Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0184
Expiration Date: xx/xx/20xx

OPTN Business Membership Application

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.

If you have any questions, please call the UNOS Membership Team at 833-577-9469 or email MembershipRequests@unos.org.

Instructions:

When applying or re-applying for membership, a designated member of the business must sign in the space provided below.

This individual will be contacted for any matters relating to the business membership, including renewal.

Business Membership Representative

_____	_____
Print Name	**Signature**
_____	_____
Title	**Email Address**

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Part 1: General Information

Name of Organization: _____

OPTN Member Code: _____

Office Address

Street: _____ Suite: _____ Phone #: _____

City: _____ State: _____ Zip: _____Fax #: _____

Mailing Address (if different from Office Address)

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Name of Person Completing Form: _____ Title: _____

Email Address of Person Completing Form: _____

Date Form is submitted to OPTN Contractor: _____

Applying for:

☐ New Membership

☐ Membership Renewal

Part 2: General Requirements

A business member must be an organization in operation for at least one year that engages in commercial activities with two or more active OPTN transplant hospital, OPO, or histocompatibility laboratory members.

1. ***Date organization began operation*: _____**

2. ***Provide documentation that demonstrates that the organization has been in operation for at least one year. Documents may include:***

   - Organization's last annual report or annual financial report
   - Organization's Articles of Incorporation and Bylaws
   - Current roster of the organization's board of directors and officers

3. ***Provide an explanation for why the business would like to be a new or renewing member of the OPTN.***
   - ***Include how the organization engages in commercial activities with two or more active OPTN transplant hospital, OPO, or histocompatibility laboratory members.***
   - ***Name at least two OPTN members the business engages with today.***

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PUBLIC BURDEN STATEMENT

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN Bylaw requirements for membership in the OPTN; and to monitor compliance of member organizations with OPTN Obligations. 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 information collection is 0915-0184 and it is valid until xx/xx/20xx. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.88 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 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.