

Pennsylvania eHealth Partnership Program

Portal User Onboarding Grant

Technical Implementation Attestation and Survey

To be completed by the Health Information Organization (HIO):

Health Information Organization Name: _____

Onboarded Organization Name: _____

Date of Technical Onboarding Completion: _____

Name of Individual Completing This Form: _____

Title of Individual Completing This Form: _____

Phone Number: _____ email Address: _____

By my signature below, I attest to the following:

- A. I certify that the information on the enclosed attestation is accurate and complete as submitted.
- B. I understand that the payment for these services will be from federal and state funds and that I may be prosecuted for false claims, statements or documents, or concealment of material facts.

Signature: _____ Date: _____

Printed Name: _____ Title: _____