Application Checklist
(One-Day Vocational Workshop)

Complete and return this form as part of your application packet.

APPLICANT	DDDS USE ONLY
Applicant Name: (please print)	**Evaluator's Name:** (please print)
☐ Contractor Intake	☐ Contractor Intake
☐ Acknowledgment of Professional Qualifications and Confidentiality	☐ Acknowledgment of Professional Qualifications and Confidentiality
☐ Statement of Agreement for Vocational Evaluators	☐ Statement of Agreement for Vocational Evaluators
☐ Copy of Washington State Professional License or Certification	☐ Copy of Washington State Professional License or Certification
☐ Copy of Washington State Master Business License (UBI)	☐ Copy of Washington State Master Business License (UBI)

☐ Copy of Certificates of Insurance
  ☐ Professional Liability
  ☐ General Liability **(DSHS as Certificate Holder*)**
	☐ Copy of Certificates of Insurance
	  ☐ Professional Liability
	  ☐ General Liability **(DSHS as Certificate Holder*)**

☐ Curriculum Vitae or Resume	☐ Curriculum Vitae or Resume
☐ Completed DSHS Background Authorization Form	☐ Completed DSHS Background Authorization Form
_____ Signature Date	Evaluator's initials _____ Date _____

* DSHS Enterprise Risk Management Office, Insurance Services, PO Box 45882, Olympia, WA 98504-5882