**INSERT THE FOLLOWING INTO ADDRESS**

RTR@innosoul.com

**INSERT THE FOLLOWING INTO EMAIL SUBJECT**

DOC - Clinical Informatics Analyst - One ROLE. IN PERSON IVS ONLY! (755397)

**COPY, PASTE AND UPDATE THE FOLLOWING IN EMAIL BODY**

**Right to Represent Acknowledgement**

By signing below, I acknowledge and agree that INNOSOUL, INC. has the sole right to represent me in matters of work assignment relating to the Commonwealth of Virginia’s IT Contingent Labor Contract (VA-130620-CAI) by submitting my professional resume to the Contract’s Managed Service Provider, Computer Aid, Inc. for the requirement identified below.

I also acknowledge and verify that all the information contained in my resume related to my technical credentials is accurate and is based on educational training and professional experience obtained throughout my career.

**Vector VMS Requirement Number and Title (including Name of Agency):**

DOC - Clinical Informatics Analyst - One ROLE. IN PERSON IVS ONLY! (755397)

**Candidate Full Legal Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**