

## Rural Health Care Telecommunications Program

### Connection Certification Form (FCC Form 467)

Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each applicant will see, the order in which they will see information, or the exact wording or directions used to collect the information. Where possible, information already provided by applicants from previous filing years or that was pre-filed in the system portal will be carried forward and auto-populated into the form.

Item #	Field Description	Purpose/Instructions
1	FCC Form 466 Application Number	Auto-populated by the system: This is a unique identifier for each Request for Funding (FCC Form 466).
2	Funding Request Number (FRN)	Auto-populated by the system: This is the unique identifier for each Request for Funding (FCC Form 466) provided in the funding commitment letter (FCL) issued by the Universal Service Administrative Company (USAC) to the applicant.
3	Funding Year: Funding Start Date	Auto-populated by the system: This displays the date funding began for an FRN.
4	Funding Year: Funding End Date	Auto-populated by the system: This displays the date funding will end/ended for an FRN.
5	Health Care Provider (HCP) Number	Auto-populated by the system: This is the unique USAC-assigned identifier for the site listed in Site Name. The Site Number was issued by USAC when the FCC Form 465 was completed.
6	HCP Name	Auto-populated by the system: This is the site name submitted on the FCC Form 465.
7	HCP Contact Information	Auto-populated by the system: This is the site's physical address, county, city, state, zip code, telephone, website, contact name, contact employer and geolocation. Geolocation only applies to a site that does not have a street address. This information was previously submitted on the FCC Form 465.
8	Legal Entity Name	Auto-populated by the system: If applicable. This is the name of the Legal Entity that owns and/or operates the site. In some cases, the Legal Entity Name may be different from the Site Name. This name was previously submitted on the FCC Form 465.
9	Legal Entity FCC RN	Auto-populated by the system: If applicable. This is the unique FCC identifier for the Legal Entity that owns and/or operates the site. This unique identifier was previously submitted on the FCC Form 465.

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10	Billed Entity Name	Auto-populated by the system: If applicable. This is the entity that pays the bills of the service provider for the site. This may be the site itself, or it may be the “parent” organization, association, consortium, etc. to which the site belongs. This information was previously submitted on the FCC Form 466.
11	Billed Entity Contact Information	Auto-populated by the system: If applicable. This is the Billed Entity’s physical address, county, city, state, zip code, telephone, website, contact name, contact employer, email address and geolocation. This information was previously submitted on the FCC Form 466.
12	Consortium Name	Auto-populated by the system: If applicable. The user identifies as being a member of a larger collective group (e.g., consortium, association, network, etc.) that participates in either the Telecommunications or HCF Programs. This information was previously submitted on the FCC Form 465.
13	498 ID of Service Provider(s)	Auto-populated by the system: The selected service provider’s 498 ID (formerly the Service Provider Identification Number (SPIN) ID). This ID is pulled from the FCC Form 466 for an FRN. There may be multiple service providers should the circuit have multiple connections.
14	Service Provider Name(s)	Auto-populated by the system: Based on the 498 ID(s) entered on the FCC Form 466 for an FRN. There may be multiple service providers if the circuit has multiple connections.
15	Service Provider/Applicant Invoice Number	Optional. Allows the service provider and/or applicant to track their FCC Form 466/467 within their billing system.
16	Action Taken	User selects purpose of the FCC Form 467 which can be to: (1) confirm the accuracy of all information provided on the FCC Form 466; (2) notify USAC of a disconnection of service; or (3) inform USAC that service was not turned on during the funding year.
17	Expense/Service Type	Auto-populates. This is the expense/service category the health care provider identified on their submitted Form 466.
18	Bandwidth	Auto-populates. User must confirm the site is receiving the same bandwidth identified on their submitted FCC Form 466.
19	Date Service Started	The date service began or is expected to begin. If the service start date is delayed, the actual service start date should be indicated here.

Item #	Field Description	Purpose/Instructions
20	Date Service Ended/Disconnected	The date service is to end or was disconnected. If the actual end date or disconnection date occurred before the original reported service end/disconnection date, the actual service end or disconnection date should be indicated here.
21	Contract Status	Displays the status of the contract (e.g., month-to-month, evergreen, etc.).
22	Billing Account Number (BAN)	The line item BAN listed on the service provider's bill.
23	Total Actual Undiscounted Cost	The actual total undiscounted cost (including taxes and fees) for the billing period.
24	Percentage of Expense Eligible	Auto-populated by the system: The percentage of the item expense that is eligible for support.
25	Percentage of Usage Eligible	Auto-populated by the system: The percentage of the line item expense that is used by an eligible site.
26	Total Eligible Actual Cost	Auto-populated by the system: The system will calculate and display the total amount of the line item expense that is eligible for universal service support.
27	USF Support Committed	Auto-populated by the system: The system will calculate and display the total amount of the eligible line item expense that USAC may pay the service provider for the line item.
28	Supporting Documentation	Optional. Provides the option for the user to upload and submit supporting documents to their request.
29	I certify under penalty of perjury that the service identified above has been or is being provided to the above-named applicant.	The Authorized Person is required to provide all required certifications and signatures. For individual applicants, certifications must be signed by an officer or director of the applicant. For consortium applicants, an officer, director, or other authorized employee of the Consortium Leader must sign the required certifications. The applicant must provide this certification in order to receive universal service fund support.
30	I certify under penalty of perjury that the universal service credit will be applied to the telecommunications service billing account of the applicant or the billed entity as directed by the applicant.	See Item #29 Purpose/Instructions above.
31	I certify under penalty of perjury that I am authorized to submit this request on behalf of the above-named applicant.	See Item #29 Purpose/Instructions above.

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32	I certify under penalty of perjury that I have examined the invoice and supporting documentation and that, to the best of my knowledge, information and belief, all statements contained herein are true.	See Item #29 Purpose/Instructions above.
33	I certify under penalty of perjury that the applicant or consortium that I am representing satisfies all of the requirements and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. § 254.	See Item #29 Purpose/Instructions above.
34	I understand that any letter from USAC that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.	See Item #29 Purpose/Instructions above.
35	I understand that all documentation associated with this request must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.	See Item #29 Purpose/Instructions above.
36	Signature	The Authorized Person is required to provide all required signatures and certifications. The FCC Form 467 must be certified electronically.
37	Date Submitted	Auto populated by system.
38	Date Signed	Auto populated by system.
39	Authorized Person Name	This is the name of the Authorized Person certifying the FCC Form 467. This field will be auto-populated if the name of the Authorized Person is already within the system.
40	Authorized Person's Employer	This is the name of the employer of the Authorized Person certifying the FCC Form 467. This field will be auto-populated if already within the system.
41	Authorized Person's Employer FCC RN	This is the FCC RN of the Authorized Person certifying the FCC Form 467. This field will be auto-populated if already within the system.

Item #	Field Description	Purpose/Instructions
42	Authorized Person's Title/Position	This is the title of the Authorized Person signing the FCC Form 467. This field will be auto-populated if already within the system.
43	Authorized Person's Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the FCC Form 467. This field will be auto-populated if already within the system.
44	Authorized Person Telephone Number	This is the telephone number of the Authorized Person certifying the FCC Form 467. This field will be auto-populated if already within the system.
45	Authorized Person Email Address	This is the email address of the Authorized Person certifying the FCC Form 467. This field will be auto-populated if already within the system.