EXHIBIT A1

Application Checklist

(Medical)

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

APPLICANT	DDDS USE ONLY
Applicant Name: (please print)	
☐ Contractor Intake	☐ Contractor Intake
☐ Applicant Certification and Assurances	☐ Applicant Certification and Assurances
☐ Business License	☐ Business License
☐ Copy of Certificates of Insurance ☐ Professional Liability ☐ General Liability* *(See Below)*	☐ Copy of Certificates of Insurance ☐ Professional Liability ☐ General Liability* *(See Below)*
☐ Acknowledgement of Professional Qualifications	☐ Acknowledgement of Professional Qualifications
☐ Statement of Agreement	☐ Statement of Agreement
☐ Curriculum Vitae or Resume	☐ Curriculum Vitae or Resume

*** Certificate for GENERAL LIABILITY must indicate DSHS as *Additional Insureds* and as *Certificate Holder***
Information MUST BE word-for-word and cannot be altered with additional restrictions.

Additional Insured Statement:
The State of Washington, Department of Social & Health Services (DSHS), its elected and appointed officials, Agents, and employees of the state, shall be named as an additional insureds.

Certificate Holder Information:
DSHS Enterprise Risk Management Office, Insurance Services, PO Box 45882, Olympia, WA 98504-5882

To Register for Payment, follow the online instructions at:
http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx