

# Medical License Application Form Screenshots

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**This is the UAT Version of ELS.**  
**Dashboard For Experimental Radio Station Authorization (Form 442)**  
Please select one of the below links to start the process:

**Experimental License Types:**  
[Conventional Experimental License](#)  
[Program Experimental License](#)  
[Medical Testing License](#)  
[Compliance Testing License](#)

**Filing Options**  
[Form 405 - License Renewal](#)  
[Form 442 - New License/Modification of License](#)  
[Form 702 - Assignment of License](#)  
[Form 703 - Transfer of Control](#)  
[Special Temporary Authority](#)  
[Add Attachments](#)  
[Reply to Correspondence](#)  
[Amend/Complete Application](#)  
[Return to 159 Form](#)  
[File an Informal Objection](#)

**Reports**  
[Application Status](#)  
[Call Sign Search](#)  
[Generic Search](#)  
[Point Radius Search](#)

**Miscellaneous**  
[Get FRN](#)  
[ELS Notification Website](#)  
[User's Manual](#)  
[Get Software](#)  
[FAQ](#)

Please send any comments or suggestions for this site to [ELB Systems and Support](#)

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445 12th Street, SW  
Washington, DC 20554  
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**This is the UAT Version of ELS.**  
**Application For New or Modified Medical Testing License**

**Application Purpose:**  
\* One of the following options must be selected:  
 New Medical Testing License: All New Data  
 Modification of Existing License (Specify callsign):

**Filing Options**  
[Form 405 - License Renewal](#)  
[Form 442 - New License/Modification of License](#)  
[Form 702 - Assignment of License](#)  
[Form 703 - Transfer of Control](#)  
[Special Temporary Authority](#)  
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**Reports**  
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**Miscellaneous**  
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*Last Reviewed/Updated on 06/10/2008*

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https://appsteststage.fcc.gov/els/MedicalTestLicense.do?mode=Entry

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**Filing Options**

- Form 405 - License Renewal
- Form 442 - New License/Modification of License
- Form 702 - Assignment of License
- Form 703 - Transfer of Control
- Special Temporary Authority
- Add Attachments
- Reply to Correspondence
- Amend/Complete Application
- Return to 159 Form
- File an Informal Objection

**Reports**

- Application Status
- Call Sign Search
- Generic Search
- Point Radius Search

**Miscellaneous**

- Get FRN
- ELS Notification Website
- User's Manual
- Get Software
- FAQ

**Application for Medical Testing License**

\* - Indicates that this field must be completed before this page can be submitted.

\* Applicant's FCC Registration Number (FRN):

\* Applicant (Company) Name:

\* Attention To:

\* Street Address (If no P.O. Box):

\* P.O. Box (If no Street Address):

\* City:

\* State (If Country is United States):

\* Zip Code (If Country is United States):

\* Country (If not the United States):

\* E-mail Address:

**Save & Continue »**

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**Form 703 - Transfer of Control**

Special Temporary Authority

Add Attachments

Reply to Correspondence

Amend/Complete Application

Return to 159 Form

File an Informal Objection

**Reports**

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- FAQ

**Eligibility Questions**

\* Applicant affirms that they are a health care facility as defined in section 95.1103(b) of the Commission's rules

Yes  No

\* Will this license involve clinical testing trials

Yes  No

\* Does the applicant require non-disclosure of proprietary information as part of the justification of this license?

Yes  No

\* Will this license involve a product development or market trial?

Yes  No

\* Is applicant a foreign government or a representative of a foreign government?

Yes  No

\* APPLICANT ANTI-DRUG ABUSE CERTIFICATION:

By checking "YES", the individual applicant certifies that he or she is eligible for this license. This requires that he or she is not subject to a denial of federal benefits, including FCC benefits, as a result of a drug offense conviction pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C 862. A non-individual applicant, eg., corporation, partnership or other unincorporated association, certifies that no party to the application is subject to a denial of federal benefits, pursuant to that section. For definition of a "party" for these purposes, see 47CFR 1.2002(b).

Yes  No

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### Medical Testing License Questions

- \* - Indicates that this field must be completed before this page can be submitted.
- \* Has applicant or any party to this application had any FCC station license or permit revoked or any application for permit, license or renewal denied by this Commission?  
 Yes  No  
 Note: If "YES", include as an exhibit a statement giving call sign of license or permit revoked and relate circumstances.
- \* Do you intend to use any of the federal exclusive and shared frequencies?  
 Yes  No
- \* Do you intend to operate on commercial mobile radio service (CMRS)?  
 Yes  No
- \* Do you intend to operate on public safety frequencies?  
 Yes  No

Give the following information of person who can best handle inquiries pertaining to this application:

- \* Last Name:
- \* First Name:
- \* Title:
- \* Phone Number:
- \* E-mail Address:

\* Insert a short description of the purpose of this application, or for modifications describe what is being modified:  
  
 (Maximum 255 characters) You have 255 characters left.

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### Medical Testing License Certification

- \* - Indicates that this field must be completed before this page can be submitted.

Certification

**THE APPLICANT CERTIFIES THAT:**

- The radio frequency experimentation will be conducted in a defined geographic area under the applicant's control; and
- The applicant has institutional processes to monitor and effectively manage a wide variety of research projects; and
- The applicant has demonstrated expertise in radio spectrum management or partner with another entity that such expertise.

**THE APPLICANT FURTHER CERTIFIES THAT:**

- All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant's knowledge; and
- The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Authorized Party to Sign

Signature Date: Thu Mar 12 09:39:19 EDT 2015

- \* Signature of Applicant (Authorized person filing application):
- \* Title of Person Signing Application:

WILLFUL FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

NOTIFICATION TO INDIVIDUALS UNDER PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

Information requested through this form is authorized by the Communications Act of 1934, as amended, and specified by Section 308 therein. The information will be used by Federal Communications Commission staff to determine eligibility for issuing authorizations in the use of the frequency spectrum and to effect the provisions of regulatory responsibilities rendered by the Commission by the Act. Information requested by this form will be available to the public unless otherwise requested pursuant to 47 CFR 0.459 of the FCC Rules and Regulations. Your response is required to obtain this authorization.

Public reporting burden for this collection of information is estimated to average four (4) 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 the burden to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0065), Washington DC 20554. DO NOT send completed applications to this address. Individuals are not required to respond to this collection unless it displays a currently valid OMD control number.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507

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### Experimental License Location Information

\*State:   
 County:   
 \*City:   
 \*Street Address:

Click on "Refresh Map" to load map with specified location

Get Current Location

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### Submit ELS Attachments

**NOTICE: Please be sure the following exhibits have already been submitted:**  
[Click Here For Attachment Submission Instructions.](#)  
 Applicant Eligibility: Criteria set forth in Part 5 subpart F of Commission Rules

Description: \*   
 Exhibit Type: \*   
 File Format: \*   
 File Location: \*  No file chosen

\* - This field is required.