Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0184
Expiration Date: 08/31/2023

OPTN Medical/Scientific Membership Application

CERTIFICATION

The undersigned, a duly authorized representative of the applicant, does hereby certify that the answers and attachments to this application are true, correct and complete, to the best of his or her knowledge after investigation. I understand that the intentional submission of false data to the OPTN may result in action by the Secretary of the Department of Health and Human Services, and/or civil or criminal penalties. By submitting this application to the OPTN, the applicant agrees: (i) to be bound by OPTN Obligations, including amendments thereto, if the applicant is granted membership and (ii) to be bound by the terms, thereof, including amendments thereto, in all matters relating to consideration of the application without regard to whether or not the applicant is granted membership.

If you have any questions, please call the UNOS Membership Team at 833-577-9469 or email MembershipRequests@unos.org.

Please sign and return
(Signature images and/or Print & Ink Sign allowed, e-signatures are **not** allowed at this time)

OPTN Representative

_____ **Signature**
Print Name

_____ _____
Title **Email Address**

Alternate OPTN Representative

_____ **Signature**
Print Name

_____ _____
Title **Email Address**

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Part 1: General Information

Name of Organization: _____

OPTN Member Code: _____

Office Address

Street: _____ Ste: _____ Phone #: _____

City: _____ ST: _____ Zip: _____ Fax #: _____

Mailing Address (if different from Office Address)

Street/P.O. Box: _____

City: _____ ST: _____ Zip: _____

Name of Person Completing Form: _____ Title: _____

Email Address of Person Completing Form: _____

Date Form is submitted to OPTN Contractor: _____

Part 2: General Requirements

A medical/scientific member is a non-profit organization whose members include medical or scientific professionals with an interest in organ donation or transplantation.

1 . ***Date organization began operation*: _____**

2. ***If the organization has not been in operation for at least one year, provide at least three letters of recommendation from any of the following types of OPTN members:***

- Transplant Hospital
- Organ Procurement Organization (OPO)
- Histocompatibility Laboratory
- Public Organization
- Medical/Scientific Members

Provide an explanation for why the organization would like to be a new or renewing member of the OPTN:

PUBLIC BURDEN STATEMENT

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. An agency may not conduct or sponsor, and a person is not required to respond to, a

collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0184 and it is valid until 08/31/2023. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.