



Paramedic Network

Educator: _____ ID# _____

Email: _____ Phone: _____

Network Organization _____

Director: _____

Program: _____

PROVIDE MORE DETAILS

By signing this form, I attest that the above information is accurate and the services were delivered consistent with Independent Contractor agreement.

Independent Contractor

Date

I approve the issue of payment directly to the above-named Independent Contractor for the services/goods listed above. I certify that the above Independent Contractor provided services in accordance with the Independent Contractor agreement and requirements of the Paramedic Network.

Program Director

Date