

EXHIBIT A

**SUTTER HEALTH
INDEPENDENT CONTRACTOR QUESTIONNAIRE**

This Independent Contractor Questionnaire (ICQ) is designed to evaluate if an individual may be appropriately classified as an independent contractor. If properly classified as an independent contractor, payments will be reported via a 1099-MISC.

New Vendor Information

1. Legal name as filed on tax return: _____
2. DBA if applicable: _____
3. California Business Location: _____
4. If no California business location, will you be performing any services in the State of California? _____
6. Sutter Contracting Facility: _____
7. Sutter Contracting Department: _____
8. Sutter Representative: _____
9. Project Name/Description: _____
10. Estimated Completion Date: _____

Business Conduct

The following questions relate to how you conduct your business for the engagement:

1. Will you as the vendor be paid by the project or by the hour? _____
2. Please attach the following applicable documents:
 - Copy of business license
 - Copy of professional license documentation
 - Evidence of business liability insurance
 - Evidence of workers' compensation insurance
3. Are you currently performing services outside the Sutter Health system? _____

4. Will you continue to perform services for other companies while you are doing the project for Sutter Health/Affiliate?

5. Are you employed (receiving a W-2) by any other organization? _____

If yes, who is your employer? _____

If yes, what are the average hours per week you are employed? _____

6. Will you have the opportunity to earn a profit or suffer a loss on this project depending on your own managerial skill? _____

Control

The following questions relate to who controls how you as the vendor completes the project.

1. Will you be able to set your own work hours for this engagement? _____

2. Will you decide where to work for this engagement? _____

3. Will you have your employees or subcontractors work on this engagement? _____

4. Will SH/Affiliate provide you any training for this engagement? _____

5. Will personnel at SH/Affiliate closely supervise your day-to-day activities on this project, or will you perform your work independently?

Relationship between vendor and SH/Affiliate

The following questions have to do with any prior relationship with SH/Affiliate:

1. Were you ever an employee of Sutter Health/affiliate? _____

If yes, what were your duties? _____

2. In this engagement, will you directly supervise SH/Affiliate employees? _____

3. In this engagement, will you have authority to contract on behalf of SH/Affiliate?

4. Is the work you will be performing an integral part of SH/Affiliate's healthcare business?

5. Will you be using your own tools and equipment on this project? _____

Vendor Certification

I have completed this questionnaire truthfully and to the best of my knowledge.

Signature

Print Name

Date

Sutter/SMU Certification

I have reviewed the questionnaire and certify that the individual can be classified as an independent contractor.

Signature

Print Name

Date