

# Application Checklist

(DDDS Specialized Psychological 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"/> Applicant Certification and Assurances Form	<input type="checkbox"/> Applicant Certification and Assurances Form
<input type="checkbox"/> Contractor Intake Form	<input type="checkbox"/> Contractor Intake Form
<input type="checkbox"/> Completed Federal Background Authorization Forms	<input type="checkbox"/> Completed Federal Background Authorization Forms
<input type="checkbox"/> Copy of Washington State Professional or Medical License	<input type="checkbox"/> Copy of Washington State Professional or Medical License
<input type="checkbox"/> Copy of Washington State Master Business License (UBI)	<input type="checkbox"/> Copy of Washington State Master Business License (UBI)
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> Curriculum Vitae or Resume
<hr style="border: 0.5px solid black;"/> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date</span> </div>	Evaluator's initials _____ Date _____