

**University of Texas Health Science - Houston**  
**MISCELLANEOUS PROFESSIONAL SERVICES FORM**

\_\_\_ Visiting Lecturer \_\_\_ Consultant \_\_\_ Other \_\_\_

Name: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

Title: \_\_\_\_\_ Institutional affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Proposed Payment: Transportation: \$ \_\_\_\_\_ BTA: \$ \_\_\_\_\_ Subsistence: \$ \_\_\_\_\_

Consultant Fee: \$ \_\_\_\_\_ per day \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Chart Field String: \_\_\_\_\_  
*op unit dept id fund project program class*

**Administrative Chart Field**

Approval: \_\_\_\_\_ Verification: \_\_\_\_\_

*Has this person been previously employed by the UTHSC within the past twelve months? Yes No*

*Has this person received CPHS training? (Attach a copy of certificate of completion) Yes No*

*Under Grants Policy Statement there must be evidence that the selection process has been employed to secure the most qualified person available...What was the basis for this selection?*

**Please have the sponsoring faculty member or authorized official complete the following questions.**

| YES | NO |   |
|-----|----|---|
|     |    | 1. Must comply with employer's instructions about the work (when, where, how) |
|     |    | 2. May receive training from or at the direction of the employer.             |
|     |    | 3. Have a continuing working relationship with the employer.                  |
|     |    | 4. Provide services that are integrated into the business.                    |
|     |    | 5. Provide services that must be rendered personally.                         |
|     |    | 6. Hire, supervise and pay employees for the employer.                        |
|     |    | 7. Must follow set hours of work.   |
|     |    | 8. Work full-time for an employer.  |
|     |    | 9. Do their work on the employer's premises.                                  |
|     |    | 10. Must do their work in a sequence set by the employer.                     |
|     |    | 11. Must submit regular reports to the employer.                              |
|     |    | 12. Receive payments of regular amounts at set intervals.                     |
|     |    | 13. Receive payments for business and/or travel expenses.                     |
|     |    | 14. Rely on the employer to furnish tools and materials.                      |
|     |    | 15. Work for one employer at a time.  |
|     |    | 16. Lack a major investment in facilities used to perform the service.        |
|     |    | 17. Cannot make a profit or suffer a loss from their services.                |
|     |    | 18. Do not offer their services to the general public.                        |
|     |    | 19. May quit work at any time without incurring liability.                    |
|     |    | 20. Can be discharged by the employer.  |

**I approve the above referenced vendor as an Independent Contractor:**

|                                |                             |                                |              |
|--------------------------------|-----------------------------|--------------------------------|--------------|
| <b>Sponsoring Faculty:</b>     |                             | <b>Dean's Office Approval:</b> |              |
| <i>Administrative Contact:</i> | <i>Interoffice Address:</i> | <i>Extension</i>               | <i>Email</i> |