

APPLICATION FOR ENROLLMENT

To receive a contract under the Open Enrollment for staffing agency services covering health professionals and allied health professions, a Contractor must complete this Application for enrollment and it must be accepted by the Texas Health and Human Services Commission (HHSC) Health & Specialty Care System (HSCS).

A. Applicant Information:

Legal Name of Organization			
Applicant's Mailing Address			
City, State, Zip			
Name of Primary Person to contact for questions		Phone Number	
Email Address for Primary Contact		Title	
24 hour Emergency Contact Name:		Phone:	
E-mail Address to receive notices of staffing opportunities (single)			
Federal Employer Identification Number			
Texas Identification Number			
Name of Person who will sign a contract			
Title of Person who will sign contract			

By signing this Application, the Applicant certifies that the information provided in its Application and attachments is complete and accurate to the best of the Applicant's knowledge and that it meets the requirements for Contractors stated in Open Enrollment HHS0015313. The Applicant also agrees to all the requirements in Open Enrollment # HHS0015313.

Signature of Authorized Representative	Date
Name of Authorized Representative (Printed)	Title of Authorized Representative (Printed)