



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