



HEALTH SOURCE GROUP

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Dear Nurse / Healthcare Professional,

It is our goal to build a friendly positive relationship with you as we with our clients. Below is a list of expectations we require you to follow as a professional in the healthcare industry and representing Health Source Group, Inc. while you are on assignment.

1. No show No calls are not allowed due to the fact that it puts the facilities in a bad situation and also makes your company look bad. Most facilities frown upon this and will suspend you or even put it down for you to not return. As a professional you have your reputation on the line as we do too.
2. If you book shifts make sure you are able to work the shifts and do not cancel them. We try to get all our nurses working and refilling cancelled shifts can be difficult. It may lead to creating unnecessary doubts about your professionalism in the facilities minds.
3. When needed to call out you **MUST** give us at least a 6 hour notice (we understand emergencies can happen). This way we can at least try to get a replacement for you. If it is after hours or on weekends we have an on-call that you can reach us at. It is 516-605-1310 Ext: 264. Please leave a detailed message with a number you can be called back at.
4. As your documents expire you need to send us an updated copy so we can keep your file updated. If a facility asks we can send them right away. Also, we follow all JACHO guide lines and need to have all current documents.
5. When we are calling your for a shift please try to call back within a 4 hour window or sooner to let us know if you are available for the shifts. We have to be fair to others, want to give you a chance to work and have open communication with you on a timely manner.
6. By chance if you book directly through the facility for any reason please call Health Source Group to let us know that you have taken a shift so we can keep it on record for payroll.

We thank you for all your hard work.

If you have any questions please call us at 516-605-1310

-----TEAR HERE & RETURN-----

PLEASE SIGN, COMPLETE AND RETURN ACKNOWLEDGING YOU HAVE READ HEALTH SOURCE GROUP'S RULES AND REGULATION MEMO/LETTER DATED _____ AND ARE COMMITTED TO PROVIDING HEALTHCARE / NURSING SERVICES WITH THE HIGHEST DEGREE OF PROFESSIONALISM:

X _____

PRINT NAME: _____

DATE: _____

Specializing in Healthcare Consulting and Staffing Services...