FCC Form **460**

OMB Approved 3060-0804
Estimated Time Per Response: 1 hour

Rural Health Care (RHC) Universal Service
Eligibility and Registration Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted:

2 Applying to:
- ○ Determine eligibility of an HCP site
- ○ Determine eligibility of Consortium
- ○ Register an off-site data center
- ○ Register an ineligible site
- ○ Register an off-site administrative office

2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.

2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.

3 HCP Number	4 Site Name
5 Name of Legal Entity	
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:	
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):	
7 Site Contact Name	
8 Address Line 1	
9 Address Line 2	10 County
11 Geo Location (if no street address)	

12 City	13 State	14 Zip Code
15 Phone Ext.	16 Email	

Block 3: Consortium Information

17 HCP Number

18 Name of Consortium

19 Is the Consortium a legal entity? ○ Yes ○ No If yes, Consortium FCC RN:

20 Consortium has a written agreement allocating legal and financial responsibility. ○ Yes ○ No

If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.

21 Consortium Leader Type:
- ○ The Consortium
- ○ An eligible HCP participating in the Consortium
  HCP Number: _____
- ○ Ineligible State organization
- ○ Ineligible public sector (government) entity
- ○ Ineligible non-profit entity

A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.

22 Consortium Leader Contact Information	23 Name of Consortium Leader

Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.

24 List participating sites by HCP Number (eligible/ineligible)

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name

26 Employer

27 Address Line 1 ○ Same as Physical Location

28 Address Line 2

29 City	30 State	31 Zip Code
32 Phone # Ext.	33 Email	

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		○ Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone # Ext.	42 Email	

Block 5: Eligibility Category

43 Select the category that describes the HCP site
(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)

- ○ **A.** Community health center or health center providing health care to migrants
- ○ **B.** Community mental health center
- ○ **C.** Local health department/agency
- ○ **D.** Non-profit hospital
- ○ **E.** Part-time eligible entity located in an ineligible facility
- ○ **F.** Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school
- ○ **G1.** Rural health clinic
  G2. Is this a mobile rural health care provider? ☐ Yes ☐ No
- ○ **H.** Dedicated ER of rural, for-profit hospital
- ○ **I.** Consortium of the above

44 Provide a brief explanation of why this site qualifies as the organization type selected above:

Block 6: Additional Information

45 Non-Profit Tax ID (EIN):

46 National Provider Identifier:	47a Organization Taxonomy Code:
Explanation if necessary (see instructions)	47b Site Taxonomy Code:
	Explanation if necessary (see instructions)

48 If a Non-Profit Hospital, is this a Critical Access Hospital? ☐ Yes ☐ No

49 If a Non-Profit Hospital, how many licensed patient beds are at the site? _____

50 Is the site location: ☐ On Tribal lands ☐ Otherwise affiliated with a Tribe
☐ Operated by the Indian Health Service ☐ N/A

51 [Reserved]	52 [Reserved]

Block 7: Certifications and Signatures

53 ☐	I certify that I am authorized to submit this request on behalf of the site or consortium.
54 ☐	I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
55 ☐	If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).
56 ☐	If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.
57 ☐	I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.
58 ☐	If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

59 Signature	60 Date
61 Printed Name of Authorized Person	
62 Title/Position of Authorized Person	
63 Phone Ext.	64 Email
65 Employer	66 Employer's FCC RN

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT
Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.