

# Application Checklist

(Psychiatric)

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

APPLICANT	DDDS USE ONLY
<b>Applicant Name:</b> (please print)	
<input type="checkbox"/> Contractor Intake	<input type="checkbox"/> Contractor Intake
<input type="checkbox"/> Applicant Certification and Assurances	<input type="checkbox"/> Applicant Certification and Assurances
<input type="checkbox"/> Business License	<input type="checkbox"/> Business License
<input type="checkbox"/> Copy of Certificates of Insurance <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability* (See Below)	<input type="checkbox"/> Copy of Certificates of Insurance <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability* (See Below)
<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

\* **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>