

Estimated time per response: .25 hours

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.

For each Form 466 approved by RHC, the HCP must file an accompanying Form 467.

**Block 1: HCP Information** **FRN:**

|              |        |
|--------------|--------|
| 1 HCP Name   | 2 Name |
| 3 HCP Number |        |

**Block 2: Funding Year Information**

4 Funding Year - Check only one box

Year 2018 (07/01/2018 - 06/30/2019)    
  Year 2019 (07/01/2019 - 06/30/2020)    
  Year 2020 (07/01/2020 - 06/30/2021)

**Block 3: Action Taken**

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

Confirming the connection of a telecommunications **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.      |  |  |  |  |
| 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 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. § 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. § 254. I understand that any letter from RHC 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.**
- ◆ You may submit this form along with the Form 466 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 REQUIRED BY THE PAPERWORK REDUCTION ACT**

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 0.25 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). Please **DO NOT SEND COMPLETED APPLICATIONS 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 PAPERWORK REDUCTION ACT OF 1995, P.L.104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507.**

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>