EXHIBIT A3

Application Checklist

(For Actual Provider Performing Work – Psychiatric)

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)	
☐ Acknowledgement of Professional Qualifications	☐ Acknowledgement of Professional Qualifications
☐ Statement of Agreement	☐ Statement of Agreement
☐ Curriculum Vitae or Resume	☐ Curriculum Vitae or Resume