

Complete Healthcare Compliance Manual 2024

Resource: Contract Approval Checklist

By Jennifer McAleer and Ryan Stanberry

Email to: _____

Reminder: Checklist must be completed in its entirety for prompt processing; standard review is within 30 days

| CONTRACT OWNER NAME | | VENDOR NAME | |
|--------------------------------|----------------|---|-----------------------|
| | | | |
| DEPARTMENT AND COST CENTER | | CONTRACT TYPE | |
| Dept: | CC: | _____ Service _____ Product _____ Consultant (SOW only) | |
| | | | |
| REQUEST LEVEL | | VERSION | |
| _____ Regular | | _____ New _____ Renewal | |
| _____ Urgent – Rationale: | | _____ Amendment _____ Checklist Resubmission | |
| | | Contract Reference #: _____ (if new, N/A) | |
| | | | |
| CONTRACT AMOUNT ^[1] | | DATES | |
| \$ _____ /year | \$ _____ total | BEGIN | END |
| | | _____ / _____ / _____ | _____ / _____ / _____ |

| | |
|---|--|
| LEGAL REVIEW REQUESTED ^[2] | _____ Begin on date of execution |
| _____ No _____ Yes – Rationale: | _____ One-time purchase (no dates) |
| | Term _____ 1 year _____ Other: _____ |
| | Auto Renew: _____ Yes _____ No |
| CONTRACT DESCRIPTION & NOTES ^[3] | CONTRACTING PARTY |
| | _____ OHMC _____ OMC _____ OSC _____ EHN |

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