

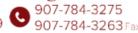
**Contract Start Date:** 

## Yakutat Community Health Center

K'idéin Kudzitee (Living Well)

P.O Box 112, Yakutat, AK 99689

907-784-3275
115 Airport Rd, Yakutat, AK 99689





## **Provider Contract Request Form**

Requestor Name:		Title:					
Department:		Funding Source:					
Contract Type							
Employment Agreement (Employee)							
Personal Services Agreement (Independent Contractor)							
Personal Information							
Name:							
Address:							
City:	State:	Zip Code:					
Phone Number:		Email Address:					
Type of Professional License:		State of Licensure:					
Contract Terms and Conditions							
Scope of Work/Duties:							

Contract End Date:

## Schedule/Compensation

Schedule/ Compensation								
On-Site Requirements (rotation, minimum number of days, emergency call, etc.):								
Off-Site Requirements (minimum number of hours, tasks, telehealth, emergency call, etc.):								
0 6'' 0								
On-Site Compe	<u>nsation:</u>							
Daily Rate:	\$	_						
Harrier Datas	¢		On Call Data	<b>.</b>				
Hourly Rate:	\$	-	On-Call Rate:	<b>&gt;</b>	-			
Other:	\$		Description:					
		_	'					
Off-Site Compe	nsation:							
Admin Rate:	\$	_	Hourly Rate: \$_		On-Call Rate: \$			
Other:	\$		Description:					
Other.	٧	-	Description.					
Travel, Lodging and Transportation								
Air Travel Provi	ded:	Yes	No	Departure City	:			
Housing Provid	ed:	Yes	No					
Vehicle Provided:		Yes	No					
vernole i rovide		103	110					
Other Terms								
Approval								
Department Di	rector:				Date:			
Executive Health [	Director:				Date:			

## **Additional Information**