

Appendix D - Checklist for Toxicology Services Provider Agreement

(To be completed by Provider)

	Completed	Not Applicable
1. Provider Agreement:	<input type="checkbox"/>	
a. The clinic/organization name inserted on page 1 of the Provider Agreement matches the clinic/organization name on the current State of Alaska Business License and on the proof of Federal Tax Identification/Employer Identification Number (EIN).	<input type="checkbox"/>	
b. The Provider Agreement is signed by an individual authorized to enter into agreements on behalf of the clinic/organization.	<input type="checkbox"/>	
c. Printed name of the Provider representative is included on page 10.	<input type="checkbox"/>	
d. Contact information (phone/fax number and mailing/email address) is included on page 10.	<input type="checkbox"/>	
e. Entity type is identified on page 10.	<input type="checkbox"/>	
i. If an agency is applying as an Alaska Native Entity, a signed Waiver of Sovereign Immunity (Appendix B) is attached.	<input type="checkbox"/>	<input type="checkbox"/>
2. Copies of valid and current certifications for the Certified Substance Abuse Program Administrator (C-SAPA).	<input type="checkbox"/>	
3. Copies of valid and current certifications for Medical Review Officer.	<input type="checkbox"/>	
4. Necessary licensing/certifications for the service facility.	<input type="checkbox"/>	
5. A copy of the provider's Professional Standards and operating Policy and Procedures.	<input type="checkbox"/>	
6. List of all agencies the Provider will coordinate with to collect samples outside of the Provider's main business office as well as each site's collection fee.	<input type="checkbox"/>	
7. Proof of Federal Tax Identification/Employer Identification Number (EIN)	<input type="checkbox"/>	
8. Current State of Alaska Business License	<input type="checkbox"/>	

Note: Items on the checklist should be returned with the completed Provider Agreement.