

**EXHIBIT A**

**AGENCY EMPLOYEE – ACKNOWLEDGEMENT**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 1**

Please check one of the following:

\_\_\_\_\_ I am not currently, nor have I ever been, an employee of Provena Health or any of their affiliate facilities.

\_\_\_\_\_ I was employed by Provena Health from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ (Facility Name).

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ I worked at Provena Health's \_\_\_\_\_ (Facility Name) from \_\_\_\_\_ to \_\_\_\_\_ through \_\_\_\_\_ agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 2**

I understand that I may only work at Provena Mercy Medical Center through one healthcare staffing agency.

I declare that \_\_\_\_\_ is my preferred agency.

I am aware that I must notify my agency in writing, if I choose to change my preferred agency selection. I will at such time complete this form with the preferred agency I choose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION 3**

By authorizing this Agency Employee Acknowledgement form, I also acknowledge that I will adhere to the Policies and Procedures outlined in any materials provided by Provena Mercy Medical Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_