

**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: \_\_\_\_\_

Please note that the Department of Human Services may contact you to validate that you completed this form.