# Quarterly Certification Attestations

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

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| Company and Contact Information |
| **Company Name** |  |
| **Contact Name** |  |
| **Email** |  |
| **Phone** |  |
| Certified Product Information |
| **Certified Product Name** |  |
| **Certified Product Version** |  |
| **ONC CHPL Product Number(s)**issued to this SLI certified product/version |  |
| **Date Range of the Reported Quarter** |  |
| INSTRUCTIONS: For EACH section below, complete ONE of the columns, depending on which is applicable. |
| Adaptations | Complete this column ifNO ADAPTATIONS WERE MADE | -OR- Complete this column ifADAPTATIONS WERE MADE |
| 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).” |  |  | Provide details about any additional platforms implemented: |
| Mark ‘X’ in box above if **NONE** |  |
| SED Updates | Complete this column ifNO SED UPDATES WERE MADE or NOT CERTIFIED TO SED CRITERIA | -OR- Complete this column ifSED UPDATES WERE MADE |
| 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)(14), (b)(2), (b)(3), and (b)(11) |  |  | List updates/bug fixes made to the product related to the Safety Enhanced Design criteria since the latest quarterly form or certificate: |
| Mark ‘X’ in box above if **NONE** |  |
| MFA Use Cases for 170.315(d)(13) | Complete this column ifNO USE CASE UPDATES WERE MADEor PRODUCT DOES NOT USE MFAor PRODUCT NOT CERTIFIED TO d13 | -OR- Complete this column ifMFA USE CASE UPDATES WERE MADE |
| If the product is not certified to 170.315(d)(13) or the product does not use MFA, mark the NONE box. If the product is certified to 170.315(d)(13) and uses MFA but no changes were made to the use cases, mark the NONE box. |  |  | List updates made to MFA use cases in the last quarter. Include MFA hyperlink only if it has changed: |
| Mark ‘X’ in box above if **NONE** |  |
| Voluntary Use of Newer Standards (SVAP) | Complete this column ifNO SVAP UPDATES WERE MADE OR ARE PLANNED | -OR- Complete this column ifSVAP UPDATES WERE MADE OR ARE PLANNED |
| Identify all updates made or planned to certified Health IT Modules that involve voluntary use of newer standard versions (must be those already approved by the ONC). **This section applies to SVAP standard updates only, which are indicated at** [**https://www.healthit.gov/topic/standards-version-advancement-process-svap**](https://www.healthit.gov/topic/standards-version-advancement-process-svap)**.** Do **NOT** include vocabulary code set updates, CQM version updates, or required regulatory updates (e.g., updating to USCDI v3 to comply with the HTI-1 Final Rule). |  |  | List all SVAP standards and versions updated or planned to be updated, criteria updated for each standard, and date of update. |
| Mark ‘X’ in box above if **NONE** |  |
| Other Non-Functional Changes | Complete this column ifNO NON-FUNCTIONAL CHANGES WERE MADE | -OR- Complete this column ifNON-FUNCTIONAL CHANGES WERE MADE |
| **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. |  |  | List all patches and other non-functional changes: |
| Mark ‘X’ in box above if **NONE** |  |
| Other Functional Changes | Complete this column ifNO FUNCTIONAL CHANGES WERE MADE | -OR- Complete this column ifFUNCTIONAL CHANGES WERE MADE |
| **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. |  |  | List all functional changes and attach separate files describing each change – include the **release notes**: |
| Mark ‘X’ in box above if **NONE** |  |
| Complaints Received | Complete this column ifNO COMPLAINTS WERE RECEIVED | -OR- Complete this column ifCOMPLAINTS WERE RECEIVED |
| Complaints regarding the certified product |  |  | List all complaints received and attach complaint log as a separate document. The attachment must include all complaints about the certified product relevant to the certified criteria, along with details and resolutions: |
| Mark ‘X’ in box above if **NONE** |
|  |  |
| Nonconformities | Complete this column ifNO NONCONFORMITIES IDENTIFIED | -OR- Complete this column ifNONCONFORMITIES WERE IDENTIFIED |
| Nonconformities regarding certified criteria or ONC requirements |  |  | List all nonconformitiesagainst certified criteria or ONC requirements and attach full descriptions: |
| Mark ‘X’ in box above if **NONE** |  |
| Statement of Compliance |
| **I attest that the statements in this document are complete and accurate.** |
| **Name of Authorized Representative** |  |
| **Date (MM/DD/YYYY)** |  |