate termination of my contract with EZ Inspirations. I agree to notify EZ Inspirations within 30 days of any changes to the information herein.

Print Name:

Signature:

Date:

CRT/RRT License #: