

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 #3060-0804.

FCC Form
467

**Health Care Providers Universal Service
Connection Certification**

OMB Approval
3060-0804

Estimated Average Burden Hours Per Response: .5 hours

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

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the telecommunications carrier(s) began providing the telecommunications service(s) for which the HCP is seeking to receive reduced rates (i.e. the service is turned on) under the universal service support mechanism. Form 467 is also the means by which an HCP or its authorized representative notifies RHCD of the disconnection of a discounted telecommunications service or that the service was not or will not be turned on.

An applicant must submit one Form 467 for each Form 466 that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name	2 Consortia Name
3 HCP Number	

Block 2: Funding Year Information

4 Funding Year - Check only one box	<input type="checkbox"/> Year 4 (7/1/2001-6/30/2002)	<input type="checkbox"/> Year 5 (7/1/2002-6/30/2003)	<input type="checkbox"/> Year 6 (7/1/2003-6/30/2004)
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Block 3: Bill Payer Information

5 Billed Entity Name	
6 Contact Person's Name	7 Contact Person's Phone Number

Block 4: Action Taken

8 By filing this form, the HCP or its authorized representative is (check one):
<input type="checkbox"/> Confirming the connection of a telecommunications service for which the HCP has requested a discount and the accuracy of all information previously filed with RHCD regarding this service; or
<input type="checkbox"/> Notifying RHCD of the disconnection of a discounted telecommunications service. Date of Disconnection (mm/dd/yyyy)_____
<input type="checkbox"/> Informing RHCD that service was not (or will not be) turned on during the funding year

Block 5: Connection Information

	Carrier A	Carrier B	Carrier C
9 Funding Request Number			
10 Telecommunications Carrier Name			
11 Service Provider Identification Number (SPIN)			
12 Billing Account Number			
13 Type of Telecommunications Service & Circuit Bandwidth			
14 Actual Service Start Date (date service began)			
15 End of Service Date (date service was or will be turned off)			

Please remember:

- ◆ This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466.
- ◆ You may submit this form along with the Form 466 only if the service has started.

Block 6: Certification

- 16 I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.
- 17 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

18 Signature	19 Date
20 Printed name	21 Title or position

NOTICE TO INDIVIDUALS: Section 54.603(b)(4) of the Federal Communications Commission's rules requires all health care providers requesting direct benefits from this support mechanism to file this Connection Certification Form (FCC Form 467) with the Rural Health Care Division. 47 C.F.R. § 54.603(b)(4). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4).

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management Branch, Washington, D.C. 20554.

Persons willfully making false statements on this form may 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.

This form should be submitted to:
Rural Health Care Division
80 S. Jefferson
Whippany, NJ 07981

For shipping companies that require a street address, the form should be submitted to:
Rural Health Care Division

80 S. Jefferson
Whippany, NJ 07981