

**APPLICATION FOR MEMBERSHIP AS A
MEDICAL/SCIENTIFIC ORGANIZATION
IN THE
ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK (OPTN)**

UNOS
700 North 4th Street
Richmond, VA 23219
Main Phone: (804) 782-4800

Name of Organization _____

Address: _____

City, State, & Zip Code: _____

Contact Person: _____

Phone Number: (_____) _____

PUBLIC BURDEN STATEMENT: 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 project is 0915-0184. Public reporting burden for the applicant for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 10-33, Rockville, Maryland 20857.

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. By submitting this application to the OPTN, the applicant agrees: (i) to be bound by the Organ Procurement and Transplantation Network's rules and regulations, 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.

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Applicant Code: _____

Instructions

1. The Criteria for Public Membership are found in the OPTN Charter, Article IV - Membership.
2. By submitting this application to the OPTN, the applicant acknowledges that its duly authorized representatives have received and read the current Charter and Bylaws of the OPTN and the applicant agrees: (i) to be bound by the terms thereof, 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.
3. A duly authorized representative of the applicant must review the answers and attachments to the Application, perform sufficient investigation to determine accuracy and completeness, and sign and date the Certification on the cover page of the Application. Failure to furnish accurate and complete information in connection with the Application and subsequent requests for supplemental information, constitute grounds for denial or suspension of OPTN membership.
4. Application responses **must be typed and complete.**
 - Do not submit two-sided pages.
 - Attach additional pages as necessary and reference the question and page number on each attachment.
 - An electronic version (MS WORD) of this application is available upon request.
5. **Return the original application and one (1) complete copy. Please also return a copy of the application that has been scanned to a CD in PDF format. Label the CD with the Organization name, contact name, and date, and include an electronic table of contents.**

Express Mail:
UNOS
Administrator, Membership Services
700 North 4th Street
Richmond, VA 23219

US Mail:
UNOS
Administrator, Membership Services
PO Box 2484
Richmond, VA 23218

Main Phone: (804) 782-4800

