

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 <input type="checkbox"/> Developmental/Speech-Language <input type="checkbox"/> General Medical <input type="checkbox"/> Otolaryngology/Audiology/Vision <input type="checkbox"/> Psychiatry/Psychology	Area of Expertise <input type="checkbox"/> Developmental/Speech-Language <input type="checkbox"/> General Medical <input type="checkbox"/> Otolaryngology/Audiology/Vision <input type="checkbox"/> Psychiatry/Psychology
<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
<input type="checkbox"/> Statement of Agreement	<input type="checkbox"/> Statement of Agreement

*** 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 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>