

# Application Checklist

(For Actual Provider Performing Work – DT/SLP)

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

(Applicant=Actual Provider Performing Work)

APPLICANT	DDDS USE ONLY
<b>Provider Group/Clinic Working For</b> (please print)	
<b>Provider Performing Work</b> (please print)	
<input type="checkbox"/> Acknowledgement of Professional Qualifications	<input type="checkbox"/> Acknowledgement of Professional Qualifications
<input type="checkbox"/> Statement of Agreement	<input type="checkbox"/> Statement of Agreement
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> Curriculum Vitae or Resume