

OPTN Attestation Form

OPTN Attestation

Please read the attestation below carefully. By typing your full name in the signature field, you confirm that you understand and agree to the responsibilities outlined. Your typed name will serve as your legal signature and indicates your commitment to uphold the duties of an OPTN volunteer.

Attestation Agreement

I understand and acknowledge that as a Director/Committee Member/Volunteer serving the OPTN Board of Directors, I must carry out the responsibilities of the OPTN authorized by the National Organ Transplantation Act (NOTA) (42 U.S.C. § 273 *et seq.*) and the OPTN Final Rule (42 C.F.R. part 121). I will follow applicable laws, regulations, the OPTN Bylaws, the OPTN Management and Membership Policies, and the Health Resources and Services Administration (HRSA) OPTN Board of Directors Designation Agreement and as applicable, I will work with OPTN Contractors to carry out the requirements of OPTN Contracts. My advice and opinions will be the result of my own independent judgment, and I will not take into consideration any responsibilities I have to any other organization while I fulfill my responsibilities to the OPTN Board and INVEST.

Signature: _____

Your typed name will serve as your legal signature and indicates your commitment to uphold the duties of an OPTN Board Director/Committee Member/Volunteer.

Date (mm/dd/yyyy): _____

Please input today's date

Email Address: _____

Please enter an email

The public reporting burden for this information collection is estimated to be 4.8 minutes. This burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the information. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number (3206-0246), 1900 E Street NW, Washington, DC 20415-7900. You are not required to respond to this collection of information unless a valid OMB control number is displayed.

Workgroup Attestation Form

Example Attestation: Policy Workgroup

First Name: _____

Middle Initial: _____

Last Name: _____

Email: _____

I understand and acknowledge that as a volunteer of INVEST and serving on the **OPTN _____ Workgroup** ("Workgroup"), I have a duty to the OPTN and must act in its best interests at all times. I recognize that I must carry out the responsibilities of the OPTN authorized by the National Organ Transplantation Act (NOTA) (42 U.S.C. § 273 *et seq.*) and the OPTN Final Rule (42 C.F.R. part 121), and all other applicable laws, regulations, and contractual requirements.

- As a Workgroup member, I will make decisions, offer advice, and otherwise fulfill my responsibilities in a manner that is transparent, inclusive, enhances public trust in the national organ donation system, and otherwise best supports OPTN's mission to promote long, healthy, and productive lives for persons with organ failure through maximizing organ supply, effective and safe care, and equitable organ allocation and access to transplantation.
- I agree that I will: (i) utilize and refer to all new materials and information related to a particular Workgroup project that are reasonably available to me as a volunteer; and (ii) consider such materials and information in addition to my past experiences and opinions when making decisions, offering advice, or otherwise fulfilling my responsibilities in connection with the project.
- I further agree that my duties of care and loyalty are to the OPTN, and pursuant to the OPTN Code of Conduct I agree to abide by the OPTN's Conflict of Interest Policy and the OPTN's Confidentiality Agreement. I will not consider any responsibilities or duties that I have to any other organization when making decisions, offering advice, or otherwise fulfilling my responsibilities as a volunteer.
- I have read and understand the above **OPTN _____ Workgroup Attestation** and I will act in accordance with this policy.

Signature: _____

Date (mm/dd/yyyy): _____

Public Burden Statement: This collection includes Organ Procurement and Transplantation Network (OPTN) Board of Directors and committee member applications and forms. 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 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 4.8 minutes 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 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.