

[Date]

[Candidate Name]
[Candidate Address]
[City, State, Zip Code]

Subject: Offer for Independent Contractor Placement

Dear [Candidate Name],

We are pleased to offer you an engagement as an Independent Contractor for the position of [Healthcare Specialist Job Title] at [Facility Name/Location].

1. Scope of Services: You will be responsible for providing [Brief description of clinical duties, e.g., patient assessments, physical therapy, specialized nursing care] as requested by the facility.

2. Term: This assignment is scheduled to begin on [Start Date] and is expected to continue until [End Date/Ongoing].

3. Compensation: You will be compensated at a rate of \$[Amount] per [Hour/Visit/Shift]. Invoices should be submitted [Weekly/Bi-weekly] for services rendered.

4. Independent Contractor Status: It is understood that you are an independent contractor and not an employee of [Agency/Company Name] or the host facility. You are responsible for your own self-employment taxes, professional liability insurance, and certifications.

5. Compliance: This offer is contingent upon the successful completion of a background check, primary source verification of your professional license, and proof of required immunizations.

To accept this placement, please sign and return this letter by [Expiration Date].

Sincerely,

[Sender Name]
[Title]
[Company Name]

Acceptance:

I accept the terms of this Independent Contractor placement as outlined above.

Signature: _____ Date: _____