

Application Checklist

(For Actual Provider Performing Work – Medical)

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

(Applicant=Actual Provider Performing Work)

APPLICANT	DDDS USE ONLY
Provider Group/Clinic Working For (please print)	
Provider Performing Work (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