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

Primary Program Administrator Form

CERTIFICATION

The undersigned 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.

OPTN Representative

_____	_____	_____
Printed Name	**Signature**	**Email Address**

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A **primary program administrator** is the identified administrative lead for the transplant program.

Name of Transplant Hospital: _____

OPTN Member Code (4 Letters): _____

This individual will be the Primary Program Administrator for the following organ type(s)/organization (please check below all that apply):

- ☐ **Kidney**
- ☐ **Liver**
- ☐ **Intestine**
- ☐ **Pancreas**
- ☐ **Islet**
- ☐ **Heart**
- ☐ **Lung**
- ☐ **VCA – Head and Neck**
- ☐ **VCA – Upper Limb**
- ☐ **VCA – Lower Limb**
- ☐ **VCA – Abdominal Wall**
- ☐ **VCA – Musculoskeletal Composite Graft Segment**
- ☐ **VCA – Spleen**
- ☐ **VCA – Vascularized Gland**
- ☐ **VCA – Uterus**
- ☐ **VCA – External Male Genitalia**
- ☐ **VCA – Other Genitourinary Organs**

Name of Primary Program Administrator: _____

Credentials: _____

Title at Hospital: _____

Phone Number: _____

Email: _____

Requestor Name: _____

Date Submitted to OPTN: _____

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

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 membership requirements; 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 0.45 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.