

**PLEASE RETURN THIS CHECK-LIST WITH YOUR SIGNED AGREEMENT**

ADDITIONAL LOCATION CHECK-LIST

Enclosed, please find my signed agreement for continuity of care:

I have enclosed the following:

	YES	NO	If not enclosed, expected date
1) Addendum A	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Attachment C	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Attachment D	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Attachment E	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) General Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Letter of Employment (including effective date)	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Provider Information Letter (mid-levels only)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) Supervising Agreement/Protocols (mid-levels only)	<input type="checkbox"/>	<input type="checkbox"/>	_____

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