

**PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION**

MID-LEVEL CHECK-LIST

Enclosed, please find my completed application for appointment to Kern Health Systems.

I have enclosed the following:

	YES	NO	If not enclosed, expected date
1) Copy of Current License	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Copy of DEA Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Information Letter and Supervising Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Training Certificates	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Current Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Current General Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) CV	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Completed application including:	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Social Security #	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Specialty	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Practice Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Hospital Affiliation	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Complete Attestations Questions	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Information release	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Addendum A	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Addendum B	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Attachment C	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Attachment D	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Attachment E	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments: \_\_\_\_\_

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