Application Checklist

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

APPLICANT	DDDS USE ONLY
Applicant Name: (please print)	**Evaluator Name:** (please print)
Area of Expertise ☐ Developmental/Speech-Language ☐ General Medical ☐ Otolaryngology/Audiology/Vision ☐ Psychiatry/Psychology	Area of Expertise ☐ Developmental/Speech-Language ☐ General Medical ☐ Otolaryngology/Audiology/Vision ☐ Psychiatry/Psychology
☐ Contractor Intake	☐ Contractor Intake
☐ Applicant Certification and Assurances	☐ Applicant Certification and Assurances
☐ Business License	☐ Business License

☐ Copy of Certificates of Insurance
  ☐ Professional Liability
  ☐ General Liability* *(See Below)*
	☐ Copy of Certificates of Insurance
	  ☐ Professional Liability
	  ☐ General Liability

☐ Acknowledgement of Professional Qualifications	☐ Acknowledgement of Professional Qualifications
☐ Statement of Agreement	☐ Statement of Agreement
☐ Curriculum Vitae or Resume	☐ Curriculum Vitae or Resume
☐ Copy of Government Photo Identification *(send separately from application packet)*	☐ Copy of Government Photo Identification

* Certificate for GENERAL LIABILITY must indicate DSHS as *Additional Insureds* <u>and</u> 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 insured's.

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:
https://ofm.wa.gov/sites/default/files/public/itsystems/payee/VendorRegistration.pdf