

Vendor Application to Work Onsite with Students of Chrysalis School

Therapists are welcome to work onsite at Chrysalis School when the following has been sent to carmen@chrysaliscenterforchange.com and you have been notified that the individual named has been approved for vendor work onsite with our student. We will begin the approval process after we have received all of the following documentation. Please allow up to ten days for us to complete the approval process once you provide all of the following. We will contact you with the times our therapy room is available. Please note, we have one therapy room and multiple vendors. Time slots are not flexible.

1. Full Name as it appears in the Education Clearing House.
First name _____ Last name _____
Place of Birth _____ SS# _____

Screening must be findable, current, and available to be stored as a 'vendor' on the Education Clearing House website. This is a requirement of the FL Department of Education, and is not negotiable.

2. Front and back of a government issued photo ID for retention in our vendor records, and must present the ID upon every entry to the school.
3. Documentation of the following insurance coverage:
 - **Commercial General Liability (CGL) Insurance with the following details explicitly stated on the document**
 - A minimum of **\$1,000,000 per occurrence and \$2,000,000 general aggregate** for Commercial General Liability coverage.
 - The **Chrysalis School, Inc. must be named as an additional insured** on the policy.
 - The policy must be written on an **occurrence basis** (not claims-made).
 - Policies must not exclude or sublimit coverages for abuse or molestation.
 - **Workers' Compensation Insurance:** In accordance with Florida Statute 440.
 - This must include statutory workers' compensation limits and at least **\$100,000 each incident of bodily injury or disease for Employer's Liability**, including a Waiver of Subrogation endorsement.

Please initial the following agreements and sign and date at the bottom.

_____ I give my consent for agents of Chrysalis School to review my screening.

_____ I agree to the above requirements and policies.

_____ I understand that approval will only be for me, and I cannot send a substitute in my place.

_____ I understand that once set, my regular reserved time for the therapy room is not flexible.

_____ I understand that I must present the same photo ID the school used to approve me upon every entry to the school.

signature

date