# Corrective Action Plan

## SLI Compliance Email to: acb@slicompliance.com

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| Company and Contact Information | |
| **Company Name** |  |
| **Contact Name** |  |
| **Email** |  |
| **Phone** |  |
| Affected Product Information | |
| **Certified Product Name** |  |
| **Product Version(s) affected** |  |
| **ALL Certificate #s issued to this product** |  |
| Description and Assessment | |
| **Description** of the identified non-conformity/ies or deficiency/ies: | |
|  | |
| **Identification** of certified criteria or transparency requirement affected (e.g., 170.315(b)(1), or for transparency, 170.523(k)(1) ) – List all affected requirements: | |
|  | |
| **Assessment** of how widespread or isolated the identified non-conformities or deficiencies may be across all the customers and users of the certified product (all versions): | |
|  | |
| Corrective Action Plan | |
| **Plan for addressing** the identified non-conformities or deficiencies, at locations of all potentially affected customers and users: | |
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| **Plan** for notifications and confirmations:   1. How you will ensure that all affected and potentially affected customers and users are alerted to the identified non-conformities or deficiencies, including a detailed description of how you will assess the scope and impact of the problem, including identifying all potentially affected customers 2. How you will promptly ensure that all potentially affected customers are notified of the problem and plan for resolution 3. How and when you will resolve issues for individual affected customers; and 4. How you will ensure that all issues are in fact resolved: | |
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| **Date you will confirm** with SLI that you have completed all elements of the corrective action plan: | |
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| **Any additional elements** specified by the ONC or that SLI deems appropriate, consistent with our accreditation. (These are based on the specific finding and guidance will be provided if this requirement is applicable.) | |
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| Statement of Compliance | |
| **I attest that the statements in this document are complete and accurate.** | |
| **Name of Authorized Representative** |  |
| **Signature of Authorized Representative** |  |
| **Date** |  |

NOTE:

Upon completion of the Corrective Action Plan, you are required by the ONC to attest to having completed all elements of the corrective action plan. Please re-send your original form with the following section completed.

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| Statement of Completion – Do not fill in until the CA is completed and confirmed | |
| **NOTES** from developer, if needed (including any revisions or amendments to the original plan) | |
|  | |
| **I attest that the Corrective Action Plan specified in this document is complete.** | |
| **Name of Authorized Representative** |  |
| **Signature of Authorized Representative** |  |
| **Date** |  |