

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

MRI/RADIOLOGY/RADIATION THERAPY CHECK-LIST

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

I have enclosed the following CURRENT copies of:

	YES	NO	If not enclosed, expected date
1) City Business License	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) X-Ray Supervisory License	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Fictitious Name Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) DEA Certificate	<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) Completed Application	<input type="checkbox"/>	<input type="checkbox"/>	_____

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