



Provider Application Checklist

Greenwoods Counseling & Referrals, Inc.

Thank you for your interest in joining the Greenwoods Counseling & Referrals Provider Network. Please take a moment to ensure you have attached each of the requested documents listed below.

Required Documents

- ☐ Signed Independent Professional Consultant Agreement
- ☐ Completed Provider Information Form
- ☐ Resume
- ☐ Signed W-9 Form
- ☐ Copy of Current Professional License(s)

Provider agrees to maintain and to supply Greenwoods evidence of licensing within the State(s) of their practice and to provide Greenwoods with immediate notice of any modification, investigation, suspension or termination of such license.

- ☐ Copy of Current Malpractice Certificate of Insurance

Provider agrees to maintain professional liability coverage at a minimum level of \$1,000,000 per episode and \$3,000,000 aggregate. Provider agrees to provide Greenwoods evidence of such coverage and to provide Greenwoods with immediate notice of a material modification or termination of such insurance.

Acknowledgment

By signing below, I confirm that all of the documents checked above are enclosed with my application.

Signature

Printed Name

Date