



**GREENWOODS**  
COUNSELING & REFERRALS, INC.

## **APPLICATION CHECKLIST**

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.

**Signed Independent Professional Consultant Agreement**

**Completed Provider Information Form**

**Resume**

**Signed W9 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 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 provide Greenwoods with immediate notice of a material modification or termination of such insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date