CHARISMA SPD CERTIFICATION & STAFFING

Vendor Onboarding Packet

Supplier information and assignment readiness for New York State healthcare facilities

Thank you for considering Charisma SPD Certification & Staffing. This packet gives your procurement and department teams what they need to set us up as a supplier and prepare for a first assignment. Our capability statement and proposed rates describe the services and pricing.

This packet is not a service agreement or proof of insurance, and it does not authorize deployment of staff. Staffing begins only after an executed agreement, accepted vendor documents, a cleared candidate and a written assignment confirmation.

Supplier profile

Field	Supplier information
Legal entity	Charisma Smart Wear LLC
Business name (dba)	Charisma SPD Certification & Staffing
Established	2022
Office	2315 University Avenue, Suite 1H, Bronx, NY 10468
Principal	Salim Tahiru, BSc, CIS, CRCST, CHL, Founder & CEO
Business contact	info@charismaspd.com | 914-201-3382
Website	www.charismaspd.com
Service territory	New York State
Services	Sterile processing (including flexible endoscope reprocessing where competency is verified); surgical technologists; RNs and specialty RNs; LPNs; CNAs; OR support; patient transport; environmental services
Coverage types	Per diem, fixed-term contract assignments, recurring and backup coverage
Engagement model	Personnel engaged as Charisma W-2 employees or, where the role and New York law allow, as independent contractors; each assignment confirmation states which
Ordering channels	Direct supplier arrangements; the facility's designated vendor management system; or as a subcontractor to a staffing agency, MSP or prime vendor
Tax and remittance details	Provided only through the facility's secure vendor setup process

Procurement intake

Please complete this section, or send the equivalent details to info@charismaspd.com.

Facility legal name	
Procurement contact and email	
Vendor submission route or portal	
Roles under consideration	
Direct supplier or required intermediary/VMS	

Invoice contact and purchase-order requirements	

Submission and security

- Send vendor requirements to **info@charismaspd.com**.
- Tax, banking and personnel information is exchanged only through a secure channel both parties agree on. Any change to remittance details is verified independently by phone with a known contact.
- Both parties confirm the contracting entity and authorized signers before binding forms are submitted or portal terms are accepted.

Supporting documents

Supporting documents are not embedded in this packet. Charisma provides each one through your vendor process, and the facility records its review. Check a box when the document is received and when it is accepted.

Document	What Charisma provides	Received / Accepted
Form W-9	Signed current IRS form with tax classification and taxpayer details, transmitted securely	☐ / ☐
Entity and assumed name	Legal contracting name, with entity and dba evidence as requested	☐ / ☐
NYS DOH agency registration	Current temporary health care services agency registration status, term and scope	☐ / ☐
General and professional liability	Certificate of insurance; operations, limits, dates and any agreed endorsements confirmed by the broker	☐ / ☐
Workers' compensation	Evidence of coverage for Charisma's W-2 employees on New York assignments, with effective dates	☐ / ☐
Independent contractor engagements	For any contractor assignment: written confirmation of engagement type and the contractor's own insurance evidence where the facility requires it	☐ / ☐
NY disability and Paid Family Leave	Evidence of required New York coverage or a documented exemption	☐ / ☐
Other insurance (if required)	Auto, cyber or umbrella coverage only where required and confirmed available	☐ / ☐
Supplier diversity certification	Only if procurement requires it, and only where current certification exists	☐ / ☐
References	If requested, relevant references provided with permission and an accurate description of the relationship	☐ / ☐
Payment setup and facility forms	Secure banking setup and completed vendor forms	☐ / ☐
Executed agreement and rates	Required before deployment: authorized execution, assignment scope and applicable compliance procedures	☐ / ☐

A certificate of insurance summarizes coverage; the policy terms and endorsements determine it. Charisma will not certify compliance with requirements it has not checked, or accept insurance obligations its broker has not confirmed.

Document review record

Reviewed by and date	
Outstanding documents and assigned owner	
Vendor number (if assigned)	

Assignment intake

Facility and New York worksite	
Role, headcount and defined duties	
Coverage type (per diem or contract) and term	
Engagement type (W-2 employee or independent contractor); prime agency, if subcontracted	
Dates, shift and expected weekly hours	
Required credentials, experience and competencies	
Rate, premium hours and approved expenses	
Orientation, supervisor and time approver	
Scheduling and incident contacts	

Readiness responsibilities

Charisma: Verifies identity, work authorization for W-2 employees, role-specific qualifications and required screening for every worker, whether engaged as an employee or a contractor. For SPD technicians this includes a current central service certification and BLS; for licensed roles, an active New York license. Documents any lawful exception, maintains required personnel records and tracks expiring credentials. Shares only authorized, necessary information, through secure channels. Notifies the facility promptly if a scheduled worker will not report.

Facility (proposed): Confirms duties, supervision, orientation, equipment readiness, supplies, access and local policies. Names the time approver and reporting contacts. Evaluates candidate suitability, confirms clearance and completes any health clearance the facility requires.

Both parties: Approve the scope, schedule, bill rates, premium rules and expenses in writing, and confirm vendor documents and facility acceptance before the first shift. No work may exceed verified qualifications or the agreed scope.

The responsibilities above are proposals to be set out in the executed agreement. They do not displace either party's legal duties.

Agreement completion checklist

New York Public Health Law §2999-kk requires a written agreement between a temporary health care services agency and each health care entity. Before deployment, the agreement should address:

- Types and qualifications of personnel, and licensing, training and continuing-education requirements
- Minimum advance notice for requests
- Rates, and any maximum rates that apply

- Procedures for investigating and resolving complaints
- Notice when personnel fail to report for a scheduled shift
- Notice of suspected misconduct required by the statute, including suspected controlled-substance diversion
- Whether personnel are engaged as employees or independent contractors, and any subcontracting arrangement between agencies

The parties should also settle payment and disputes; confidentiality and authorized disclosures; insurance and endorsements; allocation of responsibilities; liability and indemnification; termination and safe transition; and governing law and forum. These are subjects for negotiation, not terms imposed by this packet.

Deployment confirmation

Step	Confirmed	By / date
Agreement executed	☐ Yes ☐ No	
Vendor documents accepted	☐ Yes ☐ No	
Candidate cleared	☐ Yes ☐ No	
Orientation and assignment confirmed	☐ Yes ☐ No	

Facility reviewer and date	
Charisma confirmation reference	

This record confirms review only. Outstanding requirements must be resolved before deployment. Both parties maintain incident escalation and credential monitoring throughout the assignment.