

**Hospital
Electronic Health Record Documentation**

To complete their application in the SLR hospitals will need:

To upload at least one document (such as a contract, lease, or license) demonstrating a binding legal or financial commitment to adopt, implement, or upgrade CMS certified EHR technology. This may be:

- ✓ The entire document(s)

-OR-

- ✓ Completed, signed copies of the AIU Documentation Forms found on the following two pages (both the Hospital form and the Vendor form).
- ✓ Copies of the relevant pages from the contract, lease, license, or other legally or financially binding documents.

**Hospital
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This certifies that "[Name of Hospital]" at [Address] has a binding legal or financial commitment to adopt, implement, or upgrade certified electronic health record technology with CMS Certification ID [CMS Certification ID #]. Copies of the relevant pages from the contract or other written agreement for a certified EHR technology that provide sufficient detail to verify a binding legal or financial commitment are attached. The hospital agrees to retain complete copies of the attached materials or other written agreement for 7 years for purposes of auditing by the California Department of Health Care Services.

Name of Vendor	Name of Technology and version (required)	A=adopt I=implement U=upgrade (enter one)	CMS Certification ID Number (required)	Date of Commitment	Method of Commitment (check one)		
					Purchase	Lease	Other

The signee understands that Medi-Cal EHR incentive payments made to this hospital will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Signature of Hospital Representative _____
Date

"[Name of Hospital]"

"[Name of Representative, Title]"

Please also submit with Vendor Electronic Health Record Documentation form(s) – see next page for documentation form(s). If unable to obtain form(s) from your vendor(s), please provide explanation in an attached letter.

**Vendor
Electronic Health Record Documentation**

This certifies that "[Name of Hospital]" at [Address] has a binding legal or financial commitment to acquire or license the certified electronic health record technology applications listed below from [Name of Vendor].

Name of Technology	CMS Certification ID Number (required)	Date of contract or other written agreement(s)	Method of Commitment (check one)		
			Purchase	Lease	Other

The signee understands that Medi-Cal EHR incentive payments made to this hospital will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws.

Signature of Vendor Representative

Date

[Name of Vendor Representative]

[Title of Vendor Representative]

[Vendor Street Address]

[Vendor City, State, ZIP]

[Vendor Telephone Number]