# Quarterly Certification Attestations

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

|  |  |  |  |
| --- | --- | --- | --- |
| Company and Contact Information | | | |
| **Company name** |  | | |
| **Contact Name** |  | | |
| **Email** |  | | |
| **Phone** |  | | |
| Certified Product Information | | | |
| **Certified Product Name** |  | | |
| **Certified Product Version** |  | | |
| **ONC CHPL Cert ID #(s) issued** to this SLI Certified product/version |  | | |
| **Date Range of the reported quarter** |  | | |
| Adaptations | | | |
| **No adaptations made** |  | | Mark ‘X’ in box to left if **NONE** |
| **If adaptations made**  Provide details about any additional platforms implemented | OR complete field below | | |
| SED Updates | | | |
| **No updates made or not certified to SED criteria** |  | | Mark ‘X’ in box to left if **NONE** |
| **If SED criteria updates made**  List updates/bug fixes made to the product related to the Safety Enhanced Design criteria since the latest quarterly form or certificate | OR complete field below | | |
| Use Cases for 170.315(d)(13) | | | |
| All (d)(13) use cases If certified to (d)(13), provide current hyperlink if changed – must include any updates **(only complete option 1 OR option 2, depending on attestation)** | - *OPTION 1:* If not certified to (d)(13) or certified to (d)(13) and attested “No” enter **NA**:        - *OPTION 2:* If certified to (d)(13) and attested “Yes,” were updates made to the use cases in the last quarter? Enter **Yes** or **No**:  Current Hyperlink **(if changed)**: | | |
| Voluntary Use of Newer Standards (SVAP) | | | |
| Identify all updates made or planned to certified Health IT Modules that involve voluntary use of newer standard versions. This section applies to SVAP standard updates only, not vocabulary code set updates or CQM version updates. <https://www.healthit.gov/topic/standards-version-advancement-process-svap> | | | |
| Update(s) to newer standards versions: (Must be those already approved by the ONC) |  | | Mark ‘X’ in box to left if **NONE** |
|  | OR complete field below indicating all updated standards and versions, criteria updated for each standard, date of update | | |
| Other Changes | | | |
| Non-functional (patches, cosmetic tweaks): List all patches and other non-functional changes |  | | Mark ‘X’ in box to left if **NONE** |
|  | OR complete field below | | |
| Functional changes: List all functional changes and attach separate files describing each change – include the **release notes** |  | | Mark ‘X’ in box to left if **NONE** |
|  | OR complete field below | | |
| Complaints Received | | | |
| **No complaints received during quarter** |  | | Mark ‘X’ in box to left if **NONE** |
| **Complaint log provided in separate document**  The attachment must include all complaints about the certified product relevant to the evaluated criteria, along with details and resolutions | OR complete field below and include the log as an attachment | | |
| Nonconformities | | | |
| **Nonconformities** against certified criteria or ONC requirements |  | | Mark ‘X’ in box to left if **NONE** |
|  | OR complete field below and attach full descriptions | | |
| Statement of Compliance | | | |
| **I attest that the statements in this document are complete and accurate.** | | | |
| **Name of Authorized Representative** | |  | |
| **Date (MM/DD/YYYY)** | |  | |

**Definitions**

Adaptations:

The ONC defines an adaptation as “a software application designed to run on a different medium that includes the full and exact same capabilities included in the [Certified Health IT product] (77 FR 54267).”

Updates:

According to the ONC, “For compliance with this requirement, the focus on ‘updates’ is for all updates to certified Health IT that affect the capabilities included in certification criteria to which the ‘safety-enhanced design’ criteria apply.”

Safety-enhanced Design criteria include:

170.315(a)(1)-(5), (a)(9), (a)(14), (b)(2), (b)(3) and (b)(11)

Other Changes:

**Non-functional** changes consist of routine maintenance releases or software patches. Also included are wholly cosmetic changes that do not impact the software’s underlying functionality.

**Functional changes** consist of any change in programming that impacts or changes the current software functionality. This includes updating to new standards, vocabulary code set updates, changes in system functions including operating system and database changes. It also includes moving existing functionality to a new area or screen, changing the workflow. All functional changes will be evaluated by SLI; additional testing may be required to maintain certification.