

# Application Checklist

(DDDS General Medical and Psychological Consultative Services)

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

APPLICANT	DDDS USE ONLY
<b>Applicant Name:</b> (please print)	<b>Evaluator's Name:</b> (please print)
<input type="checkbox"/> Contractor Intake Form	<input type="checkbox"/> Contractor Intake Form
<input type="checkbox"/> Copy of Washington State Master Business License (UBI)	<input type="checkbox"/> Copy of Washington State Master Business License (UBI)
<input type="checkbox"/> Applicant Certification and Assurances Form	<input type="checkbox"/> Applicant Certification and Assurances Form
<input type="checkbox"/> Completed Federal Background Authorization Forms	<input type="checkbox"/> Completed Federal Background Authorization Forms
<input type="checkbox"/> Acknowledgement of Professional Qualification and Confidentiality Form	<input type="checkbox"/> Acknowledgement of Professional Qualification and Confidentiality Form
<input type="checkbox"/> Statement of Agreement	<input type="checkbox"/> Statement of Agreement
<input type="checkbox"/> Copy of Washington State Medical or Psychological License	<input type="checkbox"/> Copy of Washington State Professional or Medical License
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> Curriculum Vitae or Resume
<input type="checkbox"/> W-9 & SWV Form	<input type="checkbox"/> W-9 & SWV Form
<div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"> <span style="float: left;">Signature</span> <span style="float: right;">Date</span> </div>	Evaluator's initials _____ Date _____