

AGREEMENT made this _____ day of _____, 20____ by and between

_____ (hereinafter "Company"), whose address is

_____ and _____

(hereinafter "Pharmacist"), whose address is

A description of the services the independent contractor will perform:

SERVICES TO BE PERFORMED

Dispense pharmaceuticals and provide consultations as regulated by the Board of Examiners and other legal agencies of the State of _____.

Physical location where the service shall take place. Explanation of who will provide materials, equipment and office space:

PLACE OF PERFORMANCE and MATERIALS

Pharmacist acknowledges that the nature of his services to be rendered necessitates that these services be performed on the premises of the Company. Pharmacist may, at his own discretion, provide and utilize any implements or supplies necessary to render services in keeping with the standards of the professional community or he may lease same from Company.

A description of the term of the agreement:

PROJECT SCHEDULE

The Pharmacist has determined and agrees to commence work on _____ (date), at _____ (time), and end work at _____ or when the project is completed. The project dates are

This agreement may extend to future projects evidenced by an attachment hereto.

A description of how much and when Company will pay the Pharmacist

INVOICES AND PAYMENT FOR SERVICES

The Company understands that the Pharmacist will be paid in full no later than the last date of this project and not less than those fees as presented in an invoice on behalf of the Pharmacist and guaranteed by the Company to wit: \$_____ per diem, unless the following arrangements have been made

No waiver, alteration or modification shall be binding unless signed by both parties. Cancellation of this agreement by either party must be made in writing and if applicable the cancellation fee shall be \$ _____. This instrument contains the entire agreement between the parties and may not be amended or supplemented except in writing signed by both parties. Any provision deemed invalid shall not impair or invalidate remaining provisions.

A statement that the Pharmacist has all of the permits and licenses that the state requires and that the Pharmacist has his own liability insurance

LICENSES AND INSURANCE

Pharmacist certifies that he is fully licensed and in good standing with the Board of Examiners, and is doing business and engaged in the pharmacy practice. Pharmacist also agrees to furnish Company with proof of \$_____ liability insurance. Furthermore, Pharmacist will indemnify, defend and hold Company harmless from any claims, judgment and attorney's cost resulting from services rendered to Company because of any act or omission by Pharmacist or his employee(s) or agent including claims of injury, death to any person or property damage.



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