



# Healthcare Connect Fund Program

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# Monthly Webinar

## Today's Speakers

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RHC Program Outreach
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Manager of Pre- and Post-Commitment



## Housekeeping

- Use the “Audio” section of your control panel to select your audio source and connect to sound
  - Turn on your computer’s speakers, or
  - Use the call-in instructions in your confirmation email
- All participants are on mute
- Submit questions at any time using the “Questions” box
- To raise your hand, use the hand-with-arrow icon



## Welcome to the Monthly Webinar

- Provides program updates, clarification of program rules, outreach, and assistance to HCF Program applicants and service providers
- Second Wednesday of the month
- Agenda provided one day in advance to recipients of the HCF Bulletin
- Submit questions and suggest agenda topics in advance to [rhc-outreach@usac.org](mailto:rhc-outreach@usac.org)

## Agenda

- Overview of HCF Program application process
- Filing process for FCC Form 460
- ~~Filing process for FCC Form 461~~
  - Update: This will be covered in a separate webinar
- Questions and answers

This presentation is just a general overview and starting point for applicants

- Every applicant's situation is different
- The presentation does not cover every program requirement
- The presentation does not cover requirements for service providers and consultants

It is essential to read the following documents carefully as you proceed through the planning and application process:

- Healthcare Connect Fund Order (FCC 12-150), located at <http://www.fcc.gov/encyclopedia/rural-health-care>,
- The Rural Health Care Program rules, 47 C.F.R. Section 54.600-680, located at <http://www.ecfr.gov>, and
- The Healthcare Connect Fund Program forms and instructions (FCC Forms 460-463), located at <http://www.usac.org/rhc/healthcare-connect/tools/forms/default.aspx>.

Consult the FCC and USAC websites for additional resources.

## HCF Program Training

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# Application Process

1. Step 1: Before You Apply
2. Step 2: Determine Eligibility
3. Step 3: Prepare for Competitive Bidding
4. Step 4: Request Services
5. Step 5: Evaluate Bids and Select Service Provider
6. Step 6: Submit Funding Requests
7. Step 7: Prepare and Submit Invoice



## Four FCC Forms:

- FCC Form 460 – Registering and Determining Eligibility
- FCC Form 461 – Requesting Services
- FCC Form 462 – Requesting Funding Commitment
- FCC Form 463 – Submitting Invoice

## Four Forms for Health Care Providers :

1. FCC Form 460: Use this form to register and obtain an eligibility determination.
  - USAC then notifies the health care provider (HCP) of their eligibility determination.
2. FCC Form 461: Use this form to submit a request for services.
  - Receive bids on services.
  - The HCP selects a service provider and signs a contract to receive services.

## Four Forms for Health Care Providers (cont'd)

3. FCC Form 462: Request a funding commitment.
  - USAC will send a Funding Commitment Letter.
4. FCC Form 463: Submit an invoice.
  - The service provider and the HCP certify its accuracy.
  - The HCP submits the contribution to the service provider.
  - The service provider receives the payment.

- 1. Step 1: Before You Apply**
2. Step 2: Determine Eligibility
3. Step 3: Prepare for Competitive Bidding
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# Step 1: Before You Apply

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- Decide whether to apply as an individual HCP or as a consortium.
- Get familiar with the application process.
- Submit third-party authorizations, if you are using a consultant or if you are a member of a consortium.

1. Step 1: Before You Apply
- 2. Step 2: Determine Eligibility**
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## 1. Eligible Status

- Nonprofit

OR

- Public

## 2. Eligible Organization Type

- Not-for-profit hospitals
- Rural health clinics
- Community mental health centers
- Local health departments or agencies
- Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools
- Community health centers or health centers providing health care to migrants
- Dedicated emergency departments of rural for-profit hospitals
- Part-time eligible entities
- Consortia of the above entities



## Off-site Data Centers and Administrative Offices

- Connections and network equipment associated with off-site data centers or administrative offices used by eligible HCPs are eligible for support.
- However, off-site administrative offices and off-site data centers themselves are not eligible health care providers.

### 3. Eligible Location

- Individual HCP applicants must be located in an FCC-approved rural location to be considered rural.
- USAC rural look-up tool located on the USAC website:  
[www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp](http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp)

## Eligible Services and Equipment

	INDIVIDUAL Applicants	CONSORTIUM Applicants
<b>Eligible Services</b>	✓	✓
<b>Reasonable &amp; Customary Installation Charges</b> (≤\$5,000 undiscounted cost)	✓	✓
<b>Lit Fiber Lease</b>	✓	✓
<b>Dark Fiber</b>		
<ul style="list-style-type: none"> <li>Recurring charges (lease of fiber and/or lighting equipment, recurring maintenance charges)</li> </ul>	✓	✓
<ul style="list-style-type: none"> <li>Upfront payments for IRUs, leases, equipment</li> </ul>	No	✓
<b>Connections to Research &amp; Education Networks</b>	✓	✓
<b>HCP Connections Between Off-Site Data Centers &amp; Administrative Offices</b>	✓	✓
<b>Upfront Charges for Deployment of New or Upgraded Facilities</b>	No	✓
<b>HCP-Constructed and Owned Facilities</b>	No	✓
<b>Eligible Equipment</b>		
<ul style="list-style-type: none"> <li>Equipment necessary to make broadband service functional</li> </ul>	✓	✓
<ul style="list-style-type: none"> <li>Equipment necessary to manage, control, or maintain broadband service or dedicated health care broadband network</li> </ul>	No	✓

## Eligible Services and Equipment (Individual HCPs)

- Recurring charges for broadband services
- Reasonable and customary installation charges  
≤ \$5,000
- Equipment necessary to make service functional as long as the equipment is used in connection with broadband services funded through the HCF Program
- Connections to research and educational networks
- HCP connections between off-site data centers and administrative offices

## Ineligible Expenses include:

- Administrative expenses,
- Equipment or services not directly associated with broadband services, for example:
  - Medical equipment (hardware and software), such as telemedicine equipment and other general HCP expenses,
  - Expenses associated with general computing, software, applications, and Internet content development, and
- Inside wiring and internal connections.

## What is the FCC Form 460?

### Eligibility and Registration Form

- An individual applicant must file an FCC Form 460 for itself and a separate FCC Form 460 for any associated off-site administrative office or off-site data center.
- Eligibility must be determined before an FCC Form 461 (Requests for Services) can be reviewed.

## What is on the FCC Form 460?

- Site information
- Contact information
- Eligibility information
- Certifications and signatures

1. Step 1: Before You Apply
2. Step 2: Determine Eligibility
- 3. Step 3: Prepare for Competitive Bidding**
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## Competitive bidding process exemptions include:

- An annual undiscounted cost less than or equal to \$10,000,
- Purchasing from a government-negotiated Master Services Agreement (MSA),
- MSAs approved under the Pilot Program or HCF Program,
- A multi-year contract deemed evergreen by USAC, or
- Contracts negotiated under the E-rate Program (Schools and Libraries Program).

## What is an evergreen contract?

If USAC has designated a multi-year contract as evergreen, then for the life of the contract, HCPs do not need to annually re-bid the service or post an FCC Form 461 (47 CFR, Section 54.642(h)(4)).

## What is an evergreen contract? (cont'd)

- A new contract can be designated as evergreen if it meets all of the following criteria:
  - Signed by the HCP or consortium lead entity
  - Specifies service type, bandwidth, and quantity
  - Specifies term of the contract
  - Specifies cost of services to be provided
  - Includes the physical address or other identifying information of the HCPs purchasing from the contract

## Voluntary Extensions (47 C.F.R. Section 54.642(h)(4)(iii))

- Participants may exercise voluntary contract extensions without undergoing additional competitive bidding if:
  - The voluntary extension is memorialized in the evergreen contract,
  - The decision to extend the contract occurs before the participant files its funding request for the funding year when the contract would otherwise expire, and
  - The voluntary extension(s) do not exceed five years in the aggregate.

## Most Cost-Effective

- All applicants must seek competitive bids for supported services.
- All applicants must certify that they have selected the most cost-effective bid on their requests for funding (unless they qualify for a competitive bidding exemption).

## What does most cost effective mean?

- “[...] The method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the HCP deems relevant to choosing a method of providing the required health care services” (47 C.F.R. Section 54.642(c)).
- Price must be a primary factor. No single factor may receive a weight that is greater than price, although another factor may receive the same weight as price.

## Evaluation Criteria

- Applicants must certify that they have selected the most cost-effective bid on their request for funding (47 C.F.R. Section 54.603 (b)(4d)).
- Applicants are required to establish evaluation criteria.
  - Cost (price) of service must be a primary factor.
  - No criteria can be weighted higher than cost, but it can be weighted equal to cost.
  - Total weight must equal 100 percent.
  - Criteria should include most important criteria needed to provide healthcare, as determined by the applicant.

## Sample Evaluation Criteria

- Some HCPs may find the following criteria to be useful in determining the most cost-effective bid:
  - Price
  - Bandwidth
  - Quality of transmission
  - Reliability
  - Prior experience with the service provider
  - Technical support



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## Duplicate Funding Requests

Applicants cannot request support for the same service from the Telecommunications Program and the HCF Program.

## What is the FCC Form 461?

### The Request for Services Form

- Initiates the competitive bidding process,
- Must be posted on USAC's website for at least 28 days,
- Provides information about requested services and network equipment to enable an effective competitive bidding process, and
- Can be submitted starting 180 days before the beginning of the funding year.

## FCC Form 461 (Individual Applicants)

- USAC will post the applicant's request for services on the USAC website.
- The posting includes:
  - The FCC Form 461, and
  - A request for proposals (if applicable).

## When is an RFP required?

- An RFP is required when state, Tribal, or local procurement rules and regulations require it.
- Any applicant can also choose to utilize an RFP in conjunction with their competitive bidding process.

## Fair and Open Process

Service providers that intend to bid are prohibited from:

- Preparing, signing, or submitting an applicant's FCC Form 461 and supporting documents;
- Serving as point of contact on behalf of applicants;
- Being involved in setting bid evaluation criteria; and
- Participating in the bid evaluation or service provider selection process (except in their role as a potential service provider).

## Fair and Open Process

**Consultants, other third-party experts, or applicant employees who have an ownership interest, sales commissions arrangement, or other financial stake with respect to a bidding service provider are also prohibited from performing any of the four functions previously outlined on behalf of the applicant.**

## Fair and Open Process

- **All potential bidders must have access to the same information and must be treated in the same manner.**
  - If an applicant modifies anything on any documents posted by USAC, the applicant must notify all potential bidders at the same time using a uniform method.
  - Applicants are required to immediately notify USAC of the modification. USAC will modify the original posting accordingly.
- **All applicants and service providers must comply with any applicable state or local competitive bidding requirements.**



## Declaration of Assistance

- Applicants are required to identify any consultants, service providers, or any other outside experts who aided in the preparation of the FCC Form 461 and supporting documentation.
  - Paid or unpaid
  - FCC Form 461, Block 4

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## Allowable Contract Selection Date

- Applicants must post for services for a minimum of 28 calendar days.
  - Applicants can choose to post for longer than 28 days.
  - USAC will post for the length of time requested by the applicant if longer than 28 days.
- Allowable Contract Selection Date (ACSD) is the first day that the applicant can choose a service provider.

## Evaluation

- Use of scoring matrix with weights assigned to evaluation criteria
- Selection of most cost effective

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## What is the FCC Form 462?

### The Funding Request Form

- Provides USAC with information necessary to evaluate an applicant's funding request, and
- Must be submitted before the end of the funding year (June 30).
- Applicants can seek a multi-year funding commitment.
- Applicants can file for multiple services on a single form.

## What is on the FCC Form 462?

- Competitive bidding information and documentation
- Service provider information
- Funding request information
- Cost allocation documentation (if applicable)

## Required Information for Applicants

You will need a copy of:

- The bill (from the current year) for each circuit for which you are seeking support and
- The contract for supported services; if no contract is available, a copy of the bill.



## Required Information for Applicants

You will need to:

- Review the FCC Form 462 to ensure you can answer the detailed questions about each expense,
- Be able to identify the source of the 35 percent contribution requirement, and
- Be prepared to upload a copy of the bids received, the contract, bill(s), and other supporting documentation.

## Certification Requirements on FCC Form 462

- The person signing the application is authorized to submit the application on behalf of the applicant and has examined the form and all attachments, and to the best of his or her knowledge, information, and belief, all statements of fact contained therein are true.
- Each service provider selected is, to the best of the applicant's knowledge, information and belief, the most cost-effective available, as defined in 47 CFR Section 54.642(c).

## Certification Requirements on FCC Form 462

- All HCF Program support will be used only for eligible health care purposes.
- The applicant is not requesting support for the same service from both the Telecommunications Program and the HCF Program.

## Certification Requirements on FCC Form 462

- The applicant satisfies all of the requirements under Section 254 of the Act and applicable Commission rules, and understands that any letter from the administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.
- The applicant has reviewed all applicable requirements for the program and will comply with those requirements.
- The applicant will maintain complete billing records for the service for five years.

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## What is the FCC Form 463?

### The Invoice and Request for Disbursement Form

- Serves as a request to USAC for disbursement of funding from the HCF Program for services and equipment.
- Filing the FCC Form 463 is a joint process between applicant and service provider.

## What is the FCC Form 463?

The Invoice and Request for Disbursement Form may only be submitted after:

- The applicant receives a funding commitment,
- The service provider has installed or started services, network equipment, and facilities, if applicable, or
- The applicant has received a bill from the service provider.

# Step 7: Prepare and Submit Invoice

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## What is the FCC Form 463?

The Invoice and Request for Disbursement Form may only be submitted after (cont'd):

- The applicant has submitted its 35 percent contribution to the service provider, and
- The service provider and applicant certify and sign the FCC Form 463.
- The FCC Form 463 must be filed within six months after the end date of the funding commitment.



# Overview of FCC Forms

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## **FCC Form 460**

## Purpose of the FCC Form 460:

- To determine eligibility of the consortium and all health care provider (HCP) sites to participate in the Healthcare Connect Fund Program
- To register:
  - Off-site data centers
  - Off-site administrative offices
  - Ineligible HCP sites
- All HCPs, consortia, and consortium members must obtain an eligibility determination via FCC Form 460 to receive HCF Program support, even if deemed eligible for another program

## Before You File

HCPs using consultants to file FCC Form 460 must first submit a third-party authorization agreement with USAC.

- Agreement assigns legal responsibility for representations a consultant may make in application to the HCP

## Before You File (cont'd)

Assemble required FCC Form 460 information including:

- HCP Tax ID
- HCP Medicare ID (NPI)
- HCP taxonomy codes
- FCC Registration Number (FRN)
- Account holder contact information

Select the radio dial button that best describes why you are submitting the FCC Form 460 (Line 2)

**Apply To Options:**

Select What you are applying for:

- Determine eligibility of an HCP Site
- Determine eligibility of Consortium
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

[Create New Form 460](#)

Information requested through FCC Form 460 includes:

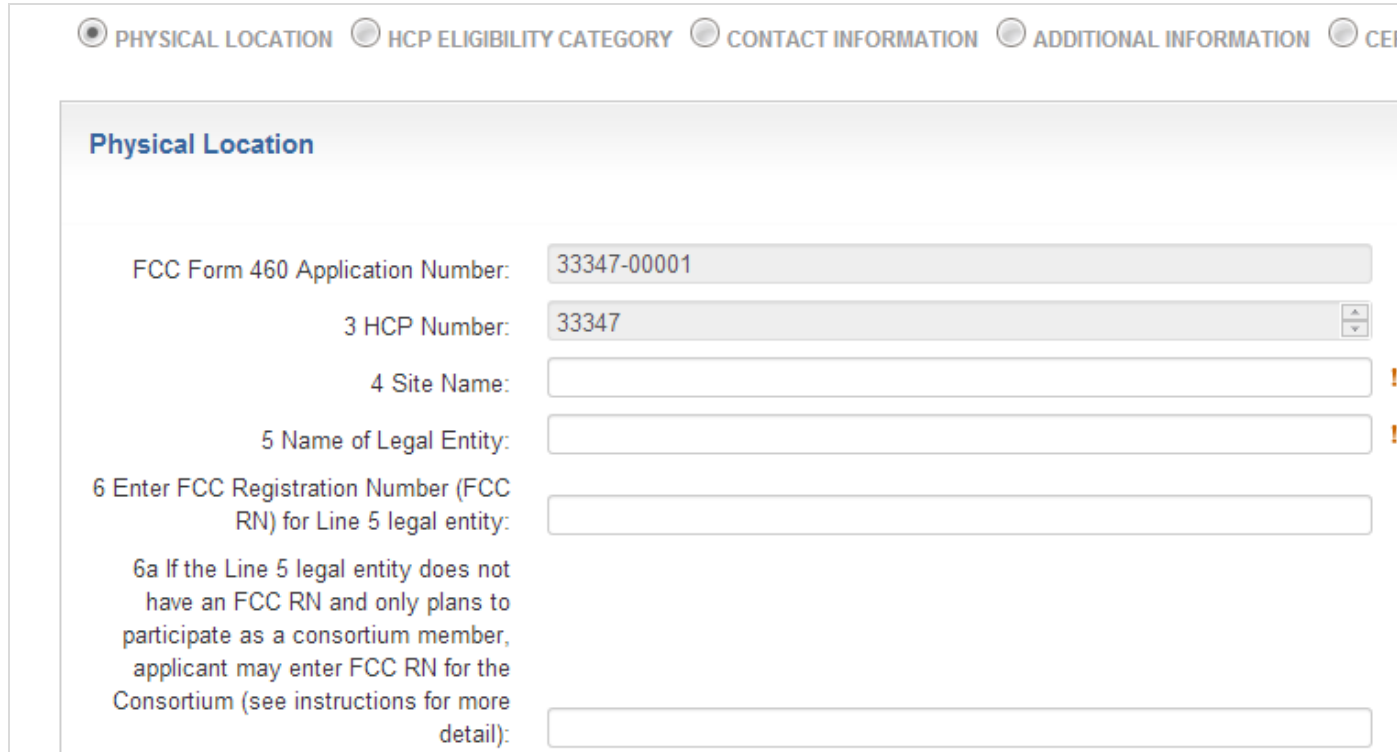
- Physical location of HCP site
- HCP eligibility category
- Contact information for HCP site
- NPI and taxonomy codes and other information
- Certifications for HCP site
- Signature of authorized person to submit FCC Form 460 for HCP

PHYSICAL LOCATION  HCP ELIGIBILITY CATEGORY  CONTACT INFORMATION  ADDITIONAL INFORMATION  CERTIFICATIONS  SIGNATURE

First, the applicant will provide “Physical Location” information.

PHYSICAL LOCATION  HCP ELIGIBILITY CATEGORY  CONTACT INFORMATION

FCC Form 460 application number and HCP number will be automatically generated



The screenshot shows the 'Physical Location' section of the FCC Form 460 application. At the top, there are five radio buttons for navigation: 'PHYSICAL LOCATION' (selected), 'HCP ELIGIBILITY CATEGORY', 'CONTACT INFORMATION', 'ADDITIONAL INFORMATION', and 'CEP'. Below this, the 'Physical Location' section is titled in blue. It contains several input fields:

- FCC Form 460 Application Number: 33347-00001
- 3 HCP Number: 33347
- 4 Site Name: (empty)
- 5 Name of Legal Entity: (empty)
- 6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity: (empty)
- 6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail): (empty)



Enter the HCP site name and the name of the legal entity that owns or operates the site.

PHYSICAL LOCATION    HCP ELIGIBILITY CATEGORY    CONTACT INFORMATION    ADDITIONAL INFORMATION    CEF

### Physical Location

FCC Form 460 Application Number:

3 HCP Number:

4 Site Name:

5 Name of Legal Entity:

6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:

6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):

# FCC Form 460: Physical Location

- Enter the 10-digit FCC RN number for the legal entity listed in Line 5
- If registering as a member of a consortium, enter the FCC RN of the consortium

● PHYSICAL LOCATION ● HCP ELIGIBILITY CATEGORY ● CONTACT INFORMATION ● ADDITIONAL INFORMATION ● CEF

### Physical Location

FCC Form 460 Application Number: 33347-00001

3 HCP Number: 33347

4 Site Name:

5 Name of Legal Entity:

6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:

6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):

# FCC Form 460: Physical Location

- Provide the physical address for the HCP site listed in Line 4.
- Please use a Geo Location if the HCP site does not have a typical street address – For example: Lat:30.903583, Long: -77.046121

8 Address Line 1:	<input type="text"/>
9 Address Line 2:	<input type="text"/>
11 Geo Location (if no street address):	<input type="text"/>
12 City:	<input type="text"/>
13 State:	<input type="text"/>
10 County:	<input type="text"/>
14 Zip Code:	<input type="text"/>

# FCC Form 460: Physical Location

- Provide the name, phone number, and email of contact person located at the physical site
- Provide the nine-digit nonprofit tax ID for the legal entity listed in Line 5

7 Site Contact Name:	First Name:	Middle Initial:	Last Name:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Phone:	<input type="text"/>	Ext.:	<input type="text"/>
16 Email:	<input type="text"/>		
Confirm Email:	<input type="text"/>		
45 Non-Profit Tax ID (EIN):	<input type="text"/>		
<input type="button" value="Save and Continue"/>		<input type="button" value="Exit"/>	

# FCC Form 460: Eligibility Category

- “HCP Eligibility Category” is the next required step.
- My Portal will skip information about consortia (Block 3 on the paper form)



# FCC Form 460: Eligibility Category

- Choose the eligibility type that best describes the HCP.
- Include a brief, written explanation that describes the services provided

### HCP Eligibility Category

43 Select the category that describes the HCP site:

Select A Category

44 Provide a brief explanation of why this site qualifies as the organization type selected above:

# FCC Form 460: Contact Information

Next, the applicant will provide “Contact Information” regarding account holders for the HCP.

PHYSICAL LOCATION  HCP ELIGIBILITY CATEGORY  CONTACT INFORMATION

# FCC Form 460: Contact Information

**Contact Information**

25 Primary Account Holder Name(First,Middle Initial, Last):  
First Name:  Middle Initial:  Last Name:

26 Employer:

Same as Physical Location Address?

27 Address Line 1:

28 Address Line 2:

29 City:

30 State:  ▼

31 Zip Code:

32 Phone #:  Ext:

33 Email:

Is there a secondary account holder?

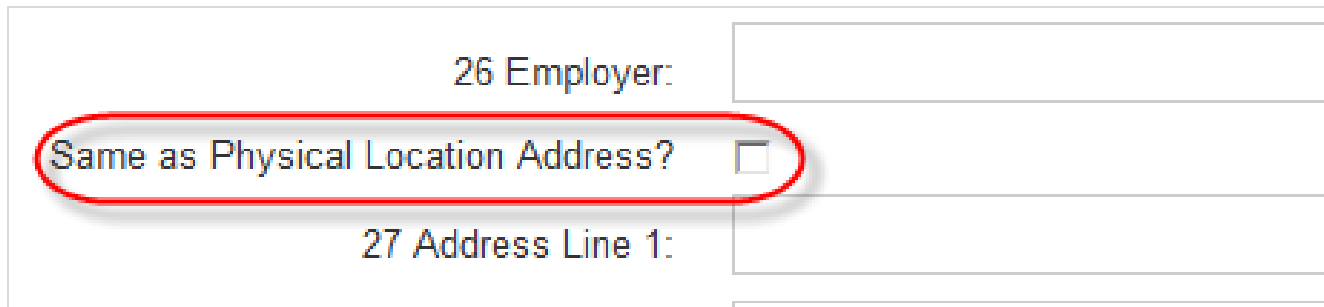
[Save and Go Back](#) [Save and Continue](#) [Exit](#)



# FCC Form 460: Contact Information

Enter the contact information of the primary account holder.

- This information may be different from the “Site Contact” name (Lines 7-16) located at the physical HCP site
- If this information is the same, you may select “Same as Physical Location Address”



26 Employer:

Same as Physical Location Address?

27 Address Line 1:

The image shows a screenshot of a form with three input fields. The first field is labeled '26 Employer:' and is empty. The second field is labeled 'Same as Physical Location Address?' and has an unchecked checkbox. The third field is labeled '27 Address Line 1:' and is empty. A red oval highlights the 'Same as Physical Location Address?' checkbox area.

# FCC Form 460: Contact Information

To add one or more secondary account holder(s) associated with the HCP, check the box.

31 Zip Code:  !

32 Phone #:  ! Ext:

33 Email:  !

Is there a secondary account holder?

[Save and Go Back](#) [Save and Continue](#) [Exit](#)

# FCC Form 460: Contact Information

Click on the “New Secondary Account Holder” button.

Is there a secondary account holder?

Previous

Next

**New Secondary  
Account Holder**

Select All Rows

**Delete Checked  
Rows**

# FCC Form 460: Contact Information

Click on the blue arrow to expand the section to be completed.

34. Secondary Account Holder Name

First Name:	Middle Initial:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

! ! !

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# FCC Form 460: Contact Information

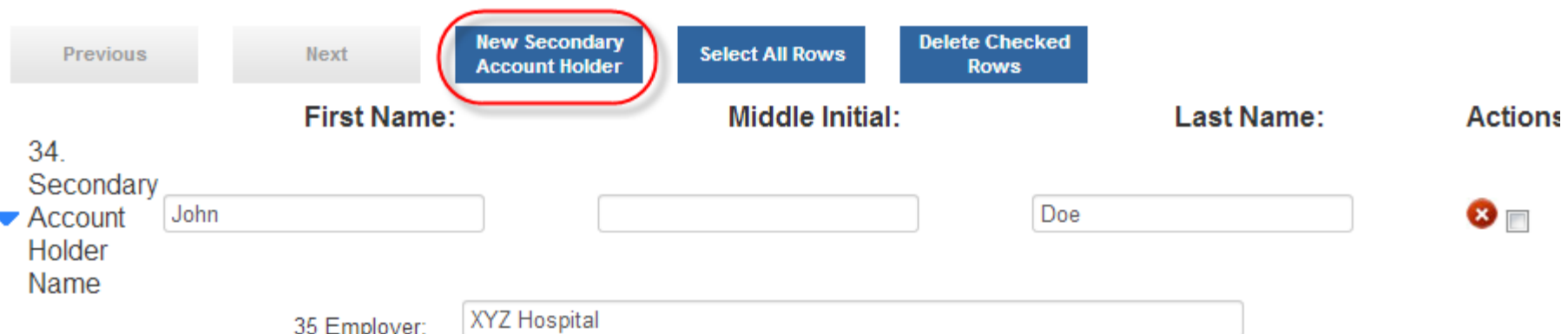
Complete this section to add the secondary account holder's information.

	First Name:	Middle Initial:	Last Name:
34. Secondary Account Holder Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
35 Employer:	<input type="text"/>		
Same as Primary Account Holder Address?	<input type="checkbox"/>		
36 Address Line 1:	<input type="text"/>		
37 Address Line 2:	<input type="text"/>		
38 City:	<input type="text"/>		
39 State:	Select A State <input type="text"/>		
40 Zip Code:	<input type="text"/>		
41 Phone #:	<input type="text"/>	Ext.:	<input type="text"/>
42 Email:	<input type="text"/>		



# FCC Form 460: Contact Information

To add more than one secondary account holder, click on “New Secondary Account Holder” again.

- Lines 36-42 will appear below the first block of secondary account holder information.
- You must enter information for all secondary account holders before you hit “Save and Continue.”



Previous   Next   **New Secondary Account Holder**   Select All Rows   Delete Checked Rows

	First Name:	Middle Initial:	Last Name:	Actions
34. Secondary Account Holder Name	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>	 

35 Employer:

# FCC Form 460: Contact Information

To delete all information about a secondary account holder, check the box and then click the “X” button.

	First Name:	Middle Initial:	Last Name:	Actions
34. Secondary Account Holder Name	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="checkbox"/> <input type="button" value="X"/>
35 Employer:	<input type="text" value="XYZ Hospital"/>			

# FCC Form 460: Additional Information

ADDITIONAL INFORMATION

CERTIFICATIONS

SIGNATURE



## Additional Information

46 National Provider Identifier:

Explanation if necessary (see instructions)

47a Organization Taxonomy Code:

47b Site Taxonomy Code:

Explanation if necessary (see instructions)

50 Is the site locations:

On Tribal Lands

Operated by the Indian Health Service

Otherwise affiliated with a Tribe

N/A

Save and Go Back

Save and Continue

Exit

# FCC Form 460: Additional Information

- Enter the 10-digit NPI used by the HCP on Medicare/Medicaid claims.
- If the HCP does not have an NPI, enter an explanation.

## Additional Information

46 National Provider Identifier:

Explanation if necessary (see instructions)

- The NPI should be for the legal entity listed on Line 5, and not for an individual practitioner.
- Search for an HCP NPI by name and address at:  
<https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>
- If you are unsure how to determine the correct NPI for an HCP, contact its billing department for assistance.

**47a:** Enter the 10-character alphanumeric HCP taxonomy code associated with the legal entity listed on Line 5.

- A list of HCP taxonomy codes can be found at:  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/TaxonomyCrosswalk.pdf>

47a Organization Taxonomy Code:	<input type="text"/>		
47b Site Taxonomy Code:	<input type="text"/>		
Explanation if necessary (see instructions)	<input type="text"/>		

**47b:** Enter the taxonomy code for the HCP site listed on Line 4 if the site is different than the one listed on 47a.

- If there is no taxonomy code for the HCP site, review the codes and select the appropriate code for this site.
- If the applicant does not provide a taxonomy code or the code is not one associated with the NPT, provide a brief explanation of eligibility.

47a Organization Taxonomy Code:	<input type="text"/>
47b Site Taxonomy Code:	<input type="text"/>
Explanation if necessary (see instructions)	<input type="text"/>

**Line 50:** Indicate whether the site is located on Tribal lands, operated by Indian Health Services, or otherwise affiliated with a Tribe.

- If not applicable, select “N/A”.

50 Is the site locations:

On Tribal Lands	<input type="checkbox"/>
Operated by the Indian Health Service	<input type="checkbox"/>
Otherwise affiliated with a Tribe	<input type="checkbox"/>
N/A	<input type="checkbox"/>

[Save and Go Back](#) [Save and Continue](#) [Exit](#)

## Certifications

- 53. I certify that I am authorized to submit this request on behalf of the site or consortium.
- 54. I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
- 55. If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).
- 57. I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R Sec. 54.648, or as otherwise prescribed by the Commission's rules.

Save and Go Back

Save and Continue

Exit

Complete the “Signature” section with information of the person authorized to submit the form.

**Signature**

61 Printed Name of Authorization

First Name:	<input type="text"/>	!	Middle Initial:	<input type="text"/>	Last Name:	<input type="text"/>
-------------	----------------------	---	-----------------	----------------------	------------	----------------------

62 Title/Position of Authorized Person:

63 Phone:  ! Ext.:

64 Email:

65 Employer:


66 Employer's FCC RN:

[Save and Go Back](#) [Certify](#) [Exit](#)



If completing the form as an account holder, please use your My Portal password as the signature.

## Signature

 [Preview PDF](#)

RHC Note: In order to electronically sign and submit the form, you must enter your password in the "Signature" field below (Line 59), then select the "Certify" button to complete the process and submit the FCC Form 460 to RHC.

You are reminded that your electronic signature is the same as your hand written signature on this form. By typing your password in the Signature block below and clicking the "Certify" button, you have electronically signed the form.

59 Signature:

61 Printed Name of Authorization

First Name:

Middle Initial:

Last Name:

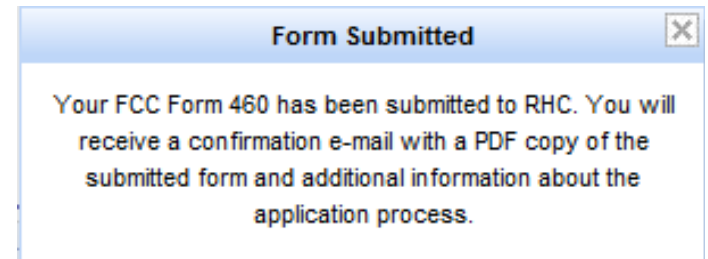
!

!

62 Title/Position of Authorized Person:

!

- Click “Certify” on the signature page to submit the completed form.
  - The pop-up will indicate successful submission of the form.
- All account holders associated with this site will receive an email confirmation of the FCC Form 460 submission.
  - This is not an approval of the form.



## Register Off-Site Data Center or Administrative Office

Only three pages of information are required for registering off-site entities.

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PHYSICAL LOCATION     CERTIFICATIONS     SIGNATURE

## Physical Location

**Line 2a and 2b:** List all eligible and ineligible HCP sites by HCP number that will use services from the off-site entity (list all HCP numbers separated by commas)

PHYSICAL LOCATION    CERTIFICATIONS    SIGNATURE

### Physical Location

2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.

12345, 65432, 98765

# FCC Form 460: Off-Site Registration

The remaining information required to complete the physical location, certifications, and signature sections is similar to that required for individual HCPs.

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PHYSICAL LOCATION     CERTIFICATIONS     SIGNATURE

Applicants are not required to enter Line 45 tax ID information of the legal entity when registering off-site entities.

# Questions?

Use the “Questions” box in your user controls.

## Thank You!

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