

PRN Nursing Consultants, LLC

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**Deborah Velasco**

Director/CEO

Charter School: Los Angeles Leadership Academy Date:

Telephone: Fax:

Address:

STREET CITY STATE & ZIP CODE

Request completed by:

PRINT NAME SIGNATURE

PRINT TITLE PRINT email address

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| **Exhibit A**: Nursing and Audiometry Services available **(please check each service charter is requesting)**:   * School Nurse to complete Health Assessments for Special Education evaluations upon receipt of Special Ed Assessment Plan. * School Nurses to complete mandates: Vision (K - 2nd - 5th - 8th -10th) & Scoliosis screening (7th grade girls & 8th grade boys). * School Nurse &/or Audiometrist to complete audio mandates for: K – 2nd – 5th – 8th – 10th . * Growth & Development presentation for 5th, 6th, or 7th grade students. * Record Review: Immunizations, CHDP, Defect list, Sports Physical Clearance, other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * In-Service staff: EpiPen, Narcan, Glucagon, Hypoglycemic Reaction, Diabetic Overview, Seizure Precautions, Diastat, Medications,   Blood Borne Pathogens (faculty), Immunization guidelines (office staff)   * 504 Plan (Health component) * Describe any additional services or project requests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Services to be Performed:** Contractor agrees to perform the services described in Exhibit A The Client agrees to furnish  space on its premises for the appropriate service. Health Assessments and mandates require student privacy and a quiet  environment for valid results.  2. **Terms of Agreement:** This FFS Contract Agreement will become effective when signed by both parties. Contract will continue uninterrupted until  either party gives appropriate notice of termination. Either party may terminate by giving the other party thirty (30) day written notification.  3. **California State Education Requirements:** Contractor will ensure that all persons, working at Client’s location will meet  all California State Education requirements regarding background and health screening. By signing this form the Contractor  will verify that all contractor’s representatives doing business on Client’s property have been properly screened for  tuberculosis (TB) and have not been convicted of a violent or serious crime as listed in Section 667.5 or 1192.7 of the  California Penal Code.  4. **Insurance:** The Contractor agrees to maintain insurance in a commercially reasonable amount to cover any acts or  omissions committed by Contractor’s representatives and maintain Professional and General liability coverage.  5. **Modifying the Agreement:** This Agreement may be modified only by a written notification signed by both parties or electronic acknowledgement  by client indicating they agree to changes in rates or policies.  6. **Resolving Disputes:** If a dispute arises under this Agreement, the parties agree to first try to resolve the dispute with  the help of a mutually agreed-upon mediator in Los Angeles County, State of California. Any costs and fees other than  attorney fees associated with the mediation shall be shared equally by the parties. If the parties fail to arrive at a mutually  satisfactory solution through mediation within a reasonable time, the parties agree to summit the dispute to a mutually  agreed-upon arbitrator in Los Angeles County, State of California. Judgment upon the award rendered by the arbitrator  may be entered in any court having jurisdiction to do so. Costs of arbitration, including reasonable attorney’s fees, may be  allocated by the arbitrator.  7. **Terms of Payment:**  In consideration for the services to be performed by Contractor: State Mandates - $80/ hr./ nurse and $375 Coordination fee.  Client agrees to pay Contractor rate of $90.00 per hour, not to exceed 150 minutes per student for a Health Assessment and  evaluation. A baseline charge of $225.00 per case will be charged. Additional time if required will be at $90.00 per hour. There is a basic “one stop  fee’ charged ($225.00) when the charter requests the nurse to attend or to be on a phone conference for IEPs. 24 hour cancellation notification is  required or ‘one stop fee’ will be applied. Additional times will be charged at an hourly rate. **The total amount includes:**  Student assessment  Report writing, Health Record and Welligent record review, parent interview (by phone or at school site), and completion of all required  documentation at School site and on computer. Extra fees per hour will be charged for intensive cases and IEP attendance. $75 per hour charge  for daily office coverage. The Client is responsible for payment within 30 days after invoice is provided. An account that is past due over 60  days will incur a penalty of 20% every 30 days.  8. **Representation**: Contractor represents that he or she has the qualifications and ability to perform the services under this  Agreement in a professional manner without the advice, control or supervision of Client.  9. **Permits and Licenses:** Contractor has complied with all Federal, State and Local laws requiring business permits and  other licenses, including but not limited to credentials, required to carry out the services to be performed under this  Agreement.  10. **Nonsolicitation:** For a period of one year after termination of this Agreement, Client agrees not to call on, solicit, or  take away Contractor’s Nurse or other Consultants which the Client became aware, as a result of Contractor’s services for Client. |

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| 1. Fee for Service Analysis: To be completed by PRN Nursing Consultants’ Office:   **Staff:** Credentialed School Nurses & Licensed Audiometrists Date: \_\_\_\_\_\_January 1, 2021\_\_\_\_\_\_\_\_\_\_  Is the service/material/project available on a fee for service basis? (Yes or No) Yes\_\_  The estimated cost of the service/materials/project is: 1. State Mandate Screening - $80/ hr. per nurse and $375 Coordination fee.  2. $75/hr-for daily Health Office coverage  3. $90/hr- for all SPED nursing services and consultation ($225 minimum charge  per site visit) and $350-Growth & Development, Epipen Training & Narcan +  $50 Chg/ each additional school (same date). $325- All other Misc. In-Services  4. Health Cards: $0.40 each + Shipping & Handling.    E:\SIGNATURE.jpgEstimate completed by: Deborah Velasco – PRN Nursing Consultant Director Date:\_\_\_\_\_ January 1, 2021\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME/TITLE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_818-366-4070\_\_\_\_\_\_\_  SIGNATURE TELEPHONE NUMBER. | |
| 1. Proceed with the above services at the estimated cost.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PRINT NAME/TITLE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Charter School SIGNATURE TELEPHONE NUMBER | |
| 1. **Upon completion of service you will be sent the completed “Invoice”.** | |
| Please forward the FEE FOR SERVICE REQUEST to:  PRN NURSING CONSULTANTS, LLC  Deborah Velasco  10315 Woodley Avenue  Suite #127  Granada Hills, CA 91344 | If you have any questions please call DEBORAH VELASCO at:   * 818-366-4070 Office * 818-621-3016 Cell * 818-831-1939 Fax * email: [PRN@prnnurseconsultants.com](mailto:PRN@prnnurseconsultants.com) |