

**NON-CLINICAL WORKING INTERVIEW**  
**INDEPENDENT CONTRACTOR AGREEMENT**

Interview Date: \_\_\_\_\_

Office Name: \_\_\_\_\_ (the “Practice”)

Office Location: \_\_\_\_\_

This is an Independent Contractor Agreement between You and the Practice to provide certain services (the “Services”) at the Practice on the Interview Date listed above, as part of a Working Interview for employment at the Practice.

You hereby agree as follows:

- You are an independent contractor and not an employee of the Practice.
- The Practice will pay you a fixed fee of \$\_\_\_\_\_ for the Services, which will be paid within 30 days. As an Independent Contractor, you are responsible for the payment of all taxes and other withholdings.
- Confidential Information.
  - In connection with your interview and the Services, you may have access to certain Confidential Information, including but not limited to “protected health information,” as defined under HIPAA, and any and all confidential information of the Practice, whether or not marked “Proprietary” or “Confidential,” whether oral or written, and whether received prior or subsequent to the execution of this letter, including without limitation trade secrets, business plans, financial information, supplier lists, patient lists, employee lists, management methods, know-how, working methods, specifications, operating techniques and cost information, and all manuals, documents, reports, spreadsheets, software, files and other written information pertaining thereto or any other similar confidential, sensitive or proprietary information.
  - You hereby agree that you will not use or disclose any such Confidential Information under any circumstances, and that you will use all reasonable precautions, no less rigorous than those used to safeguard your own confidential information, to prevent the inadvertent exposure of Confidential Information to unauthorized persons or entities.
- This Independent Contractor Agreement will terminate immediately as of the conclusion of the interview. This Agreement is governed by the laws of the state where the Practice is located. It represents the entire agreement between the parties regarding the subject matter hereof.

If this Agreement represents your understanding of the terms of the Working Interview arrangements, please sign below:

Sign: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ (“You”)

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

**For Practice Leaders:**

Please make sure form is completed in its entirety and submit to the following addresses:  
[billing@selectdentalmanagement.com](mailto:billing@selectdentalmanagement.com), [careers@selectdentalmanagement.com](mailto:careers@selectdentalmanagement.com), and  
[hr@selectdentalmanagement.com](mailto:hr@selectdentalmanagement.com)