



Marketplace Roadmap – ICOSA Onboarding

Welcome to the EmpowerRx Marketplace! This revolutionary tool enables **Independent Clinician Owned Staffing Agencies (ICOSA)** to thrive in the competitive healthcare staffing industry. As you complete the onboarding process a key distinction to remember is you will function in a dual capacity on the platform; the **ICOSA owner (sub-contractor)** and **clinical talent (caregiver)**. The **ICOSA profile** will be the primary login with full admin access, while the Clinical (caregiver) profile will be accessed primarily through the app.

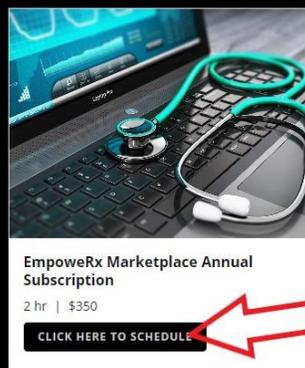
****It is important to use your personal email address for your **clinical (caregiver)** profile and your business email address for your **ICOSA subcontractor** profile. ****

Market Place Requirements:

- 3 professional references from past year (email addresses and contact number)
- Active unencumbered license/certificate
- Minimum of 2 years of clinician experience
- Active Business in good standing (LLC and EIN information for your ICOSA (W9))

Step One:

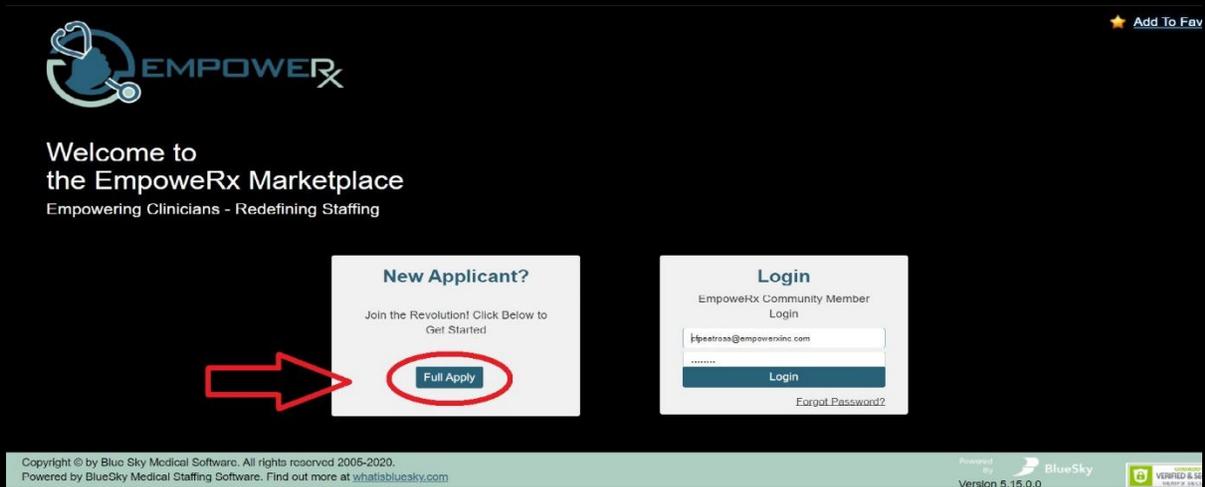
- Schedule an Intake Call and pay \$50.00 deposit: <https://empowerxinc.com/clinician-services>
- The EmpowerRx Team will verify your professional credentials and contact your references once initial application is complete





Step Two:

- Complete Marketplace Application: <https://empowerx.blueskymss.com/Login.html?redirectUrl=>
 - This step creates a **clinical (caregiver) profile** and allows the EmpoweRx Team to verify your credentials. Part of our commitment and function is to ensure the integrity of the platform for all parties. Be sure to store your login information and use your personal email address in the profile.
- Select Full Apply



- Enter Required Information:
 - Cell phone
 - Personal email address
 - Click the “I confirm that I can and want to receive the EmpoweRx Marketplace emails and text” (This allows us to text and email job notifications directly to you.)



- Work History

Del	Facility Name	Phone	Position Held	Start Date	End Date	Reason for leaving	Salary	Date Entered	Upload	View	Date Called	Verify
<input type="checkbox"/>	Best Care Regional Hospital	(153) 426-2457	RRT	10 March 2016	10 September 2016	Assignment ended		06/14/2021			06/08/2021	
<input type="checkbox"/>	Saving Grace Hospital	(987) 654-3211	RRT	06 July 2015	31 January 2016	New Opportunity for Travel		06/14/2021			06/18/2021	
<input type="checkbox"/>	Best Hospital	(111) 777-1111	RRT	06 May 2010	01 June 2015	Travel Opportunities		06/14/2021			06/10/2021	

- 3 professional references

Del	Name	Title	Phone	Email	View Upload
<input type="checkbox"/>	Donna Smith	DON	(555) 444-3333	dsmith@email.com	
<input type="checkbox"/>	Phil Jackson	Unit Manager - RT	(333) 555-8888	pjackson@email.com	
<input type="checkbox"/>	Cynthia Forester	Director of HR	(999) 222-1313	cforester@email.com	

- Professional License/Certificate

Country	State / Province	License Type	License Number	Date Issued	Expiration Date	Days Valid / Days Expired	Upload	View Upload	Pen-ding	Note
USA	MT		12345	10/29/2009	12/20/2021	179			<input type="checkbox"/>	



- Upload completed and signed W9 in **Required Document Tab**

Send Request	JC/Company Required	Specialty Required	Received	Requirement Name	Date Issued	Expiration Date	Days Valid / Days Expired	Upload	View Upload	Archive	View Arch	Verified	Note
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Direct Deposit	06/12/2021	NA						<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form W-4		NA						<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Letter		NA						<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I9	n/a	NA						<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Tax Form		NA						<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	W-9	06/12/2021	NA						<input checked="" type="checkbox"/>	

Step Three:

- EmpowerRx will complete a verification of professional credentials, work history, education, and professional references.
- Once approved, the Independent Affiliate Agreement will be sent via DocuSign
- Welcome email will be sent with login credentials for your **ICOSA (sub-contractor) profile** once signed agreement is received.
- Log in, change password, and complete ICOSA profile. Be sure to save your ICOSA log in credentials and use your business email address.



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Welcome to
the EmpowerRx Marketplace
Empowering Clinicians - Redefining Staffing

New Applicant?

Join the Revolution! Click Below to Get Started

[Full Apply](#)

Login

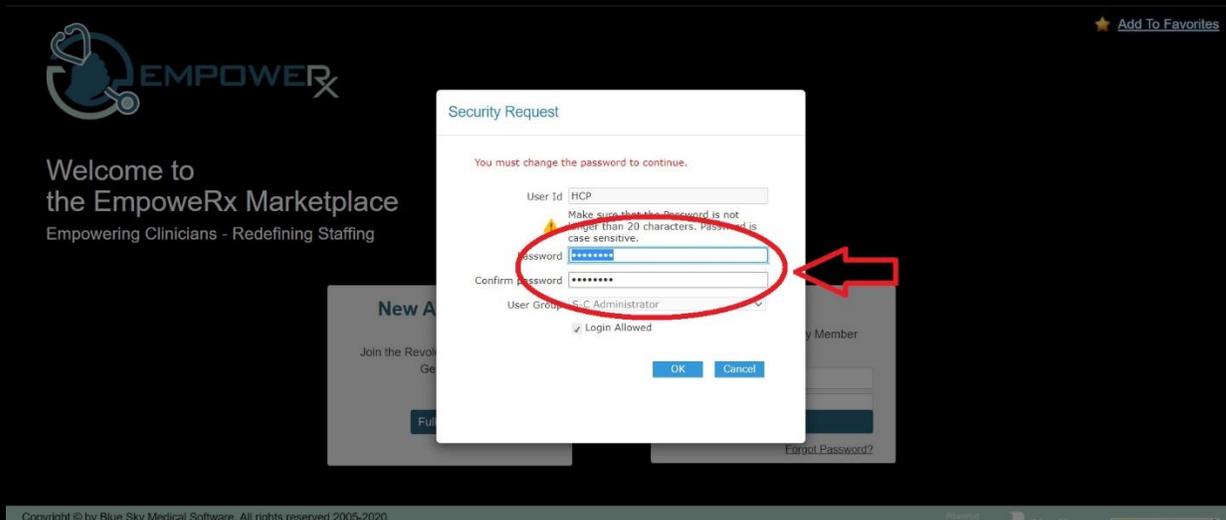
EmpowerRx Community Member Login

User ID:

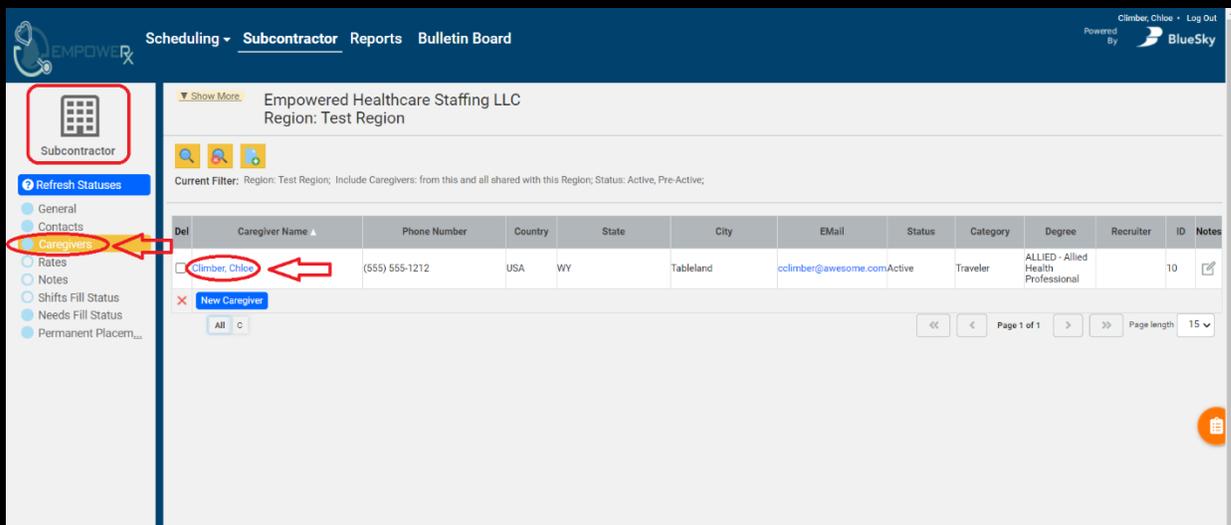
Password:

[Login](#)

[Forgot Password?](#)



- Your **Clinician (caregiver) Profile** will be linked to your **ICOSA profile**



Step Six:

1. Download the **BlueSky** app from the Google Play store or Apple App store to manage your Clinician (caregiver) activities.
 - a. Use code: **empowerx**.
 - b. The app will allow your caregiver profile to log clock in and clock out time that automatically upload to the Marketplace for manager approval. The app will also alert you to new job opportunities.

