Application Checklist

(CSD ABD Program Medical Evidence Reviews)

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

APPLICANT	CSD USE ONLY
Applicant Name: (please print)	**Applicant Name:** (please print)
☐ Contractor Intake Form	☐ Contractor Intake Form
☐ Statement of Agreement for ABD Program Medical Evidence Review Contractors	☐ Statement of Agreement for ABD Program Medical Evidence Review Contractors
☐ Copy of Washington State Professional or Medical License	☐ Copy of Washington State Professional or Medical License
☐ Copy of Washington State Master Business License (UBI)	☐ Copy of Washington State Master Business License (UBI)
☐ Curriculum Vitae or Resume	☐ Curriculum Vitae or Resume
☐ Applicant Certification and Assurances Form	☐ Applicant Certification and Assurances Form
☐ Sent W-9 & SWV Form **** DO NOT include this form in your application packet ****	
_____ Signature Date	Evaluator's initials _____ Date _____