

Application Checklist

(Psychological)

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

APPLICANT	DDDS USE ONLY
Applicant Name: (please print)	Applicant Name: (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"/> Copy of Certificates of Insurance <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability (DSHS as Certificate Holder*)	<input type="checkbox"/> Copy of Certificates of Insurance <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability (DSHS as Certificate Holder*)
<input type="checkbox"/> Social Security Disability List of Preferred Psychological Tests (Exhibit E)	<input type="checkbox"/> Social Security Disability List of Preferred Psychological Tests (Exhibit E)
<input type="checkbox"/> Acknowledgment of Professional Qualification and Confidentiality Form	<input type="checkbox"/> Acknowledgment of Professional Qualification and Confidentiality Form
<input type="checkbox"/> Statement of Agreement for Health Professionals	<input type="checkbox"/> Statement of Agreement for Medical Providers
<input type="checkbox"/> Copy of Washington State Professional or Medical 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 ** DO NOT include this form in your application packet **	
_____ Signature Date	Evaluator's initials _____ Date _____

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