INDEPENDENT CONTRACT PHARMACIST
REQUIREMENTS CHECKLIST

The following minimum general requirements apply to all R.Ph.S., Inc. Independent Contract Pharmacists. Please complete and fax back to us at 918-583-7747.

INDEPENDENT CONTRACT PHARMACIST
Name: _________________________________

___ REGISTER ONLINE AT  www.shiftboard.com/rphsinc  (this is our online schedule, contact, and communications manager)

___ PROFILE INFORMATION SHEET

___ INDEPENDENT CONTRACTOR AGREEMENT

___ CURRENT COPY OF STATE PHARMACY LICENSE

___ CURRENT COPY OF PROFESSIONAL LIABILITY INSURANCE

___ CODE OF CONDUCT SHEET

___ FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION (will be verified by R.Ph.S., Inc. using the E-Verify program)
   ___ Complete Section 1 on form and return to R.Ph.S., Inc. with one document from List A  OR  one document from List B and one from List C.

The following additional requirements are required for federal opportunities. Please see our website for further information on how to obtain each.

___ DRUG SCREEN

___ BACKGROUND INVESTIGATION

___ HEALTH REQUIREMENTS

___ BASIC LIFE SUPPORT (BLS) AND/OR ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATE
R.Ph.S., Inc.
INDEPENDENT CONTRACTOR
PROFILE INFORMATION

CONTRACTOR INFORMATION

Name:

First                      Middle   Last

Phone: ___________________  Cell Phone: ___________________

Address: ____________________________  Pharmacy License #  ___________

                                   And State

E-Mail: ____________________________

EMERGENCY NUMBERS

Name: ____________________________  Relationship: ________________________

Address: ____________________________  Phone #1: ________________________

                                   Phone #2: ________________________

Name: ____________________________  Relationship: ________________________

Address: ____________________________  Phone #1: ________________________

                                   Phone #2: ________________________
INDEPENDENT CONTRACTOR AGREEMENT
BETWEEN
R.Ph.S., INC. AND REGISTERED PHARMACIST

THIS AGREEMENT is made this ________day of ______________________,
Between R.Ph.S., INC., an Oklahoma Corporation, hereinafter, referred to as R.Ph.S. and ________________________________, a qualified pharmacist,
licensed to practice in the state of ________________, hereinafter referred to as CONTRACTOR.

WITNESSETH:
WHEREAS, R.Ph.S. is an Oklahoma Corporation licensed and organized for the purpose of placing Registered Pharmacists to work as relief pharmacists in hospitals, government agencies and retail pharmacies; and,

WHEREAS, CONTRACTOR is a Registered Pharmacist, licensed to practice in the state of ______________, desiring to provide services as a relief pharmacist for R.Ph.S., upon the terms and conditions hereinafter set forth; and,

WHEREAS, R.Ph.S. wishes CONTRACTOR to act in his/her professional capacity on behalf of clients obtained by R.Ph.S. and to which R.Ph.S. will refer CONTRACTOR.

NOW, THEREFORE, the parties hereto, in consideration of the premises set out herein above along with further good and valuable considerations have AGREED AS FOLLOWS:

1. SCOPE OF AGREEMENT

R.Ph.S. hereby retains CONTRACTOR, as an independent contractor limited as herein provided, to provide relief pharmacist services for clients obtained by R.Ph.S. and to which R.Ph.S. will refer CONTRACTOR.

2. TERMS OF THE AGREEMENT

This agreement shall be effective upon execution by both parties and shall remain in effect until terminated as provided herein below.

3. TERMINATION

This AGREEMENT may be terminated by either party with or without cause upon written notice served by either party on the other at the address provided herein below. Upon termination of this agreement parties agree to settle their account by R.Ph.S. paying to CONTRACTOR the agreed upon amounts for the residual hours and miles accumulated as of the date of the termination of this agreement.
4. COMPENSATION

R.Ph.S. agrees to pay CONTRACTOR a fee for his/her services as follows:

a. ________________ per hour for each hour actually worked on premises for all referral clients.

b. ________________ per mile, each way, each day, calculated from the city of CONTRACTOR’S address provided herein below EXCEPT THAT mileage does not apply to assignments within the metropolitan Oklahoma City and Tulsa areas for CONTRACTORS who live within the same respective metropolitan area.

Compensation shall begin on the effective date of this AGREEMENT. Payments shall be made every other week and mailed on Mondays to CONTRACTOR at the address provided herein below. Nothing herein shall be construed to prevent parties from agreeing to a different date, if it facilitates the agreement.

5. WEEKLY REPORTS

R.Ph.S. shall furnish CONTRACTOR a weekly accounting of his/her compensation produced by CONTRACTOR’S efforts, to be furnished at the address provided herein below after the first full week compensation is due under the agreement.

A record shall be kept of all mileage incurred, as calculated by R.Ph.S. and CONTRACTOR will be reimbursed for all mileage expenses each week and such expenses shall be included in the weekly check covering the hours worked by CONTRACTOR.

6. CLIENTS

All clients are clients of R.Ph.S. and CONTRACTOR agrees that he/she will not work independently as a relief pharmacist for any Pharmacy, Hospital or Government Agency that he/she has been referred to by R.Ph.S. EXCEPT for pharmacies, hospitals or government agencies for which he/she has previously done relief work prior to the execution of this agreement.

7. CONTRACTOR’S STATUS AND RESPONSIBILITES

CONTRACTOR is presently and has in the past operated as a Registered Pharmacist in the state of Oklahoma. He/she agrees to provide R.Ph.S. with a copy of his/her current Oklahoma certification. CONTRACTOR shall also display their Oklahoma pharmacist certificate or a framed copy of their renewal receipt (3.5” X 5”) at their temporary location or post their “Letter of Registration” in their temporary location if he/she is a new pharmacist who has yet to renew his/her license (i.e. has no renewal receipt).
As a relief pharmacist placed by R.Ph.S. he/she shall be an independent contractor of R.Ph.S. CONTRACTOR shall be responsible for the following:

a. his/her own state and federal income taxes
b. his/her own social security
c. his/her own Medicare
d. his/her own unemployment compensation insurance
e. his/her own workman’s compensation insurance
f. his/her own Pharmacist’s liability (malpractice) insurance coverage
g. his/her own personal automobile insurance coverage
h. his/her own ordinary and necessary business expenses

CONTRACTOR specifically agrees to maintain Pharmacist liability (malpractice) insurance coverage AND personal automobile collision and personal liability insurance in full force and effect at all times relevant to this AGREEMENT and agrees to provide R.Ph.S. a photo copy of the first page of said insurance policies (i.e. professional liability and full automobile coverage). CONTRACTOR further agrees to notify R.Ph.S. immediately of any change in the status of said policies.

8. LIMITATIONS ON CONTRACTOR

CONTRACTOR shall fulfill his/her professional responsibilities under the terms of this agreement in any manner he/she sees fit. He/she shall not be required to keep any particular hours EXCEPT as contracted for with the client to whom CONTRACTOR is referred. CONTRACTORS shall provide their own equipment if any is required beyond what the referred hospital/pharmacy/government agency may provide. CONTRACTOR shall not be required to furnish any reports EXCEPT those referred to herein to comply with the terms of this agreement NOR shall CONTRACTOR be required to attend any R.Ph.S. meetings. CONTRACTOR is free to provide independent Relief Pharmacist services for any other Relief Pharmacist company, or to any Pharmacy, Government Agency or Hospital not currently a client of R.Ph.S. or to which R.Ph.S. has not referred CONTRACTOR, subject only to good faith in avoidance of conflicts of interest. CONTRACTOR further agrees not to accept assignments as a Relief Pharmacist with any Pharmacy/Hospital/Agency to which he/she has been assigned by R.Ph.S., unless CONTRACTOR has contracted with said Pharmacy/Hospital/Agency prior to accepting an assignment there from R.Ph.S.

9. COVENANT NOT TO COMPETE

CONTRACTOR agrees not to start a Relief Pharmacist Business in competition with R.Ph.S. in the same geographical areas covered by R.Ph.S. at any time during the duration of this Agreement or within five (5) years from the termination of the Agreement.
a. ANY NOTICE required herein shall be in writing and shall be sufficient if delivered personally or if mailed by registered or certified mail, postage prepaid, return receipt requested, at the address set forth on the signature page hereof, or to such other address as the parties hereto may later designate to the other in writing. All notices shall be deemed received when delivered personally, or if mailed, within three (3) days (Excluding Sundays and Holidays) after having been mailed.

b. THIS AGREEMENT IS AN INTEGRATED AGREEMENT and constitutes the entire Agreement between the parties and supercedes all prior agreements and understandings between the parties relating to the subject matter hereof, whether those agreements be written or oral. Any exhibits which might be appended hereto are hereby incorporated herein and made a part hereof if listed as exhibits on the last page.

c. If any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the remaining provisions of this Agreement and this Agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

d. The terms and provisions of this Agreement shall be binding upon and inure to the benefit of and be enforceable by each of the parties hereto and to their respective successors in interest.

e. This Agreement may be executed in two or more counterparts, each of which may be deemed an original, but all of which together shall constitute but one and the same instrument.

f. This Agreement shall be construed and enforced in accordance with the laws of the state of Oklahoma.

g. HEADINGS contained in the Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

h. In any action brought by any party hereto to enforce the obligations of any other party hereto, the prevailing party shall be entitled to collect such party’s reasonable attorney’s fees, court costs and expenses in such action.
IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT ON THE DAY AND YEAR SET OUT BESIDE THEIR NAMES ON THIS SIGNATURE PAGE.

LINDA MORAN, D.Ph.
PRESIDENT
R.Ph.S., INC.
P.O. BOX 520976
TULSA, OK 74152

DATE: ______________________

SECRETARY

__________________________

REGISTERED PHARMACIST,
CONTRACTOR

ADDRESS: ______________________

__________________________

DATE: ______________________
R.P.H.S., INC. – CODE OF CONDUCT

1. R.P.H.S., Inc. does enforce a work environment that is free from the effects of alcohol and chemical abuse. It is our policy that: “Drinking intoxicants/alcohol, or the use or possession of any illegal Inc. stimulant, depressant, or hallucinogenic substance (including the improper use of prescription drugs), at any time during a R.P.H.S., Inc. work assignment, or reporting to work under the effect of intoxicants/alcohol or any illegal stimulant, depressant or hallucinogenic substance (including the improper use of prescription drugs) is grounds for immediate discharge without prior warning.”

2. It is the responsibility of the Independent Contract Doctor of Pharmacy to complete continuing education requirements, seek educational resources and to endeavor to maintain and enhance current knowledge and skills for continued competency in the practice of pharmacy.

3. While on an assignment, the Independent Contract Doctor of Pharmacy is responsible and accountable to their assigned duties and to the facility. The Independent Contract Doctor of Pharmacy is under the direct supervision of the Administrator, Department Head or other assigned personnel, and is expected to comply with all facility policies, practices and procedures.

4. The Independent Contract Doctor of Pharmacy is required to comply with Oklahoma State and Federal laws referring to the practice of pharmacy and ethics, and to uphold R.P.H.S., Inc. standards of excellence while on assignment at the facility.

BY MY SIGNATURE, I state that I have reviewed this code of conduct, and that I fully comprehend the expectations outlined and can perform such duties without exception.

_____________________________          _______________________________
Doctor of Pharmacy,    Date
Independent Contractor Signature
Instructions
Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?
The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?
All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee
This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification
The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

Section 2, Employer
For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:
1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.
For more detailed information, you may refer to the USCIS Handbook for Employers (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers CANNOT specify which document(s) they will accept from an employee.

A. If an employee’s name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee’s work authorization has expired or if a current employee’s work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.
Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
### Section 1. Employee Information and Verification

**Print Name:**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle Initial</th>
<th>Last</th>
<th>Maiden Name</th>
</tr>
</thead>
</table>

**Address (Street Name and Number):**

<table>
<thead>
<tr>
<th>Apt.</th>
<th>Date of Birth (month/day/year)</th>
</tr>
</thead>
</table>

**City**

<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #)
- [ ] An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

**Employee's Signature**

**Date (month/day/year)**

**Preparer and/or Translator Certification**

(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

**Preparer’s/Translator’s Signature**

**Print Name**

**Address (Street Name and Number), City, State, Zip Code**

**Date (month/day/year)**

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### Section 2. Employer Review and Verification

(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
</table>

**Document title:**

**Issuing authority:**

**Document #:**

**Expiration Date (if any):**

**Document #:**

**Expiration Date (if any):**

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

**Signature of Employer or Authorized Representative**

**Print Name**

**Title**

**Business or Organization Name and Address (Street Name and Number), City, State, Zip Code**

**Date (month/day/year)**

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### Section 3. Updating and Reverification

(To be completed and signed by employer.)

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee’s previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

**Document Title:**

**Document #:**

**Expiration Date (if any):**

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

**Signature of Employer or Authorized Representative**

**Date (month/day/year)**
# Lists of Acceptable Documents

All documents must be unexpired

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>OR</td>
<td>AND</td>
<td>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</td>
<td>5. U.S. Military card or draft record</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>6. Military dependent's ID card</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
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<tr>
<td></td>
<td>8. Native American tribal document</td>
<td></td>
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<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
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<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)