

**APPLICATION FOR
MEDICAL/SCIENTIFIC ORGANIZATION MEMBERSHIP
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:	Email:

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 this collection of information is estimated to average 2 hours 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 14N-39, 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. 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.

Date:	Signature:
Print Name:	Title:
OPTN Member Code:	

Application for Medical/Scientific Membership

1. Provide the following documents:
 - a) A current roster of the organization's board of directors and officers.
 - b) A copy of the organization's Articles of Incorporation and Bylaws.
 - c) A copy of the organization's IRS non-profit status letter.
 - d) A copy of the organization's last annual report or annual financial report.
2. Describe how this organization/institution meets the requirement for being an organization whose members include medical or scientific professional members with an interest in organ donation or transplantation. Provide the documentation as required in either question 2a or 2b (below).

[Insert detailed response here. Table will expand automatically]

- a) Provide documentation that demonstrates that this organization has been in operation for a least one year.

[Insert detailed response here or reference attachment. Table will expand automatically]

- b) Provide letters of recommendation from at least three OPTN members (transplant hospital, OPO, histocompatibility laboratory, public organization, or medical/scientific members).