

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO B115685

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
01/27/2015		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
808204 PLEWSJ	GALLARZO ADMN	

Vendor: 0000035847
 ELEVATION PHYSICIANS
 1580 CREEKSIDE DR STE 130
 FOLSOM CA 95630

Phone: (916) 597-2340
Fax: (916) 597-2341

email:

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	BLANKET PURCHASE ORDER FOR ADMINISTRATION OF PHYSICAL EXAMINATIONS TO FLC STUDENT ATHLETES FOR 2014-2015 SPORT TEAMS; VALID 10/08/2014 - 06/30/2015	1.00 LOT	2,000.00	2,000.00	06/30/2015

ESTIMATED PAYMENT: \$65.00/HR

NOT TO EXCEED: \$2,000.00 TOTAL CHARGES

ELEVATIONS PHYSICIANS TO INVOICE FOLSOM LAKE COLLEGE, BILLING TERMS: NET 30

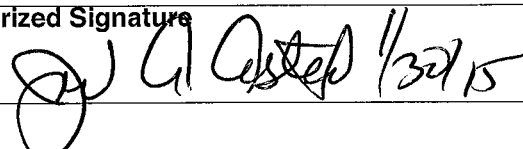
Sub Total Amount	2,000.00
Sales Tax Amount	0.00
Total PO Amount	2,000.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5400	11	FL.VI.AR05	08700	00000	041A	2,000.00	2015

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

✓

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

From: [Haney, Brenda](#)
To: [FLC-Purchase](#)
Subject: New Vendor Packet – Required for PO/HOLD_ REQ# 808204 ELEVATIONS PHYSICIANS
Date: Monday, December 01, 2014 2:29:28 PM
Attachments: [scan0237.pdf](#)
[REQ# 808204 ELEVATIONS PHYSICIANS.pdf](#)

Please see attached New Vendor Packet – required for PO/HOLD_ REQ# 808204 ELEVATIONS PHYSICIANS

Thank you,

Brenda Haney

Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

☎ 916.608.6635 | ✉ haneyb@flc.losrios.edu

From: Plews, Jeanne
Sent: Monday, December 01, 2014 1:57 PM
To: Haney, Brenda
Cc: Kirklin, Kathleen; Harman, Joany; Harrell, Kim
Subject: FW: Vendor App

Good News!

Elevations Physicians (Dr. Hill) just sent me the completed vendor application and W-9.
Yes!!!

Jeanne Plews

Administrative Assistant to Dean of Instruction
Kinesiology, Health, Athletics and Workforce Development
Folsom Lake College
10 College Parkway
Folsom, CA 95630
(916) 608-6687
Fax (916) 608-6761

From: Andrea Amen Ra [<mailto:aramenra@gmail.com>]
Sent: Monday, December 01, 2014 1:38 PM
To: Plews, Jeanne
Subject: Vendor App

Hi Jeanne,

I am attaching the vendor application. He will just donate the money back.

Thank you,

Andrea Amen Ra
Elevation Physicians
1580 Creekside Dr. Ste 130
Folsom, CA 95630
916-597-2340
916-597-2341

Los Rios Community College District

Requisition

Page 1 of 1

FLC BUSINESS SERVICES

Req. No.	808204
P.O. NO.	

Vendor Code
Approved by / Date
Reviewed by / Date
Dispatched Method / Date

DATE 10/6/14 2014 OCT 10 A 7:55

VENDOR Elevations Physicians

ADDRESS 1580 ~~7773~~ Creekside, Suite 130

CITY Folsom STATE CA ZIP 95630

PHONE (916) 983-8693 FAX (916) 983-8528

DELIVERY INSTRUCTIONS	
N/A	
Location Code	KHA
College/District Location	FLC
Department	AROS
Date Required	10/15/14

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	Blanket Purchase Order for				2000. ⁰⁰
2	administration of physical examinations				
3	to FLC student athletes for				
4	2014-2015 Sport Teams from				
5	10/08/14 thru June 30, 2015.				
6	Estimated payment:				
7	\$65.00 per hour				
8	Not to exceed \$2,000. ⁰⁰				
9	Exact amount to be determined				
10	when physical examinations are				
11	administered: Elevations Physicians to invoice FLC; Net 30 terms				
12	(Scope of Work is attached.) upon receipt of invoice.				
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			Sales Tax
This purchase is in compliance with the requirements of _____			
Program Name			
For grants/special projects			
Program Director/Coordinator Signature	Project/Grant Number	Total	2,000. ⁰⁰
Program Goal/Objective Number/Explanation			

I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: Jeanne Plews 10/6/14

REQUESTED BY: Jeanne Plews 10/6/14

AUTHORIZED: Kym Harrell 10/8/14

APPROVED: Kathleen Kubler 10/8/14

GENED 5400 111 IFL-VI AROS				
Bus. Unit	Account	* Fund	Org	
08700	100000	12015	OHA	\$ 2,000. ⁰⁰
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	
Bus. Unit	Account	* Fund	Org	
	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

* Asset Location - For equipment purchases over \$200 (Accounts 6490, 6495 and computers) complete the area below indicating the final location where equipment will be housed.

Location Code _____ Dept. _____

Building _____ Room No. _____

Instructions on Reverse

LOS RIOS COMMUNITY COLLEGE DISTRICT
SERVICE AGREEMENT

(Information on the purchase order and the back of this form are part of this Agreement. Please read this important information.)

No. 45072

Attachment to Purchase Order No. _____

This Agreement entered this 8th day of October by and between the Los Rios Community College District (District) and (CONTRACTOR), Elevations Physicians CONTRACTOR No. _____ Social Security No. _____

Business Name (if different) _____ FIN No. 463197840

Check One: Sole Proprietorship _____ Partnership _____ Corporation Check One: U.S. Citizen Resident Alien _____ Non-resident Alien _____

Telephone No. (916) 983-8693 (SSN or FIN No. must be provided for payment)

Address 1580 Creekside Dr, Suite 130 City and State Zip Folsom, CA 95630

Are you now or have you been an employee of the District? Yes _____ No If yes, Date _____ Location _____

Are you related to an employee of the District? Yes _____ No If yes, who _____

GENERAL CONDITIONS:

1. **Scope of Work.** CONTRACTOR shall perform specific services as set forth below (attach separate schedule if necessary, and reference the attachment). The term of this Agreement is from (date) 10/8/14 to (date) 6/30/15. CONTRACTOR shall perform its services hereunder in accordance with the professional standard of care, skill and diligence customarily followed by consultants performing similar professional services on projects of comparable scope and quality.

2. **Compensation.** For its services hereunder, CONTRACTOR shall be paid a sum of money not to exceed \$2,000.00, during the term of this Agreement. Payment of this amount shall be made in accordance with established District payment schedules, and is contingent upon the CONTRACTOR submitting an invoice to the District Accounts Payable Office, and upon receipt of verification of services satisfactorily rendered (receiver) by the appropriate College/District Administrator. Payment terms are: up to 4 times per year. Payment will be mailed to address on purchase order. CONTRACTOR agrees that none of the terms and conditions associated with its acceptance of this Agreement shall apply to, modify, or be incorporated into this Agreement, and the DISTRICT's acceptance of CONTRACTOR's goods, materials, equipment, services and/or labor or other items covered by or delivered under this Agreement shall not constitute acceptance of any additional or different terms and conditions on behalf of CONTRACTOR.

3. **Termination.** The DISTRICT shall have the right to terminate this Agreement with or without cause. The District may terminate the Agreement for convenience at any time and for any reason by giving thirty (30) days written notice of such termination to CONTRACTOR. In the event of termination for convenience, CONTRACTOR shall immediately cease rendering services and promptly deliver to the DISTRICT copies of all prepared work product, and CONTRACTOR shall only be entitled to payment for hours actually worked and direct costs incurred, plus a 10% mark-up on direct costs incurred, or the pro-rata share of the contract price, whichever is less. The DISTRICT may terminate the Agreement for cause which shall be effective immediately upon written notice. In the event of a termination for cause, CONTRACTOR shall not be entitled to any further payment, if any becomes due, until the Project is completed. The DISTRICT may proceed with the work in any manner deemed proper by DISTRICT, and all the DISTRICT's costs incurred by the District shall be deducted from any sum otherwise due CONTRACTOR under this Agreement and the balance, if any, shall be paid to CONTRACTOR upon completion of the work. The DISTRICT reserves all rights, including all rights to recover damages, inclusive of attorneys' fees, from CONTRACTOR, in the event of a termination for cause.

4. **Integration, Amendments.** This Agreement (front & back) and the purchase order constitute the entire Agreement by the parties. No other representations, whether oral or written are part of this Agreement except that the following document(s) are part of this Agreement: Attachment A - Agreement to Provide Medical Service. All amendments to this Agreement must be in writing and signed by authorized representatives of both parties.

5. **Independent CONTRACTOR not Agent.**

- a. CONTRACTOR, and its agents and employees, in the performance of this Agreement, shall be independent contractor(s) and no relationship of employer-employee exists between these parties and the DISTRICT.
- b. CONTRACTOR shall be responsible for determining the means, methods, or sequence used to complete the work required under this Agreement. CONTRACTOR shall be responsible for and accountable to the DISTRICT for the final product or service to be provided.
- c. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such persons shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. Except as may be specifically provided elsewhere in this Agreement, all terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR. It is further understood and agreed that CONTRACTOR shall issue W-2 or 1099 Forms for income and employment tax purposes, for all of CONTRACTOR's employees, assigned personnel and subcontractors.
- d. Except as otherwise provided in this Agreement, CONTRACTOR is qualified to accomplish the work required in this Agreement and the DISTRICT will provide no training to CONTRACTOR.
- e. Except as otherwise provided in this Agreement, CONTRACTOR's ability to market or provide services to any other client shall not be limited by the DISTRICT.
- f. Except as otherwise provided in this Agreement, CONTRACTOR is to provide all necessary tools and materials.
- g. Prior to DISTRICT's acceptance of this Agreement, CONTRACTOR shall (a) identify their status as a sole proprietorship, partnership, or corporation, and (b) provide the DISTRICT with a copy of IRS Form W-9, Request for Certification of Federal Taxpayer Identification Number.
- h. CONTRACTOR agrees that, upon request, CONTRACTOR shall provide any documentation requested by the DISTRICT as evidence that appropriate taxes have been paid. If CONTRACTOR fails to pay appropriate taxes or to provide requested documentation, CONTRACTOR hereby agrees to indemnify the DISTRICT against any penalties and taxes levied against the DISTRICT by a taxing agency, and to reimburse the DISTRICT for such penalties and taxes.

Signature below by CONTRACTOR indicates that all parts of this Agreement have been read, understood and accepted.

Name of CONTRACTOR (Printed) Elevations Physicians

Signature of CONTRACTOR _____ Date 10/8/14 Requisition # 808204

DISTRIBUTION: White: CONTRACTOR Green: Purchasing Canary: Accounting Pink: Business Office Goldenrod: Originator

LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court, Sacramento, CA 95825

Phone (916) 568-3071 FAX (916) 568-3145

Purchasing Department

lrccdpurchase@losrios.edu



Sacramento City College

American River College

Cosumnes River College

Folsom Lake College

Elevations Physicians Reg # 808204
CONFLICT OF INTEREST STATEMENT

This is to certify that the undersigned employee(s) has/have no economic interests which may foreseeably be materially affected by having participated in the development of the specifications for service, equipment and/or material represented by the referenced requisition.

(Pursuant to District Regulation R-8323 and District Policy P-8611

This form must be signed and submitted with the Purchase Requisition (GS Form 127) for those transactions listed below.)

- ❖ Sole Source
- ❖ Professional Service Agreements

- ❖ Service Agreements (GS Form 78: Rev. 2/2012)
- ❖ Selection Committee Recommendations (formal process)

READ CAREFULLY BEFORE SIGNING:

Tom Hardell 10/8/14

Employee/Date

Selection Committee Member/Date

808204

Requisition Number

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

Selection Committee Member/Date

OFFICIAL USE ONLY:	
PURCHASE ORDER#	
BUYER/DATE:	

**LOS RIOS COMMUNITY COLLEGE DISTRICT
INDEPENDENT CONTRACTOR vs. EMPLOYEE CHECKLIST**

This questionnaire is to be used to determine if an individual is an independent contractor or employee. The individual should be consulted where necessary to answer all questions. If you believe that the individual qualifies as an independent contractor, submit a requisition, service agreement, checklist, and any explanatory attachments. The contract will not be valid until a Purchase Order is issued, and no agreements should be made nor should work commence before that time. Due consideration should be given to all questions, since the penalty to the originating department for misclassification is approximately 50% of the contract amount. For more information see the District Purchasing Guide. If you have any questions or require assistance, please contact the Director, Accounting Services at the District Office.

- | | | | |
|----|--|--------------------------------------|---|
| 1. | Has this person ever been employed by the District? If so, please explain when and in what capacity _____ | <u>Y</u>
<input type="checkbox"/> | <u>N</u>
<input checked="" type="checkbox"/> |
| 2. | Does the work include teaching, training, facilitating, counseling, curriculum development, workshops, seminars, or any other function related to education? If so, please explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | Will the District exercise any control, direction or supervision of the contractor? If so, please explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to any of the above questions is "Yes" this person should be classified as an employee. If you believe that independent contractor status can still be justified, please attach a statement explaining why, and continue to question #4. If the answer to all of the above questions is "No", continue to question #4.

- | | | | |
|----|---|-------------------------------------|-------------------------------------|
| 4. | Must this individual perform the services (as opposed to the individual subcontracting or assigning the work to others)? Please explain to what extent the individual may or may not hire/subcontract others to do the work _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has this individual worked for the District as an independent contractor in the past? If so, please explain the nature of past services (for what period, continuous vs. intermittent, how many hours, etc.) _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Can the contractor quit for any reason other than the District's breach of contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | Can the District terminate the contract for any reason other than the contractor's breach of contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to three or more of these questions 4 through 7 are "Yes" this person should be classified as an employee. If you believe that independent contractor status can still be justified, please attach a statement explaining why and continue to question #8.

- | | | | |
|-----|--|-------------------------------------|--------------------------|
| 8. | Does the individual operate an independent trade or business, offering these same services to the general public? If so, please ask the individual what proportion of their annual revenues are obtained from the District:
<u>Less than 25%</u> Between 25% & 50% Over 50% | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | Does this individual have a substantial investment in his/her business, maintain facilities, own/rent equipment, etc.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Does the individual provide all materials, supplies, and support services necessary for performance of this service? If no, please explain _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Does the individual bear the cost of any travel and business expenses incurred to perform this service (no District reimbursement)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to questions 8 through 11 is "Yes", and the answer to questions 1 through 7 is "No", this individual can be classified as an independent contractor.

The above information has been compiled and reviewed per District Guidelines:

Originator: Bum Haasell Date: 10/8/14

LOS RIOS COMMUNITY COLLEGE DISTRICT
Service Agreement Certification Form

Requisition No 808204
Description of Services Physical Examinations for FLC Student Athletes

As of January 1, 2003, Education Code Section 88003.1 restricts the District's ability to contract for services. Before a requisition can be processed, the following certificate must be completed indicating that the required service meets the Ed Code criteria.

Section I

The requisition will not go forward for processing unless you answer yes to at least one of the questions below:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Is this a continuing Service Agreement that was in place before January 1, 2003? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The Legislature has specifically mandated or authorized the service to be contracted out. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The necessary services are either unavailable within the District workforce, cannot be satisfactorily performed by employees, or are very highly specialized. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The services are incidental to a contract for the purchase of real or personal property, for example a service contract for office equipment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Contracting out is necessary to avoid a conflict of interest or other legal problem, or where an outside perspective is needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. The service is needed to respond to an emergency. The contract shall be no longer than sixty days. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. The contractor will provide equipment, materials, facilities or support services that could not feasibly be provided by District staff. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. The services are so urgent, temporary or occasional that the delay in the District's hiring process would frustrate the purpose. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section II

If the services do not fall within one of the above exceptions, the requisition will not go forward unless you answer yes to all of the following questions:

- | | | |
|--|--------------------------|--------------------------|
| 1. There clearly will be actual overall cost savings. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. The District must consider the salaries and benefits of additional staff and the cost of additional space, equipment and materials. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The District shall not include the District's indirect overhead costs, unless those costs would be exclusively caused by the work. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The District shall include the District's costs of supervising, inspecting or monitoring the contractor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The services are not being contracted out solely to save money. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The contract does not cause the displacement of District employees. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The savings must be large enough that market fluctuations will not tip the balance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The amount of savings must clearly justify the size and duration of the contract. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The contract must be publicly bid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The contract includes specific qualifications of the staff that will perform the work and includes nondiscrimination provisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. There is minimal risk of contractor rate increases. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The contract is with a firm. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The potential economic advantage of contracting out is not outweighed by the public interest in having the work done in-house. | <input type="checkbox"/> | <input type="checkbox"/> |

If the services do not qualify under Section I or II, then the services must be completed by District staff and the requisition cannot be processed.

Certified by: *Jim Howell*
(Dean or other Authorized Signature)

Date: 10/8/14

AGREEMENT TO PROVIDE PROFESSIONAL MEDICAL SERVICE

THIS AGREEMENT is entered by and between Elevation Physicians, and Los Rios Community College District on behalf of Folsom Lake College ("FLC").

WHEREAS, FLC wishes to obtain from Elevation Physicians professional medical services in the field of sport medicine ("Services"); for certain student athletes; and,

WHEREAS, Elevation Physicians desires to provide and is fully qualified to provide such Services to FLC;

NOW, THEREFORE, the parties agree as follows:

I. Elevation Physician's Performance

- A. Elevation Physicians shall provide Services as described in Attachment A, attached hereto and made a part hereof.
- B. Elevation Physicians shall agree to comply with the requirements related to the Family Educational Rights and Privacy Act (FERPA) as described in Attachment B.
- C. Elevation Physicians certifies that any physician providing Services under this Agreement shall:
 1. Perform his or her professional duties to the best of his or her ability, in accordance with the highest scientific, professional and ethical standards of his or her profession, and in accordance with currently approved methods and practices in his or her field.
 2. Comply with all applicable Federal, State, County or other government agency laws, rules or regulations.
 3. Comply with the requirements of all appropriate accrediting bodies, such as The Joint Commission and the American Medical Association.
 4. Maintain licensure in good standing to practice in the State of California and will act within the scope of practice of such licensure in performing Services under this Agreement.
 5. Be board certified or board eligible in his or her medical specialty.
 6. Not be excluded from participation in any governmental sponsored program, including, without limitation, the Medicare, Medicaid, or TRI-CARE programs and the Federal Procurement and Non-procurement Programs.
 7. Not have been convicted of a criminal offense related to healthcare.

8. Cooperate with quality review and improvement activities pertaining to provision of Services under this Agreement.

II. FLC's Performance

- A. FLC shall remit payment for Services within thirty days (30) days of receipt of Elevation Physicians' invoice. Payment shall be by check payable to Elevation Physicians and mailed to the address specified on the invoice.
- B. FLC shall provide access without charge to FLC facilities and FLC personnel as may be necessary for performance of Services.
- C. FLC shall maintain adequate records on each athlete, which shall include diagnostic studies, records of athlete interviews, treatment plans, progress notes, and records of services provided by various professional and paraprofessional personnel, in sufficient detail to permit an evaluation of services. Such records shall comply with all applicable Federal and State record maintenance requirements.

III. General

A. Indemnification

Elevation Physicians shall defend, indemnify, and hold FLC, its officers, employees and agents harmless from and against any and all liability, loss, expense (including reasonable attorney's fees) or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injuries or damages are caused by or result from the negligent or intentional acts or omissions of Elevation Physicians.

FLC shall defend, indemnify and hold Elevation Physicians harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or death or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injuries or death or damages are caused by or result from the negligent, reckless, or intentional acts or omissions of FLC, its officers, agents or employees.

B. Insurance

1. Elevation Physicians, at their sole cost and expense, shall insure their activities in connection with this Agreement and obtain, keep in force and maintain insurance during the term hereof as follows:

a. Professional Liability (MINIMUM LIMITS)

(1) Each Occurrence	\$1,000,000
(2) General Aggregate	\$3,000,000

If such insurance is written on claims made form, following termination of the Agreement, coverage shall survive for the maximum reporting period available from insurance sources. Coverages shall also provide for a retroactive date of placement prior to or coinciding with the effective date of the Agreement.

b. General Liability:

Comprehensive or Commercial Form (MINIMUM LIMITS)

(1) Each Occurrence	\$1,000,000
(2) Products Completed Operations Aggregate	\$2,000,000*
(3) Personal and Advertising Injury	\$1,000,000
(4) General Aggregate	\$2,000,000

*(\$1,000,000 for comprehensive form)

However, if such insurance is written on a claims made form, following termination of the Agreement, coverage shall survive for a period of not less than three (3) years. Coverage shall provide for a retroactive date of placement prior to or coinciding with the effective date of the Agreement.

c. Worker's Compensation Insurance as required under California state law.

d. Automobile Liability (AL) of \$1,000,000 per occurrence.

e. It should be expressly understood, however that the limits and coverages required herein shall in no way limit the liability of Elevation Physicians as per the terms and conditions of the Indemnification provision included herein.

f. Upon FLC's request, Elevation Physicians shall supply a certificate, or certificates, of insurance or self-insurance evidencing coverage in the amounts and for the perils listed above. Certificates shall name Los Rios Community College District as an additional insured and obligate the insurer to notify Los Rios Community College District/FLC at least thirty (30) days prior to cancellation of or changes in any of the required insurance.

2. FLC, at its sole cost and expense shall insure activities in connection with this Agreement and obtain, keep in force and maintain during the term or any extended term hereof, policies of insurance or shall self-insure, as follows:

a. Professional Liability: (MINIMUM LIMITS)

(1) Each occurrence	\$1,000,000
(2) General Aggregate	\$3,000,000

If such insurance is written on a claims made form, following termination of the Agreement, coverage shall survive for the maximum reporting period available from insurance sources. Coverages shall also provide for a retroactive date of placement prior to or coinciding with the effective date of the Agreement.

b. General Liability:

Comprehensive or Commercial Form (MINIMUM LIMITS)

(1) Each Occurrence	\$1,000,000
(2) Products Completed Operations Aggregate	\$2,000,000
(3) Personal and Advertising Injury	\$1,000,000
(4) General Aggregate	\$2,000,000

*((\$1,000,000 for comprehensive form)

However if such insurance is written on a claims made form, following termination of the Agreement, coverage shall survive for a period of not less than three (3) years. Coverage shall provide for a retroactive date of placement prior to or coinciding with the effective date of the Agreement.

- c. Worker's Compensation Insurance as required under California state law.
- d. Coverages provided for above shall in no way limit the liability of FLC per the terms and conditions of the Indemnification provision included herein.
- e. Upon Elevation Physicians' request, FLC shall supply a certificate or certificates of insurance or self-insurance to Elevation Physicians, evidencing coverages in the amounts and for the perils listed above.

C. Term and Termination

This Agreement shall be effective beginning September 1, 2014 and ending August 31, 2015. Either party may terminate this Agreement without cause by giving thirty (30) days' advance written notice to the other at its address below. To effect termination in the event of a material breach of this Agreement, the aggrieved party must provide written notice of the breach to the offending party at its address given below and allow the offending party ten (10) days to cure the breach. If the offending party does not cure the breach within ten (10) days, the Agreement will immediately terminate upon the eleventh (11th) day.

D. Effect of Termination

Termination or expiration of this Agreement shall not affect any rights or obligations of the parties accrued or incurred prior to the date of termination.

E. Independent Relationship

Nothing in this Agreement is intended to create nor shall it be deemed or construed to create any relationship between the parties hereto other than that of independent entities contracting with each other hereunder solely for the purpose of affecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective officers, directors or employees shall be construed to be the agent, employee or representative of the other.

F. Health Insurance Portability and Accountability Act

The parties shall comply with the Health Insurance Portability and Accountability Act of 1996, ("HIPPA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPPA Regulations") and other applicable laws and regulations.

G. Participation in Alternative Arrangements

Nothing in this Agreement shall be construed as limiting the rights of either party to contract with the other persons or entities on a limited or general basis.

H. Modification

No waiver, modification, or addition to this Agreement shall be binding unless expressed in writing and signed by authorized representatives of both parties.

I. Notice

All notices, requests, or other communications required under this Agreement shall be in writing and shall be delivered to the respective parties by personal delivery; by deposit in the United States Postal Service, postage prepaid; or by a reputable overnight express delivery service. Notices shall be deemed delivered on the date of personal delivery, two days after deposited with the United States Postal Service, or on the date indicated by express mail receipts, as applicable. Notices shall be addressed to the parties at the addresses set forth below:

To Elevation Physicians: Elevation Physicians
1743 Creekside Drive #130
Folsom, CA 95630

To FLC: Los Rios Community College District
General Services
1919 Spanos Court
Sacramento, CA 95825-3981

Dean of Athletics
Folsom Lake College
10 College Parkway
Folsom, CA 95630-6798

J. Assignment

No party to this Agreement may assign the Agreement, assign rights under the Agreement or delegate duties under the Agreement without the prior written consent of the other party hereto. Except as specifically provided in this Agreement, any attempted assignment or delegation of a party's rights, claims, privileges, duties or obligations hereunder shall be null and void.

K. Discrimination

Both parties agree not to unlawfully discriminate in their performance under this Agreement because of race, color, national origin, religion, sex, sexual orientation, handicap, age, veterans' status, medical condition (cancer-related) as defined in section 12926 of the California Government Code, ancestry, marital status or citizenship.

L. No Third Party Beneficiaries

The parties do not intend the benefits of this contract to inure to any third person or entity not a party of this Agreement. This Agreement shall not be construed to create any right or claim for any person or entity not a party to this Agreement.

M. Attorneys' Fees

If any action at law or equity is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to reasonable attorneys' fees, costs, and necessary disbursements in addition to any other relief to which it may be entitled.

N. No Requirement for Referrals

Nothing in this Agreement or in any other related written or oral agreement requires the admission or referral of patients or business by either party to the other. This Agreement is not intended to influence the decision of either party in choosing the hospital or health care facility deemed by such party as the best qualified to deliver goods or services to any particular patient. The rights or neither party under this Agreement depend in any way on the referral of patients or business to the other.

O. Governing Law

This Agreement shall be construed and enforced in accordance with the laws of the State of California excluding its choice of law rules.

P. Entire Agreement

This agreement constitutes the entire understanding of the parties with respect to the subject matter hereof and supersedes any prior understanding between them, whether oral or written, respecting the same subject matter.

IN WITNESS WHEREOF, the parties have executed this Agreement.

LOS RIOS COMMUNITY COLLEGE DISTRICT

Date: 5/27/14

By: 

Jon Sharpe
Deputy Chancellor

ELEVATION PHYSICIANS

Date: 6/18/14

By: 

**ATTACHMENT A
SCOPE OF WORK AND RATES**

Scope of Work

During the term of this Agreement Elevation Physicians shall provide at FLC standard pre-participation sport physical examinations to FLC athletes four (4) times per year. Such pre-participation physicals shall be mutually scheduled between Elevation Physicians and FLC.

Rate

Standard Pre-participation Physical Examinations:	\$65/hour
Maximum per term of contract	\$2000

FLC acknowledges and understands that the rates for Services provided under this Agreement are for standard pre-participation examinations. This Agreement does not include any additional testing and/or treatment that may be required.

ATTACHMENT B
STUDENT RECORDS/CONFIDENTIAL DATA ADDENDUM

1. Protection of Confidential Data

CONTRACTOR agrees to abide by the limitations on re-disclosure of personally identifiable information from education records set forth in The Family Educational Rights and Privacy Act (34 CFR § 99.33 (a)(2)) and with the terms set forth below. 34 CFR 99.33 (a)(2) states that the officers, employees and agents of a party that receives education record information from DISTRICT may use the information, but only for the purposes for which the disclosure was made. Further, CONTRACTOR agrees that it will abide by the following limitations on the redisclosure of confidential or private information disclosed to it by the DISTRICT and CONTRACTOR will use that information only for the purpose for which the disclosure was made.

2. Definition: *Covered data and information (CDI)* includes paper and electronic student education record information and/or confidential or private information supplied by DISTRICT to the CONTRACTOR.

3. Acknowledgment of Access to CDI: CONTRACTOR acknowledges that the Agreement allows the CONTRACTOR access to CDI.

4. Prohibition on Unauthorized Use or Disclosure of CDI: CONTRACTOR agrees to hold CDI in strict confidence. CONTRACTOR shall not use or disclose CDI received from or on behalf of DISTRICT except as permitted or required by the Agreement, as required by law, or as otherwise authorized in writing by DISTRICT. CONTRACTOR agrees not to use CDI for any purpose other than the purpose for which the disclosure was made.

5. Return or Destruction of CDI: Upon termination, cancellation, expiration or other conclusion of the Agreement, CONTRACTOR shall return all CDI to DISTRICT or, if return is not feasible, destroy any and all CDI. If the CONTRACTOR destroys the information, the CONTRACTOR shall provide DISTRICT with a certificate confirming the date of destruction of the data.

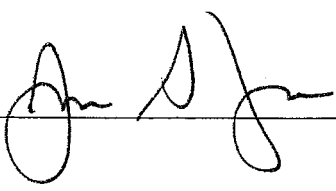

6. Remedies: If DISTRICT reasonably determines in good faith that CONTRACTOR has materially breached any of its obligations under this contract, DISTRICT, in its sole discretion, shall have the right to require CONTRACTOR to submit to a plan of monitoring and reporting; provide CONTRACTOR with a fifteen (15) day period to cure the breach; or terminate the Agreement immediately if cure is not possible. Before exercising any of these options,

DISTRICT shall provide written notice to CONTRACTOR describing the violation and the action it intends to take.

7. Maintenance of the Security of Electronic Information: CONTRACTOR shall develop, implement, maintain and use appropriate administrative, technical and physical security measures to preserve the confidentiality, integrity and availability of all electronically maintained or transmitted CDI received from, or on behalf of DISTRICT. These measures will be extended by contract to all subcontractors used by DISTRICT.

8. Reporting of Unauthorized Disclosures or Misuse of Covered Data and Information: CONTRACTOR shall, within one day of discovery, report to DISTRICT any use or disclosure of CDI not authorized by this agreement or in writing by DISTRICT. CONTRACTOR's report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the CDI used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what CONTRACTOR has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action CONTRACTOR has taken or shall take to prevent future similar unauthorized use or disclosure. CONTRACTOR shall provide such other information, including a written report, as reasonably requested by DISTRICT.

9. Indemnity: CONTRACTOR shall defend and hold DISTRICT harmless from all claims, liabilities, damages, or judgments involving a third party, including DISTRICT's costs and attorney fees, which arise as a result of CONTRACTOR's failure to meet any of its obligations under this Addendum to the Service Agreement.

Los Rios Community College District,	CONTRACTOR
Dated: <u>5/22/14</u>	Dated: <u>6/18/14</u>
By: 	By: 



(415) 397-9700
 (800) 652-1051
 (907) 563-3414 (in Alaska)

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed below.

Certificate Holder Los Rios Community College District General Services 1919 Spanos Court Sacramento, CA 95825		Name and Address of Insured Jeffrey Von Hill, DO 1743 Creekside Drive, Ste. 130 Folsom, CA 95630							
Current Medical Specialty: Family Medicine (Minor Surgery)		The above Insured is: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens							
Policy Number	Insured's Effective Date	Insured's Expiration Date	Insured's Retroactive Date						
713279	08/01/2014	08/01/2015	08/01/2013						
Coverage and Limits of Liability and Reimbursement Provided <input type="checkbox"/> Shared Limits of Liability and Reimbursement <input checked="" type="checkbox"/> Separate Limits of Liability and Reimbursement									
<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance – Claims Made <input type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance – Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below. <table style="width:100%; border: none;"> <tr> <td style="width:50%;">LIMITS OF LIABILITY:</td> <td style="width:50%;">DEDUCTIBLE:</td> </tr> <tr> <td>\$1,000,000 Each Claim</td> <td>\$Nil Each Claim</td> </tr> <tr> <td>\$3,000,000 Aggregate Limit per Policy Period</td> <td>\$Nil Aggregate per Policy Period</td> </tr> </table>				LIMITS OF LIABILITY:	DEDUCTIBLE:	\$1,000,000 Each Claim	\$Nil Each Claim	\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period
LIMITS OF LIABILITY:	DEDUCTIBLE:								
\$1,000,000 Each Claim	\$Nil Each Claim								
\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period								
<input checked="" type="checkbox"/> COVERAGE C: Physicians Administrative Defense Reimbursement Coverage – Claims Made <table style="width:100%; border: none;"> <tr> <td style="width:50%;">\$30,000 Each Administrative Proceeding or Employment-Related Civil Action</td> <td style="width:50%;"></td> </tr> <tr> <td>\$30,000 Aggregate Limit per Policy Period</td> <td></td> </tr> </table>				\$30,000 Each Administrative Proceeding or Employment-Related Civil Action		\$30,000 Aggregate Limit per Policy Period			
\$30,000 Each Administrative Proceeding or Employment-Related Civil Action									
\$30,000 Aggregate Limit per Policy Period									
This is certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of issuance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.									
By: NORCAL Mutual Insurance Company		Issue Date: July 21, 2014							
 T. Scott Diener President		 Katherine H. Crocker Secretary							



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/15/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WestCallawayStotka, Inc. 200 Gregory Lane Bldg. A Pleasant Hill, CA 94523	CONTACT NAME: PHONE (A/C, No., Ext): (925) 686-2860 FAX (A/C, No): (925) 686-6118 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Jeffery Von Hill D.O. PA Elevation Physicians 1743 Creekside Dr. Ste 130 Folsom, CA 95630	INSURER A : Ohio Casualty Insurance Co	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		BZS55926008	01/09/2014	01/09/2015	EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (PER ACCIDENT)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER Evidence of Insurance.	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



Commercial Protector Policy Declarations

Named Insured

Agent

JEFFERY VON HILL D.O. PA

(866) 654-6791
WEST CALLAWAY STOTKA INC

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	2,000,000
	Other than Products-Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	300,000
	Medical Expenses (Any One Person)	15,000
	Property Damage Liability Deductible	500

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$317.00
	Businessowners Other Coverage(s) Total	\$148.00
	Policy Writing Minimum Premium Adjustment	\$334.00
	Certified Acts of Terrorism Coverage	\$1.00

Total Charges: \$500.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



9800 Fredericksburg Road
San Antonio, TX 78288

Certificate of Insurance

PLEASE NOTE:

If the need of this Certificate is discontinued before its expiration, please check the box below and return to:

JEFFREY V HILL
4016 MONTE VERDE DR
EL DORADO HILLS, CA 95762-5523

USAA Casualty Insurance Company
9800 Fredericksburg Road
San Antonio, Texas 78288

Discontinue issuing this Certificate of Insurance

September 3, 2014

The USAA Casualty Insurance Company of San Antonio, Texas, does hereby certify that the policyholder named above is insured as follows:

CIC 009461913 7103	2013 F-150 FORD	1FTFW1ET4DKF7291 3
Automobile Policy Number	Automobile Year Model & Trade Name	VIN
Automobile Policy Number	Automobile Year Model & Trade Name	VIN
Automobile Policy Number	Automobile Year Model & Trade Name	VIN
Automobile Policy Number	Automobile Year Model & Trade Name	VIN
Automobile Policy Number	Automobile Year Model & Trade Name	VIN
August 20, 2014	February 20, 2015	(12:01 A. M. Standard Time)
Effective from	to	

Limits of Liability

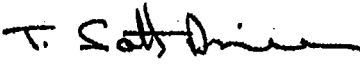
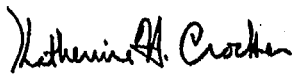
Bodily Injury Liability	\$500,000	each person/ \$1,000,000	each accident
Property Damage Liability	\$50,000	each accident	

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the above policy issued by USAA Casualty Insurance Company. If the USAA Casualty Insurance Company elects to cancel said policy n/a days advance written notice of cancellation will be given to:

Los Rios CCD
1919 Spanos Ct
Sacramento, CA 95825

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Certificate Holder: <i>Elevation Physicians</i> Jeffrey Von Hill, DO 1743 Creekside Drive, Ste. 130 Folsom, CA 95630		Name and Address of Insured: <i>Elevation Physicians</i> Jeffrey Von Hill, DO 1743 Creekside Drive, Ste. 130 Folsom, CA 95630							
Current Medical Specialty: Family Medicine (Minor Surgery)		The above Insured is: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens							
Policy Number	Insured's Effective Date	Insured's Expiration Date	Insured's Retroactive Date						
713279	08/01/2013	08/01/2014	08/01/2013						
Coverage and Limits of Liability and Reimbursement Provided <input type="checkbox"/> Shared Limits of Liability and Reimbursement <input checked="" type="checkbox"/> Separate Limits of Liability and Reimbursement									
<input checked="" type="checkbox"/> COVERAGE A: Professional Liability Insurance - Claims Made <input checked="" type="checkbox"/> COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below. <table border="0"> <tr> <td>LIMITS OF LIABILITY:</td> <td>DEDUCTIBLE:</td> </tr> <tr> <td>\$1,000,000 Each Claim</td> <td>\$Nil Each Claim</td> </tr> <tr> <td>\$3,000,000 Aggregate Limit per Policy Period</td> <td>\$Nil Aggregate per Policy Period</td> </tr> </table>				LIMITS OF LIABILITY:	DEDUCTIBLE:	\$1,000,000 Each Claim	\$Nil Each Claim	\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period
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\$30,000	Each Administrative Proceeding or Employment-Related Civil Action								
\$30,000	Aggregate Limit per Policy Period								
This is to certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of issuance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.									
By: NORCAL Mutual Insurance Company		Issue Date: August 2, 2013							
 T. Scott Diener President		 Katherine H. Crocker Secretary							



(415) 397-9700
 (800) 652-1051
 (907) 563-3414 (in Alaska)

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Certificate Holder Jeffrey Von Hill , DO 1743 Creekside Drive, Ste. 130 Folsom, CA 95630	Name and Address of Insured Jeffrey Von Hill, DO 1743 Creekside Drive, Ste. 130 Folsom, CA 95630
--	--

Current Medical Specialty: Family Medicine (Minor Surgery)	The above Insured is: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Insured <input type="checkbox"/> Locum Tenens
--	---

Policy Number 713279	Insured's Effective Date 08/01/2013	Insured's Expiration Date 08/01/2014	Insured's Retroactive Date 08/01/2013
--------------------------------	---	--	---

Coverage and Limits of Liability and Reimbursement Provided

Shared Limits of Liability and Reimbursement
 Separate Limits of Liability and Reimbursement

COVERAGE A: Professional Liability Insurance - Claims Made

COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made

If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below.

LIMITS OF LIABILITY:	DEDUCTIBLE:
\$1,000,000 Each Claim	\$Nil Each Claim
\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period

COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made

\$30,000	Each Administrative Proceeding or Employment-Related Civil Action
\$30,000	Aggregate Limit per Policy Period

This is to certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of issuance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.

By: NORCAL Mutual Insurance Company Issue Date: August 2, 2013

 T. Scott Diener President	 Katherine H. Crocker Secretary
----------------------------------	---------------------------------------



Coverage Is Provided In:
Ohio Security Insurance Company - a stock company

Policy Number:
BZS (15) 55 92 60 08
Policy Period:
From 01/09/2014 To 01/09/2015
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector Policy Declarations

Named Insured	Agent
JEFFERY VON HILL D.O. PA	(866) 654-6791 WEST CALLAWAY STOTKA INC

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	2,000,000
	Other than Products-Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	300,000
	Medical Expenses (Any One Person)	15,000
	Property Damage Liability Deductible	500

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$317.00
	Businessowners Other Coverage(s) Total	\$148.00
	Policy Writing Minimum Premium Adjustment	\$334.00
	Certified Acts of Terrorism Coverage	\$1.00

Total Charges: \$500.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



USAA CASUALTY INSURANCE COMPANY

(A Stock Insurance Company)
 9800 Fredericksburg Road - San Antonio, Texas 78288
 CALIFORNIA AUTO POLICY
 AMENDED DECLARATIONS
 (ATTACH TO PREVIOUS POLICY)

ADDL INFO ON NEXT PAGE MAIL MCH-M-I
 AMENDMENT TO

State	05	07	Veh	POLICYNUMBER
CA	416	416	133	00946 19 13C 7103 7
POLICYPERIOD:		(12:01 A.M. standard time)		
EFFECTIVE AUG 14 2014 TO AUG 20 2014				
OPERATORS				
01 JEFFREY V HILL				
03 KAPRI MONET HILL				

Named Insured and Address

JEFFREY V HILL
 4016 MONTE VERDE DR
 EL DORADO HILLS CA 95762-5523

Description of Vehicle(s)

VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	VEH USE*	WORKSCHOOL
							SYM	Miles Crs Vch Days Per Week
05	03	TOYOTA	SEQUOIA	4 DOOR	12000	5TDBT48A53S158632		P
07	13	FORD	F-150	4 DOOR	12000	1FTFW1ET4DKF72913		P

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. * W/C=Work/School; B=Business; F=Farm; P=Plasure

VEH 05 SHINGLE SPRINGS CA 95682-7660
 VEH 07 SHINGLE SPRINGS CA 95682-7660

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES ("ACV" MEANS ACTUAL CASH VALUE)	LIMITS OF LIABILITY		VEH 05		VEH 07		VEH		VEH	
	D=DED	6-MONTH PREMIUM	D=DED	6-MONTH PREMIUM	D=DED	6-MONTH PREMIUM	D=DED	PREMIUM	D=DED	PREMIUM
	AMOUNT	\$	AMOUNT	\$	AMOUNT	\$	AMOUNT	\$	AMOUNT	\$
PART A - LIABILITY										
BODILY INJURY EA PER \$	25,000									
EA ACC \$	50,000		85.40		96.13					
PROPERTY DAMAGE EA ACC \$	50,000		83.75		94.48					
PART C - UNINSURED MOTORISTS										
BODILY INJURY EA PER \$	25,000									
EA ACC \$	50,000		25.26		25.33					
WAIVER OF COLL DEDUCTIBLE			5.54		5.56					
PART D - PHYSICAL DAMAGE COVERAGE										
COMPREHENSIVE LOSS ACV LESS	D 150		49.32		61.95					
COLLISION LOSS ACV LESS	D 500		127.62		189.26					
VEHICLE TOTAL PREMIUM				376.89		472.71				
TOTAL PREMIUM	- SEE FOLLOWING PAGE(S)									

ADDITIONAL INTEREST - EMPLOYER
 LOS RIOS CCD, SACRAMENTO, CA
 LOSS PAYEE

VEH 05 USAA FEDERAL SAVINGS BANK, LEHIGH VALLEY PA 0091093344
 VEH 07 USAA FEDERAL SAVINGS BANK, LEHIGH VALLEY PA 1035345865

ENDORSEMENTS: ADDED 08-14-14 - A073(03)
 REMAIN IN EFFECT(REFER TO PREVIOUS POLICY) - A400CA(03) 5100CA(01) A100CA(05)
 AOASA(01) A099(01)

05 RMF18000N 07 RMM18001N

In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date AUGUST 14, 2014

Steven Alan Bennett
 Steven Alan Bennett, Secretary

Alan W. Krapf
 Alan W. Krapf, President

From: [Plews, Jeanne](#)
To: [Poon, Vivian](#); [Pankowski, Kate](#)
Cc: [Haney, Brenda](#)
Subject: RE: FOR YOUR ACTION_ FW: Req # 808204 Elevations Physicians_ PO HOLD
Date: Thursday, October 16, 2014 2:36:55 PM

Vivian/Kate,
Here is the contact information for Elevations Physicians.
Dr. Hill is the physician for Elevations Physicians.
His office manager is Andrea Amen Ra.
Andrea Amen Ra aramenra@gmail.com

I have two work phone numbers listed:
916 983-8693 916 983-8598

Dr. Hill prefers that you contact Andrea for assistance. However, if you are unsuccessful, here is Dr. Hill's personal email address:
jeffgoat@gmail.com

Best regards,

Jeanne Plews

Administrative Assistant to Dean of Instruction
Kinesiology, Health, Athletics and Workforce Development
Folsom Lake College
10 College Parkway
Folsom, CA 95630
(916) 608-6687
Fax (916) 608-6761

From: Haney, Brenda
Sent: Thursday, October 16, 2014 9:33 AM
To: Plews, Jeanne
Cc: Poon, Vivian; Pankowski, Kate
Subject: FOR YOUR ACTION_ FW: Req # 808204 Elevations Physicians_ PO HOLD


Jeanne –

Please reply directly with DO Purchasing (and Cc me) – regarding their questions below . W9 is required and Main Contact person for this Service Agreement (Business Phone, Cell, Email).

Thank you,

Brenda Haney

Business Services
Folsom Lake College | 10 College Parkway | Folsom, CA 95630

 916.608.6635 |  haneyb@flc.losrios.edu

From: Poon, Vivian

Sent: Thursday, October 16, 2014 9:20 AM

To: Haney, Brenda

Cc: Pankowski, Kate

Subject: Req # 808204 Elevations Physicians

Hi Brenda,

It was nice to talk to you this morning. As spoken, we have tried a few times to reach the vendor at 916-983-8693 for a vendor packet. We were unable to get hold of them. Do you have any named direct contact with phone no. and email address that we can use? Please check and advise, thanks!

Vivian



American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College

VENDOR PACKET

Vendor Packet Check List

1. REVIEW/INFORMATION ONLY:

Purchase Order Terms and Conditions

Insurance Requirements for vendors providing onsite or contract services

2. COMPLETE AND RETURN:

Vendor Application

W-9

CA Tax Form(s) - 590, 587, 588, 589 as applicable

VENDOR NAME: Jeffrey Von Hill, D.O. PA

Return the following via email, mail or fax:

Application W-9 CA Tax Form(s)

Email – lrcddpurchase@losrios.edu

Mail – 1919 Spanos Court, Sacramento, CA 95825

Fax – (916) 568-3145



LOS RIOS
COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court ■ Sacramento, CA 95825
 PURCHASING DEPARTMENT (916) 568-3071
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Jeffrey Hill

NAME OF FIRM <u>Jeffrey Hill, DO PA</u> <u>DBA Elevation Physicians</u>		FEDERAL ID# OR SOCIAL SECURITY # <u>46-3197840</u>	
MAILING ADDRESS <u>1580 Creekside Dr. Ste 130</u> <u>Folsom, CA 95630</u>		REMIT ADDRESS <u>Same</u>	
PHONE <u>(916) 597-2340</u>	FAX <u>(916) 597-2341</u>	EMAIL <u>elevationphysicians@gmail.com</u>	

WEBSITE <u>www.elevationphysicians.com</u>			ORGANIZATION CLASSIFICATION (Check all that apply)													
AUTHORIZED COMPANY REPRESENTATIVES <table border="1"> <thead> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td><u>Andrea AmenRa</u></td> <td><u>Front Office Manager</u></td> <td><u>aramenra@gmail.com</u></td> </tr> <tr> <td><u>Joshua Baldwin</u></td> <td><u>Back Office Manager</u></td> <td><u>joshua79b@gmail.com</u></td> </tr> <tr> <td><u>Jeffrey Hill</u></td> <td><u>CEO</u></td> <td><u>elevationphysicians@gmail.com</u></td> </tr> </tbody> </table>			Name	Title/Capacity	Email	<u>Andrea AmenRa</u>	<u>Front Office Manager</u>	<u>aramenra@gmail.com</u>	<u>Joshua Baldwin</u>	<u>Back Office Manager</u>	<u>joshua79b@gmail.com</u>	<u>Jeffrey Hill</u>	<u>CEO</u>	<u>elevationphysicians@gmail.com</u>	<input type="checkbox"/> Individual	<input type="checkbox"/> MBE
			Name	Title/Capacity	Email											
			<u>Andrea AmenRa</u>	<u>Front Office Manager</u>	<u>aramenra@gmail.com</u>											
			<u>Joshua Baldwin</u>	<u>Back Office Manager</u>	<u>joshua79b@gmail.com</u>											
<u>Jeffrey Hill</u>	<u>CEO</u>	<u>elevationphysicians@gmail.com</u>														
<input type="checkbox"/> Partnership	<input type="checkbox"/> WBE															
<input type="checkbox"/> Non Profit	<input type="checkbox"/> DVBE															
<input checked="" type="checkbox"/> Corporation (List State Incorporated)	<u>CA</u>															
Contractor's License # _____			Collect CA Tax (circle one) Yes No													

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
<u>Physician Services</u>		

VENDOR CERTIFICATION I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. <u>JH</u> INITIALS	OTHER BUSINESS INFORMATION		
	Payment Terms _____	Discounts Extended _____	
	Refund/Returns _____		
	<u>JH</u> SIGNATURE	<u>CEO</u> TITLE	<u>10/20/2014</u> DATE

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Jeffrey Von Hill, DO. PA	
	Business name/disregarded entity name, if different from above DBA Elevation Physicians	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 1580 Creekside Dr Ste 130		Requester's name and address (optional)
City, state, and ZIP code Folsom, CA 95630		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																				
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																		
Social security number																				
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table>	Employer identification number									4	6	-	3	1	9	7	8	4	0
Employer identification number																				
4	6	-	3	1	9	7	8	4	0											

Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below). 	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.</p>	
Sign Here	Signature of U.S. person ▶
	Date ▶ 12/1/14

<p>General Instructions</p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Purpose of Form</p> <p>A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.</p> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:</p> <ol style="list-style-type: none"> Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), Certify that you are not subject to backup withholding, or Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income. 	<p>Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p> <p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.</p>
--	--

Withholding Exemption Certificate

2012

(This form can only be used to certify exemption from nonresident withholding under California Revenue and Taxation Code (R&TC) Section 18662. Do not use this form for exemption from wage withholding.)

590

File this form with your withholding agent. (Please type or print)

Withholding agent's name

Los Rios Community College District

Payee's name

Jeffrey Von Hill, D.O. PA

Payee's SOS file no. SSN or ITIN CA corp. no. FEIN

46-3197840

Address (number and street, PO Box, or PMB no.)

1580 Creekside Drive

Apt. no./ Ste. no.

City

Folsom

State ZIP Code

CA 95630

Read the following carefully and check the box that applies to the payee.

I certify that for the reasons checked below, the payee named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual.

Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Who is a Resident, for the definition of a resident.

Corporations:

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return and withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information F, What is a Permanent Place of Business, for the definition of permanent place of business.

Partnerships or limited liability companies (LLC):

The above-named partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return and will withhold on foreign and domestic nonresident partners or members when required. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

Tax-Exempt Entities:

The above-named entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit Sharing Plans:

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

California Trusts:

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly notify the withholding agent.

Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) Jeffrey Hill CEO Daytime telephone no. 916-597-2340

Payee's signature [Signature] Date 12/1/14