GOOD SAMARITAN HEALTH SYSTEM

Vendor Application

To be completed by Vendor

☐ **New Applicant** ☐ **Previous Applicant** ☐ **Application Update**

Rep Name: _____ **Company:** _____

Company Address: _____ **City/State:** _____

Zip Code: _____ **Company Tel:** _____ **Rep Cell:** _____

Company Fax: _____ **Rep Email:** _____

Manager's Name: _____ **Mgr's Tel:** _____

Licensure Type: _____ **License #:** _____ **Exp Date:** _____

Licensure Type: _____ **License #:** _____ **Exp Date:** _____

Certifications: _____

Product Type: _____

Depts in hospital you wish to visit: _____

Certification status being requested (circle one): Level 1 Level 2

☐ **I have attached the following for <u>Level 1 certification</u>: 1. Signed Confidentiality Statement; 2. Business Card; 3. Copy of Driver's License; 4. Certificate of Insurance; 5. Vendor Post-Test; 6. TB Test**

☐ **I have attached the following for <u>Level 2 certification</u>: 1. Signed Confidentiality Statement; 2. Business Card; 3. Copy of Driver's License; 4. Certificate of Insurance**

☐ **I have attached any applicable Healthcare Equipment Certifications and Professional Licenses**

Have you ever had your privileges suspended from GSH for policy violations? ☐ **No** ☐ **Yes**
If yes, list violation and date: _____

I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principle or officer so far as is known, is now declared ineligible by Good Samaritan Hospital to bid on contracts for supplies, medical products, and/or equipment. I certify that I have read, understand and will comply with the GSH Vendor Policy and Code of Conduct.

Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____

To be completed by GSHS

GSHS departments where access is granted: _____

Level of Access Granted (circle one): Level 1 Level 2

Access granted by: _____ **Title:** _____

Date access granted (entered into database): _____ **Date Scanned:** _____