



**Calendar Year 2014  
 ATTESTATION FORM FOR ELECTRONIC HEALTH RECORD (EHR)  
 INCENTIVE PROGRAM**

**SECTION 1: PROVIDER INFORMATION - Complete the Provider Information  
 Below**

**Section 1.1 – Provide the following information regarding the provider that is attesting for the EHR Incentive Program (fields marked with \* are required).**

First Name*	Middle Initial	Last Name*	Suffix (Jr., Sr., etc.)
Practice Address Line 1 (Street Name and Number – not a Post Office Box)*			
Practice Address Line 2 (Suite, Room, etc.)			
City/Town*		State (2 character code)*	
County*		Zip Code (5 digits)*	
Email Address*			
Confirm Email Address ( <i>This is how we will communicate with you</i> )*			
Business Telephone Number (include Area Code)*		Extension	
Individual National Provider Identifier (NPI) (10 digits)*			
EHR Technology Product Name(s) and Version Number used by Provider/Practice*			
CMS EHR Certification ID provided by the Office of the National Coordinator (ONC) via <a href="http://onc-chpl.force.com/ehrcert">http://onc-chpl.force.com/ehrcert</a> . If product no longer has a Certification ID, please provide prior Certification ID.*			



**Section 1.2 – If applicable, provide the information below for the person working on behalf of the provider. If no contact person is listed below, all return correspondence will be sent to the contact listed in Section 2.1 (fields marked with \* are required).**

First Name*	Middle Initial	Last Name*	Suffix (Jr., Sr., etc.)
Secondary Email Address*			
Confirm Email Address ( <i>This is how we will communicate with you</i> )*			
Business Telephone Number (include Area Code)*		Extension	



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## **SECTION 2: ATTESTATION - Complete the Attestation Information Worksheet Below**

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This EP Attestation Worksheet is for EPs in Stage 1 of meaningful use and must be completed in order to process the hardship exception.

- For an EP who has not previously successfully attested to meaningful use, the reporting period must be at least 90 consecutive days within the calendar year.
- For an EP who has successfully attested to meaningful use, the reporting period is a calendar year quarter. You must attest for one valid quarter in 2014.
- Numerator, denominator, and exclusion information for clinical quality measures (CQMs) must be reported directly from information generated by Certified EHR Technology (CEHRT).

Please enter your meaningful use data in the following Meaningful Use tables. Each measure's objective is included to help you enter the correct data. Certain measures do not require a numerator and denominator, but rather a yes/no answer, and are marked as such. Measures with exclusions have the exclusion description listed in the measure information section.

You must meet report on the following:

1. All thirteen (13) of the Core Measures
2. Five (5) out of ten (10) of the Menu Measures; at least one (1) public health measure must be selected.
3. Nine (9) of sixty-four (64) approved Clinical Quality Measures from three (3) different domains. CMS has a recommended core set of measures for adults and children.



### Meaningful Use Core Measures

*EPs must fill out all 13 Core Measure for the required Reporting Period.*

**Please list your Reporting Period here:** \_\_\_\_\_ **to** \_\_\_\_\_

#	Measure Information	Measure Values
1	<p><b>Objective:</b> Use computerized provider order entry (CPOE) for medication orders directly entered by a licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines</p> <p><b>Measure:</b> More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE</p> <p><b>Optional Alternate Measure:</b> More than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.</p> <p><b>Exclusion:</b> Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement</p>	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of patients in the denominator that have at least one medication order entered using CPOE	
	<b>Denominator:</b> Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period	
	<b>Optional Numerator:</b> Number medication orders in the denominator entered using CPOE	
	<b>Optional Denominator:</b> Number of medication orders created by the EP during the EHR reporting period	
2	<p><b>Objective:</b> Implement drug-drug and drug-allergy interaction checks</p> <p><b>Measure:</b> The EP has enabled this functionality for the entire EHR reporting period</p> <p><b>Note: This measure only requires a yes/no answer</b></p>	
	<b>Numerator:</b> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Denominator:</b> N/A	
3	<p><b>Objective:</b> Maintain an up-to-date problem list of current and active diagnoses</p> <p><b>Measure:</b> More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data</p>	
	<b>Numerator:</b> Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list	
	<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period	



#	Measure Information	Measure Values
4	<p><b>Objective:</b> Generate and transmit permissible prescriptions electronically (eRx)</p> <p><b>Measure:</b> More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology</p> <p><b>Exclusion 1:</b> Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement</p> <p><b>Exclusion 2:</b> Any EP who does not have a pharmacy within his/her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period would be excluded from this requirement</p>	
	Does exclusion 1 apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does exclusion 2 apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<p><b>Numerator:</b> Number of prescriptions in the denominator generated and transmitted electronically</p> <p><b>Denominator:</b> Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period</p>	
5	<p><b>Objective:</b> Maintain active medication list</p> <p><b>Measure:</b> More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data</p>	
	<b>Numerator:</b> Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data	
	<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period	
6	<p><b>Objective:</b> Maintain active medication allergy list</p> <p><b>Measure:</b> More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data</p>	
	<b>Numerator:</b> Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list	
	<b>Denominator:</b> Number of unique patients seen by the EP during the EHR report period	
7	<p><b>Objective:</b> Record all of the following demographics: preferred language, gender, race, ethnicity, and date of birth</p> <p><b>Measure:</b> More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data</p>	
	<b>Numerator:</b> Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data	
	<b>Denominator:</b> Number of unique patients seen by the EP during the EHR report period	

#	Measure Information	Measure Values
8	<p><b>Objective:</b> Record and chart changes in vital signs: height, weight, blood pressure, calculate and display body mass index (BMI), plot and display growth charts for children 2-20, including BMI</p> <p><b>Measure:</b> More than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data</p> <p><b>New Measure (Optional 2013; Required 2014 and beyond):</b> For more than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data</p> <p><b>Exclusion 1:</b> Any EP who does not see patients 2 years or older would be excluded from this requirement</p> <p><b>Exclusion 2:</b> An EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to scope of practice would be excluded from this requirement</p> <p><b>New Exclusion 3 (Optional in 2013; replaces exclusions above in 2014):</b> Any EP who:</p> <ol style="list-style-type: none"> <li>1. Sees no patients 3 years or older is excluded from recording blood pressure;</li> <li>2. Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;</li> <li>3. Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or</li> <li>4. Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.</li> </ol>	
	<b>Does exclusion 1 apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Does exclusion 2 apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Does exclusion 3 apply to you?</b> <i>If blood pressure is not relevant to scope of practice, numerator and denominator are based on recording of height and weight as structured data. If height and weight are not relevant to scope of practice, numerator and denominator are based on recording of blood pressure as structured data.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data. [BMI and growth charts will be automatically calculated by certified EHR and do not need to be included in the numerator calculation.]	
	<b>Denominator:</b> Number of unique patients age 2 or over seen by the EP during the EHR reporting period	
	<b>New Numerator:</b> Number of patients in the denominator who have at least one entry of their height, weight and blood pressure (ages 3 and over) recorded as structured data <b>Note: Optional in 2013; required in 2014 and beyond</b>	
	<b>New Denominator:</b> Number of unique patients (age 3 or over for blood pressure) seen by the EP during the EHR reporting period <b>Note: Optional in 2013; required in 2014 and beyond</b>	

#	Measure Information	Measure Values
9	<b>Objective:</b> Record smoking status for patients 13 years old or older <b>Measure:</b> More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data <b>Exclusion:</b> An EP who did not see patients 13 years or older would be excluded from this requirement	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of patients in the denominator with smoking status recorded as structured data <b>Denominator:</b> Number of unique patients age 13 or older seen by the EP during the EHR reporting period	
10	<b>Objective:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule <b>Measure:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule <b>Note: This measure only requires a yes/no answer</b>	
	<b>Numerator:</b> N/A <b>Denominator:</b> N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	<b>Objective:</b> Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon request <b>Measure:</b> More than 50 percent of all patients who request an electronic copy of their health information are provided it within three business days <b>Exclusion:</b> An EP who has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days <b>Denominator:</b> Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period	
12	<b>Objective:</b> Provide clinical summaries for patients for each office visit <b>Measure:</b> Clinical summaries provided to patients for more than 50 percent of all office visits within three business days <b>Exclusion:</b> Any EP who has no office visits during the EHR reporting period would be excluded from this requirement	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of office visits in the denominator for which the patient is provided a clinical summary within three business days <b>Denominator:</b> Number of office visits by the EP during the EHR reporting period	



#	Measure Information	Measure Values
13	<p><b>Objective:</b> Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities</p> <p><b>Measure:</b> Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process</p> <p><b>Note: This measure only requires a yes/no answer</b></p>	
	Numerator: N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Denominator: N/A	

**Menu Measures: EPs Must Fill in 5 out of 10 Measures**

*(At least 1 of these must be a public health measure, which are noted with an asterisk)*

#	Measure Information	Measure Values
1*	<p><b>Objective:</b> Capability to submit electronic data to immunization registries or immunization information systems and actual submission in accordance with applicable law and practice</p> <p><b>Measure:</b> Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically), except where prohibited</p> <p><b>Exclusion 1:</b> An EP who does not perform immunizations during the EHR reporting period would be excluded from this requirement</p> <p><b>Exclusion 2:</b> If there is no immunization registry that has the capacity to receive the information electronically, an EP would be excluded from this requirement</p> <p><b>Note: This measure only requires a yes/no answer</b></p>	
	Does exclusion 1 apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does exclusion 2 apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Numerator: N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Denominator: N/A	
2*	<p><b>Objective:</b> Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p> <p><b>Measure:</b> Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity receive the information electronically) except where prohibited</p> <p><b>Exclusion 1:</b> If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then the EP is excluded from this requirement</p> <p><b>Exclusion 2:</b> If there is no public health agency that has the capability to receive the information electronically, then the EP is excluded from this requirement</p> <p><b>Note: This measure only requires a yes/no answer</b></p>	
	Does exclusion 1 apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does exclusion 2 apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Numerator: N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Denominator: N/A	

#	Measure Information	Measure Values
3	<p><b>Objective:</b> Implement drug formulary checks</p> <p><b>Measure:</b> The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period</p> <p><b>Exclusion:</b> Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement</p> <p><b>Note:</b> This measure only requires a yes/no answer</p>	
	Does this exclusion apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Numerator: N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Denominator: N/A	
4	<p><b>Objective:</b> Incorporate clinical lab test results into EHR as structured data</p> <p><b>Measure:</b> More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data</p> <p><b>Exclusion:</b> Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period would be excluded from this requirement</p>	
	Does this exclusion apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Numerator: Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data	
	Denominator: Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number	
5	<p><b>Objective:</b> Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach</p> <p><b>Measure:</b> Generate at least one report listing patients of the EP with a specific condition</p> <p><b>Note:</b> This measure only requires a yes/no answer</p>	
	Numerator: N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Denominator: N/A	
6	<p><b>Objective:</b> Send reminders to patients per patient preference for preventive/follow-up care</p> <p><b>Measure:</b> More than 20 percent of all patients 65 years or older or 5 years old or younger were sent appropriate reminders during the EHR reporting period</p> <p><b>Exclusion:</b> Any EP who has no patients 65 years or older or 5 years old or younger with records maintained using certified EHR technology is excluded from this requirement</p>	
	Does this exclusion apply to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Numerator: Number of patients in the denominator who were sent the appropriate reminder	
	Denominator: Number of unique patients 65 years old or older or 5 years old or younger	

#	Measure Information	Measure Values
7	<p><b>Objective:</b> Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within four business days of the information being available to the EP</p> <p><b>Measure:</b> At least 10 percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information</p> <p><b>Exclusion:</b> Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period would be excluded from this requirement</p>	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online	
	<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period	
8	<p><b>Objective:</b> Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate</p> <p><b>Measure:</b> More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources</p>	
	<b>Numerator:</b> Number of patients in the denominator who are provided patient-specific education resources	
	<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period	
9	<p><b>Objective:</b> The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation</p> <p><b>Measure:</b> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP</p> <p><b>Exclusion:</b> An EP who was not the recipient of any transitions of care during the EHR reporting period would be excluded from this requirement</p>	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of transitions of care in the denominator where medication reconciliation was performed	
	<b>Denominator:</b> Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition	



#	Measure Information	Measure Values
10	<p><b>Objective:</b> The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral</p> <p><b>Measure:</b> The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals</p> <p><b>Exclusion:</b> An EP who does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period would be excluded from this requirement</p>	
	<b>Does this exclusion apply to you?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Numerator:</b> Number of transitions of care and referrals in the denominator where a summary of care record was provided	
	<b>Denominator:</b> Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider	

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**SECTION 3: Clinical Quality Measures (CQMs) – Complete the Information Below**

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In 2014, Eligible Professionals must select and report on nine (9) of sixty-four (64) approved CQMs for the Medicare EHR Incentive Program. CQMs need to be chosen from three (3) different domains. CMS has a recommended core set of measures for adults and children. Please refer to the following web site for additional information: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP\\_Attestation\\_User\\_Guide.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf)

To complete this section of the attestation please attach a report from your EHR indicating that you have met the CQM requirements.

Required CQM information attached\*



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**SECTION 4: CERTIFICATION STATEMENT – Complete the Certification Statement Below**

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**GENERAL NOTICE**

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**SIGNATURE OF ELIGIBLE PROFESSIONAL**

I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program Meaningful Use Attestation I requested will result in a change in the amount I will be paid from Federal Funds, and that by filling this Meaningful Use Attestation I am submitting a claim for Federal Funds, and the use of any false claims, statements, or documents, or the concealment of a material fact used to participate in the Medicare EHR Incentive Program, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

SUBMITTER WORKING ON BEHALF OF A PROVIDER: I certify that I am submitting this Meaningful Use Attestation on behalf of a provider who has given me authority to act as his/her agent. I understand that both the provider and I can be held personally responsible for all information entered.

I hereby agree to keep such records as are necessary to support the Meaningful Use Attestation submitted for the Medicare EHR Incentive Program and to furnish those records both in the Meaningful Use Attestation and at a future time upon request from the Department of Health and Human Services, or a contractor acting on their behalf.

Participation in the EHR Incentive Program will only be granted if this Meaningful Use Attestation is completed and approved as required by existing law and regulations (42 CFR §495.102).

**NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds requested by this Meaningful Use Attestation may upon conviction be subject to fine and imprisonment under applicable Federal laws.**



**ROUTINE USE(S):** Information from this Medicare EHR Incentive Program Meaningful Use Attestation and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local and foreign government agencies, private business entities and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation relation to the operation of the Medicare EHR Incentive Program.

**DISCLOSURES:** This program is an incentives program. Therefore, while submission of information for this program is voluntary, failure to provide necessary information will result in delay in processing the Meaningful Use Attestation or may result in a denial of a Meaningful Use Attestation for the Medicare EHR Incentive Program payment. Failure to furnish subsequently requested information or documents to support this attestation may result in overpayments and the issuance of an overpayment demand letter followed by recoupment procedures.

It is mandatory that you tell us if you believe you have been overpaid under the Medicare EHR Incentive Program. The Patient Protection and Affordable Care Act, Section 6402, Section 1128J, provides penalties for withholding this information.

By confirming this certification statement, I agree, and it is my intent, to sign this Meaningful Use Attestation and affirmation by including my name and the date below. I understand that completing the information below is the legal equivalent of having placed my handwritten signature on the submitted Meaningful Use Attestation and this affirmation.

**Confirm\***

\*Date (MM/DD/YYYY):

\*Type name of individual completing form: