

Provider Handbook Acknowledgement Form

I acknowledge that I have received a copy of BestNest Management, Provider Handbook. I acknowledge that I have been informed that the complete BestNest Management employee handbook is available at www.bestnestmanagement.com. I understand I am responsible for reading the contents of the handbook, and for complying with the policies and rules outlined therein. I further acknowledge that I have read the handbook in its entirety in accordance with this responsibility.

I understand that in processing my application with BestNest Management, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless BestNest Management, from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize BestNest Management, to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting BestNest Management, authorization to release confidential medical information upon the request from BestNest Management, clients while I am actively working at the client's facility and /or during the profiling and placement processes.

I understand that BestNest Management, goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with BestNest Management, or the service provided by one of BestNest Clients, I am encouraged to contact the local manager to discuss the issue. BestNest Management, has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectation, I am encouraged to call the BestNest Management corporate office at (562) 457-3150. A corporate representative will work with me to resolve my concern. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by BestNest Management, healthcare professionals, which has not been addressed by BestNest Management, management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. BestNest Management, demonstrates this commitment by taking no retaliatory or disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

I understand that my employment with the Company is for an unspecified term and may be terminated at the will of either the Company or myself, with or without reason or cause, and with or without notice. No words or actions of the Company will be deemed to create an express or

implied contract of employment or require the Company to have good cause for terminating my employment.

I have read and understand BestNest Management, policies and my requirements as a BestNest Management contractor employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the BestNest office to discuss.

I acknowledge I have received a copy of Anti-Harassment, Discrimination, And Retaliation Policy, and I have read it, understand it and understand I am required to follow it. I understand any employee who engages in conduct prohibited by the Anti-Harassment, Discrimination, And Retaliation Policy will be subject to disciplinary action, up to and including termination.

I understand it is my obligation to refrain from engaging in conduct in violation of the Anti-Harassment, Discrimination, And Retaliation Policy and also to report conduct which I believe violates the policy to enable the Company to take action as appropriate.

I ACKNOWLEDGE I HAVE READ THE ARBITRATION AGREEMENT CONTAINED IN THE HANDBOOK AND UNDERSTAND IT IS A CONTRACT WHICH MAY BE ENFORCED BY THE PARTIES. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ, OR HAVE HAD THE OPPORTUNITY TO READ, THE ARBITRATION AGREEMENT. I AGREE TO THE ARBITRATION AGREEMENT AND I UNDERSTAND THAT THE ARBITRATION AGREEMENT REQUIRES THAT DISPUTES THAT INVOLVE THE MATTERS SUBJECT TO THE AGREEMENT BE SUBMITTED TO ARBITRATION PURSUANT TO THE ARBITRATION AGREEMENT RATHER THAN TO A JUDGE AND JURY IN COURT.

I agree that an electronic signature via DocuSign, a facsimile, or Adobe portable document format (“pdf”) copy of this Provider Handbook Acknowledgement Form shall be as effective as an original.