

**Health Care Providers Universal Service  
Description of Services Requested & Certification Form**

Estimated time per response: 1 hour

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**

Form 465 Application Number (assigned by RHCD)

**Block 1: HCP Location Information**

Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number		2 Consortium Name	
3 HCP Name		4 HCP FCC Registration Number (FCC RN)	
5 Contact Name			
6 Address Line 1			
7 Address Line 2		8 County	
9 City		10 State	11 ZIP Code
12 Phone #	13 Fax #		14 Email

**Block 2: HCP Mailing Contact Information**

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input type="checkbox"/> Yes, complete Block 2	
		<input type="checkbox"/> No, go to Block 3.	
16 Contact Name		17 Organization	
18 Address Line 1			
19 Address Line 2			
20 City		21 State	22 ZIP Code
23 Phone #	24 Fax #		25 Email

**Block 3: Funding Year Information**

26 Funding Year (Check only one box)		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Eligibility**

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

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29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

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**Block 5: Request for Services**

30 Is the HCP requesting reduced rates for:

<input type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY
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**Block 6: Certification**

31  I certify that I am authorized to submit this request on behalf of the above-named entity or entities, 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.

32  I certify that the health care provider has followed any applicable State or local procurement rules.

33  I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34  I certify that the health care provider is a non-profit or public entity.

35  I certify that the health care provider is located in a rural area. Visit the Eligible Rural Areas Search Tool on the Telecommunications Program web page at <http://usac.org/rhc/telecommunications/tools/rural/search/search.asp> or contact RHCD at (800) 453-1546 for a listing of rural areas.

36  Pursuant to 47 C.F.R. Secs. 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 funding provided under 47 U.S.C. Sec. 254.

37 Signature

38 Date

39 Printed name of authorized person

40 Title or position of authorized person

41 Employer of authorized person

42 Employer's FCC RN

**Please remember:**

- ◆ Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
  - ◆ After the HCP submits a complete and accurate Form 465, RHCD will post it on the RHCD website for 28 days.
    - ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
    - ◆ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE 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 PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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

## Form 465 Instructions

Rural Health Care Universal Service Mechanism<sup>1</sup>

### PURPOSE OF FORM

FCC Form 465 is the **first step** a health care provider (HCP) must take in order to benefit from the universal service support mechanism. Universal service support allows eligible health care providers to purchase certain services at reduced rates. Form 465 is the means by which a health care provider:

1. Requests bids for the provision of telecommunications or Internet services from service providers.
2. Certifies to the Rural Health Care Division of the Universal Service Administrative Company, which serves as the administrator, that the health care provider is eligible to benefit from the universal service support mechanism.

Health care providers who have previously posted a Form 465 can register for electronic certification. Electronic certification allows the health care provider to electronically sign the new Form 465 so it can be immediately posted on the RHCD website, [www.usac.org/rhc/](http://www.usac.org/rhc/).

After the health care provider submits a Form 465, the Rural Health Care Division (RHCD) will post the completed Form 465 on its website. The posted Form 465 provides information about the HCP and its need for services to service providers that might wish to bid to provide the services.

Each health care provider's Form 465 must be posted on the RHCD website for at least 28 days prior to selecting a service provider, to fulfill the program's competitive bidding requirement.

**Rural health care providers may enter into agreements to purchase services after 28 days have elapsed since the descriptions set forth in Form 465 were posted on the RHCD website. Entering into any agreement during the 28-day posting period is prohibited.**

RHCD will send each applicant a "Receipt Acknowledgement Letter" confirming that its Form 465 is posted on the website. The confirmation of posting sent by RHCD will indicate the date on which the health care provider may enter into an agreement to purchase services from a service provider. This date is known as the Allowable Contract Selection Date (ACSD).

The health care provider must certify to RHCD that the service chosen is, to the best of the health care provider's knowledge, the most cost-effective service. "The most cost-effective service" is defined in the Universal Service Order<sup>2</sup> as the service available "at the lowest cost, after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing an adequate method of providing the required health care services." This requirement is reiterated for Internet service in the Rural Health Care Order.<sup>3</sup>

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<sup>1</sup>Rural Health Care Pilot Program Participants should consult the 2007 *Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (2007 RHC PP Selection Order), available at <http://www.fcc.gov/cgb/rural/rhcp.html>, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company's (USAC) website at <http://www.usac.org/rhcp/default.aspx> and on the Federal Communications Commission's website at <http://www.fcc.gov/cgb/rural/rhcp.html>.

<sup>2</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9134 (1997) (Universal Service Order) (subsequent history omitted)

<sup>3</sup> *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546 (2003) (2003 Report and Order and FNPRM).

After the HCP enters into a service agreement, it must initiate the next step in the application process, the filing of an FCC Form 466 (Funding Request and Certification Form) and/or 466-A (Internet Service Funding Request and Certification Form and Advanced Services Funding Request and Certification for Entirely Rural States).

## **FILING REQUIREMENTS AND GENERAL INSTRUCTIONS**

### ***Who is Eligible***

An HCP must meet two criteria in order to benefit from the universal service support mechanism.

First, it must be a public or non-profit health care provider that falls within one of the following categories:

- Post-secondary educational institution offering health care instruction (including teaching hospitals and medical schools);
- Community health center or health center providing health care to migrants;
- Local health department or agency;
- Community mental health center;
- Not-for-profit hospital;
- Rural health clinic;
- Consortium of health care providers consisting of one or more of the above entities;
- Dedicated emergency department of for-profit hospitals, including Critical Access Hospitals;
- Part-time eligible entity.

Health care providers that do not fall into one of these categories are not eligible to benefit from the universal service support mechanism.

Second, a health care provider must be located in a rural area to qualify for support. An HCP can determine if it is in an area that meets the Federal Communication Commission's definition of "rural" by consulting the Eligible Rural Areas Search Tool on the Telecommunications Program "Search Tools" web page of the RHCD website at <http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp>, or by calling the Rural Health Care Division at (800) 453-1546 for assistance. HCPs that meet both the eligible category and rural criteria are considered "eligible health care providers." There is a limited exception to the rural requirement for urban HCPs that must pay toll charges to reach the Internet. Such urban HCPs may receive the lesser of \$180 or 30 hours for toll charges to reach the Internet. This is the only exception to the requirement that an HCP must be rural to benefit from the universal service support mechanism.

**Filing Exception** - The filing of a Form 465 may not be required if the HCP is receiving services under a currently valid contract executed pursuant to a Form 465 posted in a prior program year, or if services are received under a contract signed on or before July 10, 1997. A renewed contract or a contract with an automatic renewal provision is considered a new contract on the renewal date, and an expired contract is not considered a currently valid contract. Questions about the status of an HCP's contract may be directed to RHCD at (800) 453-1546. **Applicants who are not required to file a Form 465 must still file a Form 466 and/or 466-A for each program year to receive support for the contracted services.**

### ***Where to File***

The FCC Form 465 must be filed with the Rural Health Care Program through the online application management system, My Portal (<https://forms.universalservice.org/usaclogin/login.asp>).

**DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.**

## **Compliance**

Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

## **Where to Get More Information**

Contact the Rural Health Care Division at (800) 453-1546 for more information on how to complete this or other universal service forms. Information is also available on the RHCD website at [www.usac.org/rhc/](http://www.usac.org/rhc/).

## **SPECIFIC INSTRUCTIONS FOR FILING FORM 465**

Type or print clearly in spaces provided. Attach additional sheets if necessary. Applicants are also encouraged to complete this form electronically to speed up the processing of applications. RHCD will post all applications on the RHCD website at [www.usac.org/rhc/](http://www.usac.org/rhc/). Instructions on how to file electronically are posted on the website.

### **Form 465 Application Number**

RHCD will insert the Form 465 Application Number (known in prior years as the "Universal Service Control Number"). **Leave this line blank.**

### **Block 1: HCP Location Information**

The information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

**Line 1** requires providing an HCP number. The HCP number is a unique identifier given by RHCD to each health care provider applying for benefits from the Universal Service Rural Health Care Support Mechanism. If an HCP previously applied, RHCD has already assigned a number, which must be used here. If it is unknown whether the HCP has already been assigned a number, contact RHCD at (800) 453-1546. If the HCP is a new applicant, leave this line blank. RHCD will assign an HCP number to each new eligible applicant upon receipt of the Form 465.

**Line 2** requires identifying the name of the consortium to which the HCP belongs, if any. (If the HCP does not belong to a consortium, leave Line 2 blank.)

**Line 3** requires providing the health care provider's organization name. This name must be used consistently on all universal service forms (i.e., Form 465, Form 466, Form 466-A, and Form 467).

**Line 4** requires providing the HCP's FCC Registration Number (FCC RN). All participants in the Rural Health Care Program must have an FCC RN in order to participate. Information on how to get an FCC RN is available on the FCC website at [www.fcc.gov](http://www.fcc.gov).

**Line 5** requires providing the name of a contact person at the health care provider's location.

**Lines 6-14** require providing the HCP contact person's address, county in which the HCP is located, city, state, zip code, phone, fax, and email address.

### **Block 2: HCP Mailing Contact Information**

**Line 15** requires indicating whether or not the HCP's mailing address is different from the address in Block 1. If "No" is checked, skip the remainder of Block 2 and proceed to Block 3. The person listed in

Block 2 will serve as RHCD's primary contact with the HCP. This person should be able to answer questions or verify information submitted on this form, in the event that RHCD needs to contact the HCP during the application process.

**Line 16** requires identifying the name of the person to receive mail regarding the Form 465.

**Line 17** requires providing the mailing contact person's organization (which might be the same as the HCP or consortium name).

**Lines 18-25** require providing the address, city, state, zip code, phone, fax, and email address of the mailing contact.

### **Block 3: Funding Year Information**

**Line 26** requires identifying the funding year for which the HCP is applying. The applicant should check only one box.

### **Block 4: Eligibility**

**Line 27** requires checking the box indicating the eligibility category of the HCP. Only public or non-profit health care providers located in rural areas that fall into one of the categories listed in Line 27 are eligible to benefit from this universal service support mechanism. Rural for-profit hospital emergency departments may also qualify as "public" by virtue of their requirement to examine or treat patients pursuant to the Emergency Medical Treatment and Labor Act (EMTALA).

Note that applicants that apply as a consortium of health care providers may only receive support for services provided to the physical location given in Block 1, meaning that unless the "above entities" are at that address, they cannot receive support. Rather, a separate Form 465 should be filed for each eligible entity in the consortium, using that entity's address, so it can be verified as rural and its Maximum Allowable Distance can be determined. Applicants selecting the consortium category must complete Line 28, and may contact RHCD at (800) 453-1546 for further explanation of their eligibility.

The categories of "Dedicated emergency department of rural for-profit hospitals including Critical Access Hospitals" and "Part-time eligible entity" were defined in the Rural Health Care Order. Applicants selecting these categories must complete Line 28, and may contact RHCD at (800) 453-1546 for further questions about eligibility.

**Line 28** must be completed if "Consortium of the above," "Dedicated emergency department of rural for-profit hospitals including Critical Access Hospitals," or "Part-time eligible entity" was selected in Line 27. A description of the entity and the services it provides is required.

**Line 29** requires a description of how the health care provider will use the supported service. This description will allow service providers to learn what the health care provider wants to do, so they can propose services to meet the health care provider's needs. Some examples are transmission of data and medical images or X-rays; provider-to-provider consultation between health care professionals in a rural facility and professionals in other locations, provider-to-patient consultation, examination, or counseling; medical research, access to the health care provider's website, offsite storage of medical records, or other uses.

### **Block 5: Request for Services**

**Line 30** indicates that the HCP is requesting support for a telecommunications service, Internet service, or both. A Form 465 must be posted for the type of service (telecommunications or Internet) for which support will be sought, e.g., a Form 465 posted for telecommunications service only would not be eligible

to request support for Internet service. **If additional guidance on eligible services is needed, please contact RHCD at (800) 453-1546.**

## Block 6: Certification

**Line 31** requires the person signing on behalf of the HCP to certify that he or she is authorized to submit the information contained in the Form 465 on behalf of the entity or entities (if a consortium) applying for discounted services, and that the information contained in the Form 465 is true to the best of his or her knowledge, information and belief. *Under federal law, persons willfully making false statements on this form can be punished by fine, forfeiture, or imprisonment.*

**Line 32** requires the authorized representative of the HCP to certify that any applicable state or local procurement rules have been followed.

**Line 33** requires the authorized representative to certify that the services for which the health care provider receives a discount will not be used for unauthorized purposes. Specifically, the representative must certify that such services will be used solely for purposes reasonably related to the provision of health care or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided. The representative must also certify that the discounted services that the HCP receives will not be sold, resold, or transferred in consideration for money or any other thing of value.

**Line 34** requires certifying that the HCP is a non-profit or public entity, or that the service will be used exclusively in the emergency department of a rural for-profit hospital.

**Line 35** requires identifying whether or not the HCP is located in an eligible rural area or if the HCP is a mobile rural health clinic, that it will operate in eligible rural areas. Visit the Eligible Rural Areas Search tool at <http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp> for a list of rural areas.

**Line 36** requires the authorized representative to certify that the HCP satisfies each of the specific requirements set forth in the Form 465 and that the HCP will abide by the relevant requirements of 47 U.S.C. Section 254.

**Line 37** requires the signature of the authorized representative certifying the information contained in Form 465 on behalf of the applicant.

**Line 38** requires the date the Form 465 was signed.

**Line 39** requires the printed name of the authorized representative certifying the information contained in Form 465 on behalf of the applicant.

**Line 40** requires the title or position of the authorized representative certifying the information contained in Form 465 on behalf of the applicant.

**Line 41** requires the name of the employer of the person signing the Form 465.

**Line 42** requires the FCC RN of the employer of the person signing the Form 465.

## REMINDERS

- Health care providers seeking to benefit from universal service support must file an FCC Form 465.
- The representative authorized to provide the information required by FCC Form 465 on behalf of a

health care provider must sign and date FCC Form 465.

- Provide data for all items that apply. Include additional information as supporting documentation if necessary. Any attachments to FCC Form 465 must be clearly labeled.

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