

# Application Checklist

(DDDS Specialized Medical Consultative Services)

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

APPLICANT	DDDS USE ONLY
<b>Applicant Name:</b> (please print)	<b>Evaluator's Name:</b> (please print)
<input type="checkbox"/> Contractor Intake Form	<input type="checkbox"/> Contractor Intake Form
<input type="checkbox"/> Copy of Business License	<input type="checkbox"/> Copy of Business License
<input type="checkbox"/> Applicant Certification and Assurances Form	<input type="checkbox"/> Applicant Certification and Assurances Form
<input type="checkbox"/> Acknowledgement of Professional Qualification and Confidentiality Form	<input type="checkbox"/> Acknowledgement of Professional Qualification and Confidentiality Form
<input type="checkbox"/> Statement of Agreement	<input type="checkbox"/> Statement of Agreement
<input type="checkbox"/> Copy of Washington State Medical or Psychological License	<input type="checkbox"/> Copy of Washington State Professional or Medical License
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> Curriculum Vitae or Resume

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