



Qualified Health Information Network Application

Version 3.0 (updated as of April 2025)

The Assistant Secretary for Technology Policy (“ASTP”) has approved this application form as the means of collecting the information needed to determine an Applicant Qualified Health Information Network’s (QHIN’s) ability to meet its obligations and responsibilities under the Common Agreement and 45 CFR Part 172. Exchange activities under the Common Agreement rely heavily on trust among the community of QHINs, and this application will assist an Applicant in demonstrating its readiness to join that community of trust. Capitalized terms used in this application without definitions shall have the respective meanings assigned to such terms in 45 CFR Part 172, the Common Agreement or applicable Standard Operating Procedure (SOP).

In order for an organization to be Designated as a QHIN, the following requirements must be met:

- ASTP (or the RCE) must notify Applicant of its acceptance and approval of this application;
- Applicant must pay any applicable fees to the RCE; and
- Applicant must complete any additional pre-requisites specified in the QHIN Onboarding & Designation SOP.

Please be aware that the RCE’s review time will depend in part on the RCE’s ability to contact the references provided.

ASTP or the RCE may, at its discretion, request or consider additional information beyond this application to inform a final conclusion as to whether or not the Applicant has reasonably demonstrated its ability to meet the obligations and responsibilities of a QHIN.

Information requested from the Applicant is intended to provide evidence to support eligibility as set forth in the QHIN Onboarding & Designation SOP. If the Applicant cannot provide a response to a question in this application because the Applicant believes it to be not applicable, please provide an explanation for why such question is not applicable. In the event that information provided by the Applicant is of a confidential or sensitive nature, the Applicant is responsible for clearly marking and indicating it as such in its submission.

For any application questions in which the answers describing your current network differ from the Designated Network, please also explain and provide specific evidence of how the Designated Network will operate.

For any application questions noted with a “*”, you may respond with information regarding your Parent’s Current Network provided that you are a wholly-owned subsidiary of such parent entity.

The information contained in this application and marked by the Applicant as confidential shall be treated as Confidential Information. CONFIDENTIAL INFORMATION MAY BE DISCLOSED TO ASTP IN ACCORDANCE WITH THE SOP: ONC REQUESTS FOR AND ACCESS TO CONFIDENTIAL INFORMATION.

Part I – Basic Applicant Information

Question 1. Please complete the following table.

| | | | |
|---|-------------|--------------|--------------|
| <p>Applicant’s Legal Name as it appears on your state charter:</p> <p>List all other names under which the Applicant does business (Doing Business As, Alias, Trademarks, etc.)</p> | | | |
| <p>Address of Principal Place of Business:</p> | | | |
| <p>Web Site:</p> | | | |
| <p>State/Jurisdiction Where Organized:</p> | | | |
| <p>Legal Structure (e.g., Corporation, LLC):</p> | | | |
| <p>Points of Contact</p> | <i>Name</i> | <i>Phone</i> | <i>Email</i> |
| <p>Executive</p> | | | |
| <p>Technical/Testing</p> | | | |
| <p>Legal</p> | | | |
| <p>Finance</p> | | | |
| <p>CISO</p> | | | |
| <p>Parent Legal Name (if Applicant is a wholly-owned subsidiary and will be relying on Parent’s Current Network to demonstrate Historic Experience)</p> | | | |

Note: You must always have at least two individuals on record with the RCE as points of contact who are currently employed or under contract with your organization, and at least one point of contact for each of the four categories listed above. If the same individual fills more than one of these positions, please note this. Email information and phone numbers must be provided in the above table for all points of contact.

Part II – Organizational Requirements

The questions in this Part correspond to Section 5.1.1 of the QHIN Onboarding and Designation SOP.

Question 2. Please provide evidence that the legal entity named in Part I of this application is validly organized, in good standing.

Note: You must provide the following information at a minimum:

- (1) A copy of your organization’s charter or equivalent document issued by the Secretary of State, or similar government agency, for the jurisdiction in which you are legally organized or incorporated.
- (2) A certificate of good standing, or similar document, issued by the relevant governmental authority for the jurisdiction in which your organization is domiciled and dated within ninety (90) days of the date of this application.
- (3) A current copy of your organizing documents, such as Articles of Incorporation and Bylaws for a corporation or Articles of Organization and Operating Agreement for a limited liability company.

Attestation: The organizing documents submitted by Applicant are current and complete.

Question 3. Please submit the Means to Demonstrate U.S. Ownership and Control of a QHIN SOP Questionnaire, available at: <https://rce.sequoiaproject.org/tefca-and-rce-resources/>

Part III – Exchange of Required Information and Ability to Perform Functions of a QHIN

The questions in this Part correspond to Section 5.1.2 and 5.1.3 of the QHIN Onboarding & Designation SOP.

Question 4. Please provide specific information regarding the technical architecture that will be used for your Designated Network. If this technical architecture differs from the technical architecture of your current network (or applicable Parent’s Current Network), please explain the differences.

Question 5. *Please describe the purposes for exchange that are currently permitted on your current network. Please specify if any of the permitted purposes are not actively used in production exchange.

Question 6. *Please describe the entities that exchange information through your current network, including the number and type of organizations and their affiliation or non-affiliation with one another. Please note that you must be capable of exchanging information among more than two unaffiliated organizations.

Question 7. *Please specify ANY limits to the types of organizations that can participate in your network or if your network is specialized in any manner (e.g., by geography, exchange purposes, type of information exchanged).

Question 8. *Please describe the type of information that is currently exchanged through your current network (e.g., ePHI, Designated Record Set).

Question 9. Please describe how your experience and resources— including technical, governance, legal, operational, and financial— for your current network* will be leveraged in connection with the Designated Network if it is different from your current network.

Question 10. In order to be Designated as a QHIN, Applicants must provide proof that they are capable of (i) receiving and responding to transactions from other QHINs for all of the Exchange Purposes; and (ii) initiating transactions for the Exchange Purposes that the Applicant will permit its Participants and Subparticipants to send through its Designated Network. If Applicant cannot provide such proof at the time of application, it must provide information in the project plan (Part VI of this application) for doing so through its Designated Network prior to beginning the testing required in Section 5.3 of the QHIN Onboarding & Designation SOP.

*Please provide the requested information for all Exchange Purposes that are currently used to *initiate* transactions¹ within your current network.

| Exchange Purpose | Months in Production Use | Average Daily Transaction Volumes |
|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> Treatment | | |
| <input type="checkbox"/> Payment | | |
| <input type="checkbox"/> Health Care Operations | | |
| <input type="checkbox"/> Public Health | | |
| <input type="checkbox"/> Government Benefits Determination | | |
| <input type="checkbox"/> Individual Access Services ² | | |
| <input type="checkbox"/> Other (answer question below) | | |

¹ Current network transactions include transactions that are between the Applicant and external entities, including between Applicant and its participants within its current network.

² If Applicant intends to be an Individual Access Services Provider, then it must comply with the requirements in 45 CFR § 172.202, the Common Agreement and the applicable SOP(s).

*Please provide the requested information for all Exchange Purposes that are currently *responded to* within your current network.

| Exchange Purpose | Months in Production Use | Average Daily Transaction Volumes |
|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> Treatment | | |
| <input type="checkbox"/> Payment | | |
| <input type="checkbox"/> Health Care Operations | | |
| <input type="checkbox"/> Public Health | | |
| <input type="checkbox"/> Government Benefits Determination | | |
| <input type="checkbox"/> Individual Access Services | | |
| <input type="checkbox"/> Other (answer question below) | | |

If you checked “other” in the table above, please list and provide a definition or brief description of any additional purposes for exchange, other than the Exchange Purposes in the above tables, that are currently permitted within your current network. If none, please state “None” or “NA.”

Question 11. *Please check all technical components your network currently supports and provide the corresponding details with respect to your current network:

11a.

- QHIN Query

Describe your ability to support query functionality as outlined in the (QHIN) Technical Framework (QTF) or other functionally comparable exchange method, including length of experience supporting such functionality. Indicate in the table what transaction standards are used for each query function.

| Query Function | Standard(s) / Profile(s) Used |
|----------------------------------|-------------------------------|
| Secure Channel | |
| Mutual Authentication | |
| User Authentication | |
| Authorization & Exchange Purpose | |
| Query for Patients | |
| Document Query and Retrieve | |
| Auditing | |

11b.

- QHIN Message Delivery

Describe your ability to support message delivery, including length of experience supporting such functionality, and specifically note what transaction standards are used.

11c.

- Record Location Service; and/or
- Enterprise Master Patient Index; or
- Federated Patient Discovery; or
- Other innovative method (please explain)

Question 12. Please describe here and in your project plan (Part VI of this application) how your Designated Network will scale to keep pace with the volume of transactions required to support the Designated Network, which could reach fifty (50) million transactions or more per day. The project plan must also include details around the additional technical capacity, staff, and other resources needed to scale.

Question 13. Please describe any gaps between your current technical infrastructure and the requirements of the QTF and explain how you will address these gaps in your project plan (Part VI of this application) so that your Designated Network will be able to fully comply with the applicable provisions of the QTF prior to beginning the conformance testing required in Section 5.3 of the QHIN Onboarding & Designation SOP.

Part IV – Organizational Infrastructure and Legal Authority

The questions in this Part correspond to 5.1.4 of the QHIN Onboarding & Designation SOP.

Question 14. Please describe your organizational structure and identify the individuals who will support the Designated Network, including how these individuals will work with the Designated Network Governance Body and their tenure with the organization.

Question 15. *Please describe how your current network is governed. This must include a description of the individual/group responsible for governing your current network and how the governance is performed.

Question 16. Intentionally Omitted.

Question 17. Please describe (1) eligibility criteria for Participant and Subparticipant representatives on the Designated Network Governance Body, (2) the number (or range) of individuals that participate on the Designated Network Governance Body, (3) the number (or range) of Participant and Subparticipant representatives on the Designated Network Governance Body, (4) the quorum requirement for the Designated Network Governance Body, and (5) if applicable, the relationship of the Designated Network Governance Body to your existing governance body for your current network.

Question 18. Please describe how often the Designated Network Governance Body will meet.

Question 19. Please provide the Designated Network Governance Body charter or equivalent policy. Please provide documentation to confirm that the Designated Network Governance Body has the authority to approve the Governance Functions Policies and participate in such Policies in a manner that meets the requirements of the QHIN Onboarding & Designation SOP. For more information on the documentation requirements, please see Section 5.1.4(d) of the QHIN Onboarding & Designation SOP.

Question 20. By when will the Designated Network Governance Body meet the representation requirements of Section 5.1.4(f) of the QHIN Onboarding & Designation SOP? If not at the time of Designation, please provide a plan, with timelines, in the project plan (Part VI of this application), specifying how you will comply with the requirements of Section 5.1.4(f) of the QHIN Onboarding & Designation SOP within twelve (12) calendar months following Designation and how you will fulfill the Governance Functions in the interim.

Question 21. Intentionally Omitted.

Question 22. Intentionally Omitted.

Question 23. Please provide a description of and documentation for the process that you use to evaluate organizations to decide that they have the necessary technical, legal, and operational capability to participate in your Designated Network (e.g., onboarding policy). If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization and the timelines for doing so within twelve (12) calendar months of application acceptance.

Question 24. Intentionally Omitted.

Question 25. Please provide documentation of the Technical Framework Policy that meets the participation requirement in Section 5.1.4(g)(i) of the Onboarding and Designation SOP.

Attestation: The Technical Framework Policy has been, or will be, approved by the Designated Network Governance Body.

If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization and the timelines for doing so within twelve (12) calendar months of application acceptance.

Question 26. Please provide documentation of the Dispute Resolution Policy that meets the participation requirements in Section 5.1.4(g)(ii) of the Onboarding and Designation SOP.

Attestation: The Dispute Resolution Policy has been, or will be, approved by the Designated Network Governance Body.

If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization and the timelines for doing so within twelve (12) calendar months of application acceptance.

Question 27.

Attestation: Neither Applicant nor, if applicable, Parent's Current Network, is currently suspended from participation in any Health Information Network nor has been terminated from any Health Information Network in the twenty-four (24) months preceding submission of this application.

Applicant must attest to the above or state that Applicant cannot make this attestation.

Question 28. Please provide documentation of the Data Breach Response Policy that meets the participation requirements in Section 5.1.4(g)(iii) of the Onboarding and Designation SOP.

Attestation: The Data Breach Response Policy has been, or will be, approved by the Designated Network Governance Body.

If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization and the timelines for doing so within twelve (12) calendar months of application acceptance.

Question 29. Please provide documentation of the Participant Enforcement Policy that meets the participation requirements in Section 5.1.4(g)(iv) of the Onboarding and Designation SOP.

Attestation: The Participant Enforcement Policy has been, or will be, approved by the Designated Network Governance Body.

If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization and the timelines for doing so within twelve (12) calendar months of application acceptance.

Question 30. Please provide documentation of the Change Management Policy that meets the participation requirements in Section 5.1.4(g)(v) of the Onboarding and Designation SOP.

Attestation: The Change Management Policy has been, or will be, approved by the Designated Network Governance Body.

If you do not have such documentation, then in your project plan (Part VI of this application), you must explain the steps you are taking to create such documentation for implementation and operationalization and the timelines for doing so within twelve (12) calendar months of application acceptance.

Question 31. If you use a third-party technology vendor in connection with your Designated Network and such third-party vendor will have access to TEFCA Information, please provide a list of such vendors. If your Parent is providing the technology for the Designated Network, then Parent will be considered a third-party technology vendor for purposes of this question.

Attestation: For all vendors listed in Question 31, Applicant has a valid and enforceable written agreement that requires, at a minimum, that the third-party technology vendor: (1) comply with Applicable Law; (2) protect the privacy and security of any TECCA Information (TI) to which the third-party technology vendor has access; (3) inform Applicant of anything that meets the definition of a TECCA Security Incident under the Common Agreement; and (4) reasonably cooperate with Applicant on issues related to Applicant's performance as a QHIN.

Attestation: Applicant has a Business Associate Agreement with each vendor listed in Question 31 or another type of agreement that requires comparable levels of privacy and security protections that a Business Associate Agreement would provide.

Question 32. Provide information that indicates the financial health of the organization, as described in Section 5.1(4)(i) of the Onboarding & Designation SOP.

Note: You must submit the following information at a minimum:

- (1) *A copy of your most recent independent auditor's report or independent accountant's review report, which must have been signed by the independent auditor/independent accountant no more than 12 months prior to the date of submission of your application. The independent auditor's report or independent accountant's review report must be based on financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP). You must submit the independent auditor's opinion/independent accountant's review report and may submit the complete audited/reviewed financial statements. The RCE may request additional information to verify the financial health of the organization. Such additional information may include the complete financial statements, if not previously provided, that were audited by the independent auditors or reviewed by the independent accountant, interim period unaudited financial statements, discussions with management, or additional attestations. If the Signatory provided an independent accountant's review report, additional information may also include a review of the most recently filed Federal tax return or other agreed upon procedures to be performed by the Signatory's independent accountant.

Please confirm that the independent auditor/independent accountant report demonstrates each of the following.

- a) Have your financial statements been prepared and audited in accordance with Generally Accepted Accounting Principles (Yes/No)?
- b) Have the financial statements been prepared and reviewed by an independent accountant in accordance with Generally Accepted Accounting Principles? (Yes/No/Not Applicable). (You may only select "not applicable" if you answered "yes" to Question 32(1)(a).
- c) What is the year-end of the most recent independent audit or independent review?

- (2) **Attestation:** Applicant (a) is financially stable and has the fiscal resources to support operating as a QHIN without placing a financial strain on the rest of the organization; (b) has available a minimum amount of cash, cash equivalents, or availability under borrowing arrangements through a commercial lender (i.e., a line of credit) equal to six (6) months of operating reserves; and (c) has completed all mandatory filings with the Internal Revenue Service and Securities and Exchange Commission.
- (3) If you are relying on your Parent’s Historic Experience or submitting your Parent’s audited financials in Question 32(1), then, in addition to the attestation in Section 32(2), you must also submit an attestation from Parent that (a) Parent is financially stable and has the fiscal resources to support your organization operating as a QHIN; (b) Parent has available a minimum amount of cash, cash equivalents, or availability under borrowing arrangements through a commercial lender (i.e., a line of credit) equal to six (6) months of operating reserves for Parent; and (c) Parent has completed all mandatory filings with the Internal Revenue Service and Securities and Exchange Commission. This attestation must be signed by an individual who is an officer of the Parent and who has the authority to make the attestation on behalf of Parent.

Question 33. Please provide proof of insurance for the following types of coverage in (a) and (b) below in an amount of at least \$2,000,000 per incident and \$5,000,000 in the aggregate for each type of coverage. For each of the following types of coverage, you can provide evidence as follows: (1) a certificate of insurance demonstrating that you have current insurance coverage as a primary or named insured in at least the required amounts; (2) that you have applied for such coverage, including an attestation that you will obtain the coverage prior to being Designated (please provide more details in the project plan in Part VI of this application); (3) available internal funds, separate from those attested to in Question #32, to self-insure in such amounts; or (4) a combination of (1) – (3).

- a. General liability coverage;
- b. Cyber risk/technology coverage including errors and omissions.

Question 34. Please submit ANY data sharing agreements, operating policies and procedures, and other legal agreements and related documents that will govern the operation of the Designated Network and have not already been submitted as part of this application, if available. Please do not provide detailed security policies that may be of a proprietary or confidential nature.

Please note that if you do not submit a data sharing agreement that includes the Required Flow-Down(s), the RCE will follow up with you prior to Designation to ensure that Required Flow-Down(s) in the Common Agreement will be agreed to by your Participants by requesting a copy of your standard QHIN-Participant Agreement. The RCE will not accept documents whereby the Participant simply agrees to comply with all terms set forth in the Common Agreement that are applicable to Participants without additional specificity regarding such terms. See [“INFORMATIONAL RESOURCE FOR FLOWING DOWN COMMON AGREEMENT PROVISIONS INTO FRAMEWORK AGREEMENTS”](#) for additional information.

Part V – QHIN Privacy and Security Requirements

Question 35. Please check whether you are one of the following, as defined by 45 CFR §164.103:

- Covered Entity
- Business Associate
- Hybrid entity
- None of the above (please explain)

Question 36. Please provide a letter of certification or certificate showing that the Applicant is currently certified under a nationally recognized security framework from the list of pre-approved certifications/certifying bodies developed by the RCE, as required by the QHIN Security Requirements for the Protection of TI SOP, and the scope of the certification assessment. The list of approved certifications is available at <https://rce.sequoiaproject.org/qhin-cybersecurity-certification/>. If you do not have evidence of certification at the time of application, please address in the project plan required in Part VI in this application how you will fulfill this obligation prior to Designation.

Question 37.

Attestation: Applicant’s Chief Information Security Officer (CISO) named in Question 1 has or will have executive-level responsibility for monitoring and maintaining Applicant’s overall security posture related to Applicant’s participation in TEFCA exchange via a Framework Agreement. This includes technical, administrative, physical, and documentation security safeguards for Applicant’s organization. This role may be subcontracted, but the CISO’s overall responsibilities must encompass the spectrum of security related activities for the prospective QHIN as an organizational entity, and not be limited to the activities of a third-party such as a platform vendor.

Question 38. For any current network that you operate, have you experienced any Health Insurance Portability and Accountability Act (HIPAA)-reportable breaches of electronic protected health information (ePHI) over the past three (3) years? If yes, for each breach, provide the name of the covered entity and business associate involved, the covered entity type, the breach submission date, the state, the number of individuals affected by the breach, the type of breach, and the location of breached information³. If you are relying upon your Parent’s Current Network to meet the Historic Experience requirement, then you must provide the requested information related to any such HIPAA-reportable breaches occurring in connection with your Parent Organization.

Question 39. For the Designated Network, submit a copy of the executive summary of your most recent third-party security vulnerability assessment and technical audit, consistent with requirements of Section 4 of the SOP: QHIN Security Requirements for the Protection of TI. If the executive summary contains IP addresses or any other identifiable information that is considered confidential or of a sensitive nature, for example, a host name and the specific vulnerability associated with that host name, please redact such

³ https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf

information. For the avoidance of doubt, a vulnerability scan of the network must be conducted by an independent third-party. It is not sufficient for the applicant to scan their own network in order to meet this requirement.

Attestation: The security vulnerability assessment and technical audit for the Designated Network was conducted by an independent third party and the summary provided is for the most recent assessment.

If you do not have evidence of your most recent third-party security vulnerability assessment at the time of application, please address in the project plan required in Part VI of this application how you will fulfill this obligation.

Question 40. For the Designated Network, submit a copy of the most recent security Plan of Action and Milestones (POA&M) (or equivalent) showing appropriate mitigation efforts in response to moderate and high findings of the most recent third-party security assessment and/or third-party technical audit (from Q39) and internet facing penetration test (Q42). If the POA&M contains IP addresses or any other identifiable information that is considered confidential or of a sensitive nature, for example, a host name and the specific vulnerability associated with that host name, please redact such information. If you do not have evidence of the most recent security POA&M (or equivalent) at the time of application, please address in the project plan required in Part VI of this application how you will fulfill this obligation.

Question 41. At this time of application, Applicant must submit a detailed summary of Applicant organization's HIPAA security risk analysis consistent with §164.308(a)(1)(ii)(A). The summary must include an explanation of the methodology used to conduct the risk assessment and how it meets the requirements of the HIPAA security rule.

Question 42. For the Designated Network, submit a copy of the most recent internet-facing penetration testing summary report from an independent third-party. If the testing summary report contains IP addresses or any other identifiable information that is considered confidential or of a sensitive nature, for example, a host name and the specific vulnerability associated with that host name, please redact such information.

Attestation: The internet-facing penetration testing for the Designated Network was conducted by an independent third party and the report provided is for the most recent penetration test.

If you do not have evidence of the most recent internet-facing penetration testing summary report at the time of application, please address in the project plan required in Part VI of this application how you will fulfill this obligation..

Question 43. Provide a copy of your written privacy policy and demonstrate how it is publicly available (e.g., provide public URL for where it is posted).

Part VI – Project Plan

Question 44. Please provide a separate detailed project plan describing the steps your organization plans to take to achieve all applicable requirements of the Common Agreement and the QTF that your organization does not currently satisfy, along with a gap analysis and milestone dates to complete the steps within the required Onboarding period. The project plan should also include plans to ensure that Required Flow-Down(s) in the Common Agreement have been agreed to by the QHIN’s Participants.

Any question or gap provided in this project plan should reference the specific gap (by application question number and/or requirement) related to the plan for completion.

Part VII - Background References

The RCE will contact three (3) references from three (3) separate organizations who can corroborate that your solution is capable of satisfying the QHIN technical requirements. References must include (1) at least one independent organization currently using your network connectivity services (or applicable Parent’s Current Network); and (2) at least one member of your network governing body (or applicable Parent’s Current Network governing body). If you use a third-party technology vendor to provide/manage network connectivity services, the third reference must be such vendor. If you do not use a third-party technology vendor to provide/manage network connectivity services, then the third reference must be an additional reference satisfying (1) or (2) above. If your Parent is your third-party technology vendor, then you must provide an additional fourth reference satisfying (1) or (2) above. The reference contact for the Parent cannot be a Point of Contact from Question 1. Your application will not be considered further until the references you provide have been interviewed. Please ensure your references are aware that the RCE will be contacting them and that they are willing and able to respond in a timely fashion.

Question 45. Please provide references using the tables below. References may be asked to:

- Confirm their business relationship with you
- Confirm your ability to reasonably support each required Exchange Purpose
- Confirm your ability to support a central hub for bi-directional data transfer
- Describe your approach to making the terms of your network legally binding on network members
- Describe their specific use of your product or service

Note: QHIN Applicants are required to provide references and may use the same reference to address multiple items detailed above.

| | |
|--------------------------------|--|
| Organization Name: | |
| Location (City, State): | |
| Contact Name: | |
| Title: | |
| Phone: | |
| Email: | |

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|--------------------------------|--|
| Organization Name: | |
| Location (City, State): | |
| Contact Name: | |
| Title: | |
| Phone: | |
| Email: | |

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| Organization Name: | |
| Location (City, State): | |
| Contact Name: | |
| Title: | |
| Phone: | |
| Email: | |

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| Organization Name: | |
| Location (City, State): | |
| Contact Name: | |
| Title: | |
| Phone: | |
| Email: | |

Part VIII – Attestation

Attestation: By submitting this application, the Applicant represents and warrants that the information provided herein is accurate and complete, to the best of its knowledge. Applicant understands and agrees that ASTP and the RCE are expressly relying upon the information in this application, including all attachments and documents incorporated by reference, to evaluate whether the Applicant meets the criteria to be Designated. If ASTP or the RCE determines that material information in this application is not accurate or complete, ASTP or the RCE may refuse to Designate the Applicant, withdraw the Applicant from Onboarding, and/or terminate the Applicant’s Common Agreement in accordance with 17.3.1 of the Common Agreement.

If there are requirements in the QHIN Onboarding & Designation SOP that are not required to complete this application, but are required for an Applicant to be Designated, those requirements must be addressed during the Onboarding and Designation process.

By submitting this application, Applicant agrees to comply with and will be subject to all applicable provisions of the Common Agreement, including, but not limited to, Sections 1, 4, 5, 6, 7, 13, 14, and 19, during the application and Onboarding and Designation process.

By typing your name below and clicking “Submit,” you are electronically signing this application and, in doing so, you represent and warrant that you are authorized to submit this application on behalf of the Applicant and that you have the authority to legally bind the Applicant to the attestation set forth above and the question-specific attestations contained herein.

[Full Name]

[Title]

[Date]

[Submit Button]

Part IX – Version History

| Version # | Revision Date | Question #(s) or Section of Update |
|------------|--------------------|--|
| 1.0 | August 31, 2022 | N/A |
| 1.1 | September 30, 2022 | <ul style="list-style-type: none">• Question 11c• Question 20• Question 22• Question 32.1• Question 33• Question 36• Question 44• Part IX |
| 2.0 | January 25, 2023 | <ul style="list-style-type: none">• Questions 1, 4, 5, 6, 7, 8, 9, 10, 11, 13, 15, 16, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 36, 38, 39, 40, 41, 42• Part VII |
| 2.1 | October 2023 | <ul style="list-style-type: none">• Questions 1, 2, 10, 13, 25, 26, 27, 28, 29, 30, 31, 32, 34, 36, 37, 38, 39, 40, 41, 42, 45• Part VIII |
| 3.0 | February 2025 | <ul style="list-style-type: none">• Questions 32, 39, 40, 41, 42• Part VIII |