

## PROFESSIONAL SERVICES AGREEMENT

This agreement is entered into between the Muskogee County Health Department, hereinafter referred to as Muskogee CHD, by virtue of the authority vested in it by Title 63, O.S. 1991, 1-206.1 and . Tina Johnson, herein after referred to as Registered Nurse.

**AGREEMENT PERIOD:** Beginning the 3rd day of August 2021 and terminating on the 30 th day of June 2022. This agreement shall not take effect until Muskogee CHD has in its possession a copy containing original signatures of both parties. The date of execution of this agreement need not correspond to the effective date, but the effective date shall be the controlling and commencement date.

**GENERAL PURPOSE OF THIS AGREEMENT:**

The purpose of this agreement is to provide Nursing services in support of the Muskogee CHD clinics.

Muskogee CHD shall pay a fee for the services at the rate of \$25.00 per hour; and State Rate for Travel per mile. A monthly invoice shall be submitted to the Muskogee CHD within thirty (30) days of the date services were rendered, indicating the date services were rendered and the number of hours of services performed on each date and the name of the person providing the service.

For the purposes of this agreement, all contacts and the invoice are to be directed to the Muskogee County representative, Tina Johnson [tinaj@health.ok.gov](mailto:tinaj@health.ok.gov).

It is understood between the parties that the Registered Nurse under no circumstances is to be considered an employee of either State Department of Health or Muskogee CHD and, therefore, not entitled to any benefits or other entitlement accruing to either State or County Health Department employees including workers compensation.

### DUTIES OF MUSKOGEE CHD

Muskogee CHD shall provide such administration, supervision and guidance to Registered Nurse, as Muskogee CHD deems necessary and reasonable for the performance of this agreement.

**AMENDMENT:**

This agreement may be modified, changed or amended only by an instrument in writing, signed and Dated by the parties and appended hereto as an identifiable amendment hereof.

**CANCELLATION CLAUSE:**

This agreement is subject to termination upon 14 days advance written notice by either party. Written notice must be forwarded to one of the following addresses by certified mail:

Muskogee County Health Department  
530 S 34<sup>th</sup> Street  
Muskogee OK 74403

The Registered Nurse shall maintain as confidential and privileged, all information, as required by statutes, codes of professional conduct and the rules of Muskogee CHD.

**INVOICE INSTRUCTIONS:**

The County Administrator, or designate, is required to sign each invoice from the Nurse ; and by doing so attests to the receipt of the services and verifies the accuracy of the invoice.

Representing the Muskogee  
County Health Department

Name of Registered Nurse  
Signatory:

Tina R. Johnson  
Tina R. Johnson,  
Interim Regional Director

Darla Boydston  
Signature

7/26/21  
Date

S.S.# 447 74 0132

ADDRESS: PO Box 2637  
Muskogee, OK 74402

7/29/21  
Date

APPROVED

Keith Hepke  
Chair, Muskogee County Commissioners

\_\_\_\_\_  
Date



2 day of Aug 20  
Chairman Keith Hepke  
Member [Signature]  
Member [Signature]  
Attest Darla Boydston  
County Clerk



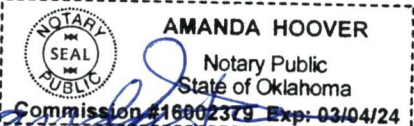
AGREEMENT  
Attachment

STATE OF OKLAHOMA        }  
  }  
COUNTY OF MUSKOGEE     }

The undersigned Registered Nurse, of lawful age, being the first duty sworn on oath says that this agreement is true and correct. Affiant further states that she has made no payment, given or donated or agreed to pay, give or donate, either directly or indirectly, to any elected official, officer, or employee of the State of Oklahoma, of money or any other thing of value to obtain payment or the award of this agreement with the agency or any other state agency which would result in a substantial duplication of the final product required by the proposed agreement.

*Daule Bayosten*  
Name

Subscribed and sworn to before  
*Jean Lange*

  
AMANDA HOOVER  
Notary Public  
State of Oklahoma  
Commission # 16002379 Exp: 03/04/24  
*Amanda Hoover*  
Notary  
Commission # 16002379

Seal  
Commission Expires: 03/04/24

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em; color: blue;">Darla M. Boydston</span>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input 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) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <span style="font-size: 1.2em; color: blue;">PO Box 2637</span>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <span style="font-size: 1.2em; color: blue;">Muskogee, OK 74402</span>	
<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>	
447	- 74
0132	2
<b>or</b>	
<b>Employer identification number</b>	

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

**Sign Here**

Signature of U.S. person ▶

*Darla Boydston*

Date ▶

7-29-21

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

