



DECLARATION OF INDEPENDENT CONTRACTOR

DATE: _____

BY: _____
TITLE: _____

I, the undersigned, hereby declare that I am an independent contractor and not an employee of the undersigned.

I understand that I am responsible for my own taxes and that I am not entitled to any employee benefits.

I understand that I am responsible for my own health, life, and disability insurance.

I understand that I am responsible for my own workers' compensation insurance.

I understand that I am responsible for my own unemployment insurance.

NAME	ADDRESS	CITY	STATE	ZIP

I understand that I am responsible for my own professional liability insurance.

I understand that I am responsible for my own malpractice insurance.

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