

Figure 1

Eligible Professional’s Authorization of Surrogate to Register and Attest for the Medicare Electronic Health Record Incentive Program

**AUTHORIZATION OF SURROGATE TO REGISTER AND ATTEST ON BEHALF OF
ELIGIBLE PROFESSIONAL FOR THE MEDICARE ELECTRONIC HEALTH RECORD
("EHR") INCENTIVE PROGRAM**

The undersigned Eligible Professional hereby authorizes and approves an individual selected by Wexner Medical Center at The Ohio State University (OSUWMC) office of credentialing to act as the undersigned Eligible Professional’s agent for the sole and exclusive purpose of registering the undersigned Eligible Professional as a participant in the Medicare EHR Incentive Program and submitting an attestation as to the undersigned Eligible Professional’s meaningful use of certified electronic health record technology (including any necessary modifications with respect to such registration or attestation), all in accordance with the requirements of Medicare’s EHR Incentive Program and the instructions for the Medicare EHR Incentive Program Registration and Attestation System located at <https://ehrincentives.cms.gov>. This authorization is strictly limited to the purposes stated herein and may be revoked in writing at any time by the undersigned Eligible Professional.

Signature of Eligible Professional

Printed Name of Eligible Professional

Date

Note: A similar form exists for the Medicaid program.