

**Health Care Providers Universal Service  
Connection Certification**

Estimated time per response: .5 hour

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

**Block 1: HCP Information**

1 HCP Name	2 Consortium Name
3 HCP Number	

**Block 2: Funding Year Information**

4 Funding Year - Check only one box  
 Year 2010 (7/1/2010-6/30/2011)     
 Year 2011 (7/1/2011-6/30/2012)     
 Year 2012 (7/1/2012-6/30/2013)

**Block 3: Action Taken**

5 By filing this form, the HCP or its authorized representative is (check one):

Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or

Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) \_\_\_\_\_

Informing RHCD that service was not (or will not be) turned on during the funding year

**Block 4: Connection Information**

6 Funding Request Number				
7 Service Provider Name				
8 Service Provider Identification Number (SPIN)				
9 Billing Account Number				
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.				
11 Actual Service Start Date (date service began)				
12 End of Service Date (date service was or will be turned off)				

**Block 5: Certification**

13  I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.

14  Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

15 Signature	16 Date
17 Printed name of authorized person	18 Title or position of authorized person
19 Employer of authorized person	20 Employer's FCC RN

**Please remember:**

- ♦ This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466 or Form 466-A.
- ♦ You may submit this form along with the Form 466 or Form 466-A only if the service has started.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to verify that the health care provider participating in the universal service support mechanism has begun to receive, or has stopped receiving, the services for which universal service support has been allocated. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average .5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to:  
Rural Health Care Division  
30 Lanidex Plaza West, P.O.Box 685  
Parsippany NJ 07054-0685

## Form 467 Instructions

Rural Health Care Universal Service Mechanism<sup>1</sup>

### PURPOSE OF FORM

Form 467 is used by a health care provider (HCP) to notify the Rural Health Care Division (RHCD) of the Universal Service Administrative Company that the service provider began providing the telecommunications or Internet services for which the HCP is seeking to receive the benefit of reduced rates through the rural health care universal service support mechanism. It is the last form required in the application process. This form is also used to notify RHCD when the HCP has discontinued the service (i.e., service is turned off), or that service was not (or will not be) turned on during the funding year. An applicant must submit one Form 467 for **each** Funding Request and Certification Form (Form 466) or Internet Service Discount Request (Form 466-A)<sup>2</sup> that it submitted to RHCD.

**An HCP will not receive benefits from this universal service support mechanism until RHCD receives the completed Form 467.**

### FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

#### *Who Must File*

The HCP or its authorized representative must file a Form 467 to certify that the service provider began providing the service (i.e., the service is turned on), or to notify RHCD that the service provider has ceased to provide service that the HCP had been receiving at reduced rates as a result of its participation in this program, or to inform RHCD that service was not (or will not be) turned on during the funding year.

**HCPs cannot receive support directly from the Universal Service Fund. Rather, HCPs may receive the benefit of reduced rates for telecommunications and Internet services from their selected service providers, who will be compensated for those reduced rates by the Universal Service Rural Health Care Support Mechanism.**

#### *When to File*

The HCP or its authorized representative must file Form 467 after it has filed a Form 466 or a Form 466-A and the service provider(s) has begun to provide the service (i.e., the service is turned on). The HCP or its authorized representative must also file Form 467 when the service provider has ceased to provide service that the HCP had been receiving at reduced rates as a result of its participation in this program.

The HCP or its authorized representative must submit a separate Form 467 for **each** Form 466 or Form 466-A that it previously submitted to RHCD.

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<sup>1</sup> Rural Health Care Pilot Program Participants should consult the *2007 Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (*2007 RHC PP Selection Order*), available at <http://www.fcc.gov/cgb/rural/rhcp.html>, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company's (USAC) website at <http://www.universalservice.org/rhc-pilot-program/default.aspx> and on the Federal Communications Commission's website at <http://www.fcc.gov/cgb/rural/rhcp.html>.

<sup>2</sup> FCC Form 466 (Funding Request and Certification Form) and FCC Form 466-A (Internet Service Discount Request) are the means by which an HCP informs the RHCD that it has entered into an agreement with a service provider to purchase telecommunications or Internet service.

### ***Where to File***

A paper copy of Form 467 **with an original signature** or an electronically certified Form 467 must be submitted for each service requested. (See RHCD website, <http://www.universalservice.org/rhc/health-care-providers/step02/e-certification.aspx>, for instructions on Electronic Certification of Form 467). Applicants are encouraged to complete Form 467 on the RHCD website, but unless the applicant has been approved for E-Certification, a Form 467 completed on the website **MUST BE PRINTED, SIGNED, and SUBMITTED** to the address below.

Rural Health Care Division  
30 Lanidex Plaza West, P.O.Box 685  
Parsippany, NJ 07054-0685

**DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.**

### ***Compliance***

HCPs that fail to file Form 467 will not receive benefits from this universal service support mechanism. Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

### ***Where to Get More Information***

Call RHCD at 1-800-229-5476 for more information on how to complete this and other universal service forms. Information is also available on the RHCD website at [www.usac.org/rhc/](http://www.usac.org/rhc/).

### **SPECIFIC INSTRUCTIONS**

Type or print clearly in spaces provided. Attach additional sheets if necessary.

#### **Block 1: HCP Information**

Block 1 will help the applicant and RHCD identify and match up Form 467 with previous forms that have been filed on behalf of the HCP.

**Line 1** requires providing the HCP's name. This name must be used consistently on all universal service forms (i.e., Form 465, 466, 466-A and 467). The HCP name should match the HCP name supplied in Line 3 of the Form 465.<sup>3</sup>

**Line 2** requires providing the name of the consortium, if the HCP is a member of a consortium. If the HCP is not a consortium member, Line 2 should be left blank.

**Line 3** requires providing the HCP number. The HCP number is a unique identifier given by RHCD to each HCP applying for benefits. RHCD assigns an HCP number to each new applicant upon receipt of Form 465. This number is in the funding commitment letter that you received from RHCD, and should match the HCP number in Line 1 of Form 465.

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<sup>3</sup> Form 465 is the first form that the HCP or its authorized representative filed with RHCD in order to receive telecommunications or Internet service at reduced rates. All Forms 465 are posted on the RHCD website.

## Block 2: Funding Year Information

**Line 4** requires providing the funding year (July 1 through June 30) for which the HCP is requesting support. Check **ONLY** one box. This information should match the information in Block 3 of the Form 465 for the same funding year.

## Block 3: Action Taken

Block 3 of Form 467 is used to confirm that the HCP is receiving the service for which it is requesting a discount, and in the event that the service is discontinued, to notify RHCD of the date of disconnection so that RHCD can arrange for termination of the discount. **HCPs must promptly report to RHCD all connections and disconnections.**

**Line 5** requires identifying the purpose for which this form is being used. If confirming the connection of a service, check the first box in Line 5. If notifying RHCD of the disconnection of a service, check the second box in Line 5 and enter the effective date of the disconnection. If notifying RHCD that the requested service was never turned on (or will not be turned on) during the funding year, check the third box in Line 5.

## Block 4: Connection Information

For Telecommunications Service - Block 4 requires information about each of the connections that together comprise the entire circuit for telecommunication service. The telecommunication connection information in Block 4 (Lines 7, 8, 9, and 10) of Form 467 must match the information provided in Block 4 (Lines 21, 22, 28 and 17) of Form 466. Most circuits only contain one connection (i.e., one telecommunications carrier provides the entire circuit), in which case only the first column should be completed. However, some circuits have multiple connections and multiple bills (i.e., more than one telecommunications carrier) for the same circuit. This form accommodates information for up to four connections. The information for each connection should be entered in separate columns. Telecommunications Carrier A must be the carrier that provides the segment of the circuit connecting directly to the HCP. Telecommunications Carrier B should be the carrier that provides the next segment, Telecommunications Carrier C the next segment, and Telecommunications Carrier D is the furthest from the HCP. If the circuit contains more than four connections, please call RHCD at 1-800-229-5476.

For Internet Access Service - Only the first column should be completed. The Internet connection information in Block 4 (Lines 7, 8 and 9) of Form 467 must match the information provided in Block 4 (Lines 20, 21, and 22) of Form 466-A.

**Line 6** requires providing a funding request number. The funding request number is a unique identifier assigned by RHCD for each discounted service requested by the HCP. This number is in the funding commitment letter that RHCD previously sent.

**Line 7** requires providing the full legal name of each service provider for each connection.

**Line 8** requires entering the 9-digit Service Provider Identification Number (SPIN) for the service provider(s) listed in Line 7. Each service provider should provide its SPIN upon request.

**Line 9** requires providing the account number that the service provider has created to bill for the services provided to the HCP.

**Line 10** requires identifying the services and bandwidths for which the HCP is seeking the benefits of reduced rates. For Internet access enter "Internet".

**Line 11** requires providing the actual start date for each service.

**Line 12** requires the date service was or will be disconnected, if Form 467 is being submitted to notify RHCD that the discounted service has been terminated. If there are no plans to disconnect the service, leave this item blank.

#### **Block 5: Certification**

**Line 13** requires certification that the service(s) identified above have been or are being provided to the HCP. It also requires certification that the person signing the Form 467 is authorized to submit the information contained in the Form 467 on behalf of the HCP, and that the information contained in the Form 467 is true to the best of his/her knowledge, information, and belief. *Persons willfully making false statements on this form may be punished by fine, imprisonment, or forfeiture under federal law.*

**Line 14** requires certification that the HCP satisfies each of the specific requirements set forth in the Form 467 and its instructions, and that the HCP will abide by all relevant requirements of 47 U.S.C. Sec. 254.

**Line 15** requires the authorized person to sign his/her name to certify all of the information contained in Form 467 and all attachments.

**Line 16** requires the authorized person to identify the date that the Form 467 was signed.

**Line 17** requires the printed name of the authorized person signing Form 467.

**Line 18** requires the authorized person signing to identify his/her title or position.

**Line 19** requires the name of the organization employing the signer of Form 467.

**Line 20** requires the FCC RN of the organization employing the signer of Form 467.

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