

Exhibit A

Organization Information

Organization Name:

Organization Address:

Organization Contact Name:

Organization Contact and Phone Number:

Organization Contact e-mail Address:

Organization NPI:

Organization Fax Number:

Number of CareLink Sites Requested: _____

The following pages should be completed for each site. The same site administrator(s) may be assigned to multiple sites or vary by site. Often times multiple sites are requested when one site agreement will cover multiple physical locations or departments, whose users will be managed separately.

Name(s) of site(s) requested:

- 1.
- 2.
- 3.

Name of CareLink Site:

(Complete Separate Set of pages 7-9 for each Site, reproducing as needed)

Organization Designated Site Administrator(s)

* The Organization will contact LLUH via the web form in the *event* any Organization Site Administrator ceases to be employed by or associated with the Organization, experiences a change in job function no longer requiring access to the Program, or for any other reasons that the Organization chooses to no longer provide such person access to the Program on its behalf.

	Site Administrator (Primary)	Site Administrator
First Name	Rene	
Middle Initial		
Last Name	Ross	
Title or Credential	Registered Nurse / Epic Security Certified	
Preferred Log In	Rene Ross	
Date of Birth (Required for all requested users)	9/3/1970	
E-Mail Address	r.ross@ruhealth.org	
Site Name		
Phone Number	951-486-4781	
Fax Number	951-486-4515	
Is this Site Administrator also another type of user? (Physician User, Clinical User, Non-Clinical User)	No	

Provider Profile: including, but not limited to MD, DO, NP, PA

Clinical Profile: including, but not limited to RN, LPN, NA, PA, CMA, support staff transcribing orders or referrals).

Non-Clinical Profile: Initial Billing and coding related personnel (including, but not limited to Coders, Medical Records Clerk and Billing clerks)

ACO Profile: Utilization Management, Case Management, Accountable Care Organization personnel

Requested Users (Attach additional pages as needed)

	Personnel 1	Personnel 2	Personnel 3	Personnel 4	Personnel 5
User/Profile Type (Required for all requested users)					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth (Required for all requested users)					
E-Mail Address					
Phone Number					
Fax Number					
NPI (Physician - Required)					
License State (Physician - Required)					
License Number (Physician - Required)					
Specialty (Physician User-Recommended)					
Comments: (Please note here: also Site Admin, access to multiple CareLink sites, etc.)					

Requested Users (Attach additional pages as needed)

	Personnel 6	Personnel 7	Personnel 8	Personnel 9	Personnel 10
User/Profile Type <small>(Required for all requested users)</small>					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth <small>(Required for all requested users)</small>					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					

Requested Users (Attach additional pages as needed)

	Personnel 11	Personnel 12	Personnel 13	Personnel 14	Personnel 15
User/Profile Type <small>(Required for all requested users)</small>					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth <small>(Required for all requested users)</small>					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					

Requested Users (Attach additional pages as needed)

	Personnel 16	Personnel 17	Personnel 18	Personnel 19	Personnel 20
User/Profile Type <small>(Required for all requested users)</small>					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth <small>(Required for all requested users)</small>					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					

Requested Users (Attach additional pages as needed)

	Personnel 21	Personnel 22	Personnel 23	Personnel 24	Personnel 25
User/Profile Type (Required for all requested users)					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth (Required for all requested users)					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					

Requested Users (Attach additional pages as needed)

	Personnel 26	Personnel 27	Personnel 28	Personnel 29	Personnel 30
User/Profile Type <small>(Required for all requested users)</small>					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth <small>(Required for all requested users)</small>					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					

Requested Users (Attach additional pages as needed)

	Personnel 31	Personnel 32	Personnel 33	Personnel 34	Personnel 35
User/Profile Type (Required for all requested users)					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth (Required for all requested users)					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					

Requested Users (Attach additional pages as needed)

	Personnel 36	Personnel 37	Personnel 38	Personnel 39	Personnel 40
User/Profile Type <small>(Required for all requested users)</small>					
First Name					
Middle Initial					
Last Name					
Title or Credential					
Date of Birth <small>(Required for all requested users)</small>					
E-Mail Address					
Phone Number					
Fax Number					
NPI <small>(Physician - Required)</small>					
License State <small>(Physician - Required)</small>					
License Number <small>(Physician - Required)</small>					
Specialty <small>(Physician User-Recommended)</small>					
Comments: <small>(Please note here: also Site Admin, access to multiple CareLink sites, etc.)</small>					