

APPLICATION CHECKLIST

(DDDS General Medical and Psychological Consultative Services)

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

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

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