Credential Status Verification

Provider: ______________________ State: _____________

Date: ___________________ Completion Date: _______________

NS Notification Date: _____________________

Company Credentialing (Required for Activation)

- Vendor Application
- Provider Contact Sheet
- Disclosure of Ownership
  - Copies of Driver’s Licenses must be submitted for all owners listed
- Company Drug Policy
- Business License (if applicable)
- ACORD - A2C added as additional insured
- Vehicle Roster
- Vehicle Registration(s)
- Is there a local transportation license requirement? (provide a copy if yes)
- Is the provider a FTA Grant recipient? ____No _____Yes

Driver Credentialing (Required for Activation)

- Copy of Driver’s License
- Copy of Hack License (if applicable)
  - Certain requirements below may be met upon submission of license
- Copy of MVR (Annually)
- Copy of Background Check (Annually)
- Date of Pre-Employment Drug Screening (Attestation)

➢ To Be Completed Within 30 Days

- First Aid/CPR Certification
- Defensive Driving Certification
- HIPAA Compliance Attestation
- FWA/General Compliance Training (CMS)
- A2C Driver Code of Conduct
- Passenger Assistance Training Certification
- Non-Tobacco Use/Cell Phone Texting Restriction Attestation
- Job Duties/English Speaking Attestation

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