HARDIN COUNTY GENERAL HOSPITAL & CLINIC
P. O. Box 2467 Ferrell Road
Rosiclare, IL 62982
Hospital (618) 285-6634 Clinic (618) 285-2800
Fax (618) 285-3564 Fax (618) 285-2804

"WE CARE"

INDEPENDENT CONTRACTORS – NOTIFICATION FORM

Business Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Fax/email: _____

Contact Person: _____

Telephone: _____ *Fax:* _____

Email: _____

It is a requirement that all Independent Contractors participate in the Orientation Process at our facility. To expedite the process, we are requesting the following information be forwarded as soon as possible: the names, licenses, insurance, etc. as listed on Page 2 of all contractors and any substitutes who will be coming to our facility to work. If requested information does not pertain to your company, please indicate with NA.

Some orientation may be done prior to the contractor(s) coming to our facility. Once this form is returned, then Orientation Packets will be forwarded to your company to allow sufficient time for the contractor(s) to complete the review. Other orientation will be scheduled at the time the contractor(s) are at the hospital.

Please provide the following information at your earliest convenience. All required documentation needs to be ***mailed as soon as possible to the following address:***

Nancy Spivey, Hardin County General Hospital, P. O. Box 2467, Ferrell Road, Rosiclare, IL 62982

Name: _____ *Occupation:* _____

Date contractor will begin work at our hospital: _____

Name: _____ *Occupation:* _____

Date contractor will begin work at our hospital: _____

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Date contractor will begin work at our hospital: _____

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Name: _____ *Occupation:* _____

Date contractor will begin work at our hospital: _____

(If addition space for names is required, please copy this page)

Please copy the following required information and return with this form:

____ *Professional Licenses* ____ *Insurance* ____*Certificates*

____ *CPR Card* ____ *Drivers License* ____ *Social Security Card*

Mydoc/Miscell/Independent Contractor(s)Notiform
Rvsd: 10/07