

**Wal-Mart Confidential – Pharmacy Certification Form for Independent Contractors:
Corporate Integrity Agreement (“CIA”) CBL Text Lessons and Eligible Persons**

This form is designed for Independent Contractors involved in providing pharmacy services and claims submission to third parties while on assignment at Wal-Mart Stores, Inc. You must certify that you have completed the CBL Text Lessons entitled **Rx CIA/Compliance Program and Rx Specific CIA Training 2005**, and that you are eligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs.

THE FOLLOWING PROCEDURE MUST BE COMPLETED IN ITS ENTIRETY **BEFORE AN INDEPENDENT CONTRACTOR BEGINS THE FIRST ASSIGNMENT IN A WAL-MART, SAM’S CLUB, OR NEIGHBORHOOD MARKET PHARMACY:**

PROCEDURE: 1) **Temporary Agency** shall complete Section A and give this Form to Independent Contractor, 2) **Temporary Agency** shall give Independent Contractor copies of the three above-referenced (CBL Text Lessons, 3) **Independent Contractor** shall complete the CBL Text Lessons, 4) **Independent Contractor** shall read the certifications in Section B, sign in Section C, and return this signed Form to the Temporary Agency, 5) **Temporary Agency** shall perform the Eligible Persons Verification for Independent Contractor, and 6) **Temporary Agency** shall review this Form for completeness, sign in Section C, and fax the completed form to the Pharmacy Division at (479) 273-1986.

At the beginning of each calendar month, **Temporary Agency** shall submit a monthly roster of all personnel who worked in a Wal-Mart, SAM’s Club, or Neighborhood Market Pharmacy during the previous calendar month, and shall certify that all personnel have completed the CBL text lessons and have signed certifications on file.

SECTION A – Temporary Agency Section

Store City/State of First Assignment:	Date:	Temporary Agency Name: Health Research Associates Corp. d/b/a Pharmacy Resources Network, Inc.
Agency Supervisor Name: Sallye Kootsillas		Independent Contractor Name:
Eligible Persons Verification: By signing in Section C below, Temporary Agency certifies that it has verified Independent Contractor’s eligibility to participate in federal Programs by querying the Exclusion Lists found at the General Services Administration website (http://epls.armet.gov) and the HHS/OIG website (http://oig.hhs.gov).		

SECTION B – Independent Contractor Certification

By signing in Section C below, you are certifying that the following statements are true. **Please read each statement carefully before signing.**

1) I have completed the **Rx CIA/Compliance Program and Rx Specific CIA Training 2005** CBL Text Lessons. I understand the requirements of the CIA and the Pharmacy Code of Conduct, and the actions Wal-Mart Stores, Inc. has taken to comply with the CIA. I understand the training requirements expected of me concerning policies and procedures for the Pharmacy partial fills. In addition, I understand my responsibility to report any suspected violations of law or Wal-Mart policies and procedures to the Pharmacy Compliance Officer, a member of Pharmacy Management, or the Temporary Agency Supervisor.

2) I am NOT currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal Health Care Programs or in Federal procurement or non-procurement programs, and have NOT been convicted of a criminal offense that falls within the ambit of 42 U.S.C. 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible to participate.

Reminder: No Independent Contractor of Wal-Mart Stores, Inc. shall charge a Customer or Third Party for a prescription quantity *not dispensed*. Failure to follow these procedures is a violation of Corporate Policy and potentially subjects the Independent Contractor to termination of work order, and could be a violation of the law.

SECTION C – Signatures **ALL SIGNATURES ARE REQUIRED BEFORE SUBMISSION TO THE WAL-MART CORPORATE OFFICE**

Independent Contractor:	Name (Please Print):	Signature:	Date:
Agency Supervisor Approval:	Name (Please Print): Sallye Kootsillas	Signature:	Date:

WAL-MART CORPORATE OFFICE USE ONLY	Date Received:	By:
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