OMB No. 0915-0184
Expiration Date: 02/28/2029

Additional Surgeons and Physicians Form

CERTIFICATION

The undersigned, a duly authorized representative of the applicant, does hereby certify that the answers and attachments to this application are true, correct and complete, to the best of his or her knowledge after investigation. I understand that the intentional submission of false data to the OPTN may result in action by the Secretary of the Department of Health and Human Services, and/or civil or criminal penalties. By submitting this application to the OPTN, the applicant agrees: (i) to be bound by OPTN Obligations, including amendments thereto, if the applicant is granted membership and (ii) to be bound by the terms, thereof, including amendments thereto, in all matters relating to consideration of the application without regard to whether or not the applicant is granted membership.

Program Director

_____	_____	_____
Printed Name	**Signature**	**Email Address**

Name of Person Completing Form: _____ **Title:** _____

Email Address of Person Completing Form: _____

Date Form is submitted to OPTN Contractor: _____

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Instructions:

Complete this form to identify any surgeons or physicians involved in the transplant hospitals programs and/or components that meet the definition of additional.

Additional Transplant Surgeons must be credentialed by the transplant hospital to provide transplant services and be able to independently manage the care of transplant patients, including performing the transplant operations and organ procurement procedures.

Additional Transplant Physicians must be credentialed by the transplant hospital to provide transplant services and be able to independently manage the care of transplant patients.

Submit one form per individual. Provide a hospital credentialing letter with the form.

Name of Transplant Hospital: _____

OPTN Member Code (4 Letters): _____

_____	_____	_____
Name	**Credentials**	**NPI # (optional)**

Check one:

Surgeon **Physician**

This individual is involved in the following transplant programs and components (select all that apply):

- ☐ **Kidney**
- ☐ **Kidney (Living Donor)**
- ☐ **Kidney (Pediatric)**
- ☐ **Liver**
- ☐ **Liver (Living Donor)**
- ☐ **Liver (Pediatric)**
- ☐ **Intestine**
- ☐ **Pancreas**
- ☐ **Pancreas (Pediatric)**
- ☐ **Islet**
- ☐ **Heart**
- ☐ **Heart (Pediatric)**
- ☐ **Lung**
- ☐ **Lung (Pediatric)**
- ☐ **VCA – Head and Neck**
- ☐ **VCA – Upper Limb**
- ☐ **VCA – Lower Limb**
- ☐ **VCA – Abdominal Wall**
- ☐ **VCA – Musculoskeletal Composite Graft Segment**
- ☐ **VCA – Spleen**
- ☐ **VCA – Vascularized Gland**
- ☐ **VCA – Uterus**

☐ **VCA – Uterus (Living Donor)**

☐ **VCA – External Male Genitalia**

☐ **VCA – Other Genitourinary Organ**

PUBLIC BURDEN STATEMENT

The private, non-profit Organ Procurement and Transplantation Network (OPTN) collects this information in order to perform the following OPTN functions: to assess whether applicants meet OPTN membership requirements; and to monitor compliance of member organizations with OPTN Obligations. 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 0915-0184 and it is valid until 02/28/2029. This information collection is required to obtain or retain a benefit per 42 CFR §121.11(b)(2). All data collected will be subject to Privacy Act protection (Privacy Act System of Records #09-15-0055). Data collected by the private non-profit OPTN also are well protected by a number of the Contractor's security features. The Contractor's security system meets or exceeds the requirements as prescribed by OMB Circular A-130, Appendix III, Security of Federal Automated Information Systems, and the Departments Automated Information Systems Security Program Handbook. The public reporting burden for this collection of information is estimated to average 0.84 hours per response, including the time for reviewing instructions, searching existing data sources, and 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 this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov.