

# California Technical Assistance Program Eligible Professional Technical Assistance Acknowledgment - Group

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**Name of Practice Group/Clinic**

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**NPI of Practice Group/Clinic**

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**CTAP Contractor Representative and Organization**

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**Signature of CTAP Organization Representative**

The California Technical Assistance Program (CTAP) is designed to assist Eligible Professionals (EPs) and their practice groups in participation in the Medi-Cal EHR Incentive Program with the installation and use of EHRs to attain meaningful use. Services are free-of-charge for EPs, with funding provided by the federal government and the State of California for the years 2015-2018. Participating professionals may receive services in the following areas: *Education and Outreach, Medi-Cal EHR Incentive Program Guidance, EHR Implementation, Practice and Workflow Redesign, Progress Toward Meaningful Use, Health Information Exchange*. Further information is available on the [California Technical Assistance website](#).

Eligible Professional Signature: By signing below I acknowledge that I am a physician, nurse practitioner, dentist, certified nurse midwife, optometrist, or physician assistant (at a PA-Led FQHC or RHC) who individually or with a group, meet the 30% Medicaid encounter volume (20% for pediatricians) required for the Medi-Cal EHR Incentive Program. I acknowledge that I have been fully informed of the technical assistance services that have or will be provided to me.

EP Name(s)	Individual NPI	EP License #	EP Type (MD, NP, etc.)	EP Signature	Date

<b>EP Name(s)</b>	<b>Individual NPI</b>	<b>EP License #</b>	<b>EP Type (MD, NP, etc.)</b>	<b>EP Signature</b>	<b>Date</b>

\*\*Practices may create their own roster, ensuring the above six categories are included.