1. **INSERT THE FOLLOWING INTO EMAIL SUBJECT AND UPDATE**

**IN-DOH-Child Fatality Review Coordinator, So. Region (776054)**

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

**Right to Represent Acknowledgement**

By inserting my full legal name 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 Indiana’s Managed Services Provider 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.

I also acknowledge and verify that the details included in the table located below, which pertain to my applicable years of experience for this specific position, reflect my actual work experience, and have not been embellished in any way.

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

**IN-DOH-Child Fatality Review Coordinator, So. Region (776054)**

**Candidate Full Legal Name:**

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

**Candidate Pay Rate for this Position:**

**$\_\_\_\_/hour**

**Candidate Employment Type if Selected for Engagement (W2, 1099, C2C):**

**(W2, 1099, C2C): \_\_\_\_\_\_**