**INSERT THE FOLLOWING INTO ADDRESS**

RTR@INNOSOUL.com

**INSERT THE FOLLOWING INTO EMAIL SUBJECT**

NCDHHS-HB - PBM Business Integration Specialist (Pharmacist) (766543)

 **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 State of North Carolina IT Supplemental Staffing Contract 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):**

NCDHHS-HB - PBM Business Integration Specialist (Pharmacist) (766543)

**Candidate Full Legal Name:**

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