

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)	
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)	
Request for Review by Norton Sound)	WCB Docket No. 02-60
Health Corporation of Decision of Universal)	
Services Administrator)	
)	
HCP 10673, 10674, 10675, 10676, 10677,)	
10678, 10679, 10680, 10681, 10682, 10683,)	
10684,10685, 10686)	

REQUEST FOR REVIEW BY NORTON SOUND HEALTH CORPORATION

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EXECUTIVE SUMMARY

NSHC is a tribally owned and operated rural health care provider that principally supports Alaska Natives who reside in some of the most remote and sparsely populated villages in northwest Alaska. The services provided by NSHC's facilities generally are the only health care options available to the individuals who live in these areas, which mostly are roadless and inaccessible except by air or sea. NSHC's ability to serve patients in these areas relies on the use of telemedicine, which, in turn, depends on telecommunications and broadband connectivity.

The Universal Service Fund's Rural Health Care Program enables NSHC to afford the telecommunications and broadband services it needs for its Regional Hospital in Nome, as well as in fifteen village clinics dispersed throughout the Norton Sound region. In 2010, NSHC filed FCC Forms 465 to secure telecommunications and Internet services for each of these facilities, including the Affected Clinics. In the FCC Forms 465, NSHC did not specify the broadband speeds needed, but it documented the broad services for which it required telecommunications and broadband support. This approach was consistent with USAC guidance as to best practices for completing FCC Forms 465.

At the conclusion of the competitive bidding process, NSHC entered into a contract for these services with GCI. The contract, which appropriately was accorded "evergreen" status by USAC, provided pricing for bandwidth speeds ranging from 1.5 Mbps to 20 Mbps at different delivery methods and it specifically acknowledged that NSHC "may grow bandwidth to meet expanding needs."

Three years later, due to the implementation of an electronic health records system and increased telemedicine and telepsychiatry activities, NSHC found that it did not have enough bandwidth to adequately pass both data and video traffic and sought to increase the bandwidth at the Regional Hospital's West Campus from six Mbps MPLS to 15 Mbps MPLS. USAC issued

an FCL in February 2014 approving the cost for this increase, but in doing so it simultaneously revoked the evergreen status of the NSHC-GCI Contract covering the Regional Hospital, converting it to a month-to-month arrangement. This non-evergreen/month-to-month conversion was incorrect because the bandwidth increase was contemplated by the plain language of the contract and thus was not a cardinal change necessitating a new competitive bidding process for services in the 2013 Funding Year. USAC's decision was plainly incorrect on the facts and on the law, and on April 3, 2014, NSHC appealed that determination to the Commission, where its Request for Review remains pending.

This appeal stems from this earlier USAC error, which the Commission has not yet corrected. In July 2013, NSHC needed to increase bandwidth at 14 Affected Clinics due to the need for increased telemedicine activities and so that the health aides at these Affected Clinics could access patient medical records. NSHC therefore arranged, pursuant to the terms of the NSHC-GCI Contract, to effectuate these bandwidth increases in July 2013 for the Affected Clinics, and NSHC expected that it would submit the related FCC Forms 466 before the end of the 2013 Funding Year, as the applicable rules require, so that the increases could appropriately be funded.

A few months later, NSHC came to understand that it was possible that USAC would treat its requests for bandwidth increases as a cardinal change, even though the NSHC-GCI Contract expressly provided for such bandwidth increases and applicable rules authorized its funding. NSHC reasoned that if this occurred it could be left without funding for the increased portion of that bandwidth for the entire 2013 Funding Year. To ensure that, if this occurred, NSHC would not be left without any funding for the bandwidth increase, NSHC filed new FCC Forms 465 for the Affected Clinics on September 11, 2013, and once the 28-day window had

expired, submitted FCC Forms 466 for the bandwidth increases. NSHC reasoned that if it did this it at least would secure funding for the bandwidth increase for part of the 2013 Funding Year, should USAC rule that the bandwidth increase amounted to a cardinal change of the NSHC-GCI Contract. Additionally, as a practical matter, filing new FCC Forms 465 was necessary based on the way USAC's online portal is configured. Specifically, in order to gain access to blank FCC Forms 466 to request funding for increased bandwidth at the Affected Clinics pursuant to the NSHC-GCI Contract, NSHC had to file new FCC Forms 465 and wait 28 days. It was only after the FCC Forms 465 had been filed and 28 days had elapsed that USAC's portal permitted NSHC to file FCC Forms 466 for the increased bandwidth. This appears to be a limitation inherent in the configuration of USAC's online portal. Notably, this limitation has resulted in confusion for program beneficiaries, service providers, and, quite possibly, USAC staff.

USAC ultimately authorized funding for the bandwidth increases at the Affected Clinics, but not for the time periods requested during the 2013 Funding Year and it revoked the evergreen status of the NSHC-GCI Contract. This conversion of the NSHC-GCI Contract to a month-to-month arrangement was incorrect because the bandwidth increases were contemplated by the plain language of the Contract and thus were not cardinal changes necessitating a new competitive bidding process for services in the 2013 Funding Year. It also appears USAC treated NSHC's requests to increase bandwidth at the Affected Clinics as if it has applied for funding pursuant to a new contract entered into as a result of a new competitive bidding process following the filing of its September 11, 2013, FCC Forms 465. However, a new bidding process was not necessary because the 2010 NSHC-GCI Contract under which these services are

provided is entitled to evergreen status and contemplates bandwidth increases at the levels requested by the Affected Clinics.

If not corrected, USAC's decision will result in a costly, crippling, and unwarranted gap in funding in the 2013 Funding Year and undermine NSHC's ability to provide reliable, affordable, and efficient health care services to remote and isolated portions of Alaska. The Commission should review and promptly overturn USAC's month-to-month conversion and instruct USAC to provide funding for the increased bandwidth to the Affected Clinics so that the funding covers the services for the periods during which the increased bandwidth was in place during the 2013 Funding Year.

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REQUEST FOR REVIEW BY NORTON SOUND HEALTH CORPORATION

The Norton Sound Health Corporation (“NSHC”) hereby respectfully requests that the Federal Communications Commission (“FCC” or “Commission”) review the decision of the Universal Services Administrative Company (“USAC” or “Administrator”) to revoke the evergreen status of the GCI Medical Services Agreement (GCI Contract Number HC-302) (the “NSHC-GCI Contract” or “Contract”) between NSHC and GCI Communication Corp. (“GCI”) for the Brevig Mission Clinic, Elim Clinic, Gambell Clinic, Golovin Clinic, Koyuk Clinic, St. Michael Clinic, Savoonga Clinic, Shaktoolik Clinic, Katherine Miksruaq Olanna Health Clinic (Shishmaref), Stebbins Clinic, Teller Clinic, Unalakleet (Euksavik) Clinic, Wales Clinic, and White Mountain Clinic (the “Affected Clinics”) and to deny approximately three to four months of eligible service funding for these clinics in Funding Year 2013.

I. INTRODUCTION & BACKGROUND

The erroneous USAC decisions that NSHC challenge in this submission stem from an earlier error in USAC’s Funding Year 2012 determination, which NSHC explained in another

Request for Review filed earlier this year.¹ In Funding Year 2012, NSHC sought funding for increased bandwidth for its Regional Hospital pursuant to its Contract with GCI, and though USAC approved funding for the increase, USAC simultaneously revoked the evergreen status of the Contract. In the Regional Hospital April 2014 Review Request, NSHC demonstrated that USAC's revocation of evergreen status was in error because the increase in bandwidth that was the subject of USAC's actions did not constitute a "cardinal change" to the Contract and therefore should have been approved as a matter of law.

NSHC warned at the time, both in meetings with Commission staff and in a subsequent Request for Review, that if USAC's error was not promptly corrected it would have cascading ramifications. This again has occurred. In response to NSHC's request for funding for bandwidth upgrades to two Mbps satellite service at the Affected Clinics, USAC granted funding for only part of the period requested and simultaneously revoked evergreen status for the NSHC-GCI Contract. Identical USAC action was the subject of the Request for Review that NSHC filed with the Commission last month with respect to the Elim Clinic.² Two of these Affected Clinics, the Shaktoolik Clinic and Unalakleet (Euksavik) Clinic, applied for funding for a second bandwidth increase in Funding Year 2013, which USAC authorized for the correct time period, but perpetuated the prior incorrect month-to-month determination for the Contract. As demonstrated herein, if the Commission does not act quickly to correct these issues, USAC will continue to make erroneous determinations that will complicate and exacerbate an already

¹ *Request for Review by Norton Sound Health Corporation of Decision of Universal Services Administrative Company*, WCB Docket No. 02-60, filed April 3, 2014 ("Regional Hospital April 2014 Review Request").

² *Request for Review by Norton Sound Health Corporation of Decision of Universal Services Administrative Company*, WCB Docket No. 02-60, filed August 25, 2014 (appealing USAC's funding decision with respect to NSHC's request to increase bandwidth to 2 Mbps MPLS at the Elim Clinic) ("Elim August 2014 Review Request").

confusing situation. Put simply, Commission guidance and action is needed now to restore order to what is becoming a needlessly complicated process for rural health care providers to procure funding to support crucial health care services.

II. DISCUSSION

In support of this request, and pursuant to the requirements of 47 C.F.R. § 54.721(b), NSHC hereby states the following:

A. Statement of Interest

As the beneficiary of, and applicant for, the denied funding, NSHC is qualified to file this appeal as a “person aggrieved by an action taken by a division of the Administrator.”³

B. Statement of Facts

1. NSHC Services

NSHC is a tribally owned and operated, independent, non-profit organization that serves as the principal health care organization for Alaska’s Norton Sound region. NSHC was founded in 1970 to meet the health care needs of the Inupiaq, Siberian Yupik, and Yup’ik people living in this region.⁴ To serve these remote communities in northwest Alaska, NSHC operates the Regional Hospital in Nome and clinics in 15 villages, which range in size from 150 to 750 residents and are scattered within the 44,000 square miles that comprise the Norton Sound region.⁵ The village clinics are located between 58 and 196 miles away from Nome and

³ 47 C.F.R. § 54.719(c).

⁴ Regional Hospital April 2014 Review Request at 5.

⁵ *Id.*

accessibility to and from the villages is limited.⁶ For example, the Elim Clinic is primarily accessible only by air and sea.⁷

NSHC's services include preventative care, inpatient and emergency services at the Regional Hospital, behavioral health assessment and treatment services, specialized programs for people living with developmental disabilities, and many education programs to promote healthy living.⁸ The majority of the staff in the village clinics are local residents who have been trained as community health aide practitioners at the Health Aide Training Center in Nome.⁹ These front-line primary health care providers serve as a critical link between medical staff in Nome and patients in villages.¹⁰ Many essential health care services can be provided at a patient's village clinic, minimizing the need for travel to the Regional Hospital, in part because of a telemedicine program linking Nome and the constituent villages.¹¹ NSHC relies on the Universal Service Fund's Rural Health Care Program to help it obtain the connectivity it needs at an affordable cost to provide these advanced telemedicine services.

2. *The Competitive Bidding Process for the NSHC-GCI Contract*

On May 26, 2010, NSHC, pursuant to the procedures outlined in section 54.603 of the Commission's rules, filed FCC Forms 465 for the 2010 Funding Year with the Rural Health Care Division ("RHCD") of USAC.¹² In these filings, NSHC indicated that it required both

⁶ *Id.*

⁷ See NSHC, *Elim Clinic*, <http://www.nshcorp.org/Norton-Sound-Health-Corporation/Locations/Regional-Map/Elim> (last visited September 18 2014).

⁸ Regional Hospital April 2014 Review Request at 6.

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² See Attachment 1 (2010 FCC Forms 465 for the Affected Clinics).

telecommunications and Internet services for its various facilities — including the Affected Clinics — and listed its needs as follows: “Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medial Consultation, Patient Education.”¹³

In response to the posting of these FCC Forms 465 on the RHCD website, three service providers notified NSHC that they would be submitting proposals.¹⁴ More than one service provider submitted a proposal in response to NSHC’s FCC Forms 465.¹⁵

On June 22, 2010, GCI submitted its proposal. The GCI Proposal gave NSHC the “[o]ption to upgrade bandwidth to all sites with flexibility to further increase bandwidths in the future” and offered pricing for various bandwidth levels and delivery methods.¹⁶ GCI also demonstrated an ability to deliver services to facilities in remote geographic areas.¹⁷ NSHC’s Board of Directors and Information Services Director carefully considered the proposals to determine which one met the organization’s technical requirements and infrastructure needs.¹⁸ NSHC ultimately selected GCI to provide the services because its proposal demonstrated that it had adequate infrastructure to provide reliable, high-quality telecommunications and Internet

¹³ *Id.*

¹⁴ Regional Hospital April 2014 Review Request at 6.

¹⁵ *Id.*

¹⁶ *Id.* at 7.

¹⁷ *Id.*

¹⁸ *Id.* The proposal received from another service provider also addressed “network growth” and recognized that one of the “guiding principles” for NSHC’s healthcare network was “[s]ufficient capability to support new services that [NSHC] may utilize in the future.” Based on its proposal, this bidder apparently understood that NSHC’s bandwidth needs would vary; however, this bidder also made clear that its ability to increase bandwidth beyond a certain level was limited. NSHC also determined that this bidder’s proposed pricing was not as favorable. *Id.* at 7 n.2.

services in remote locations and could support NSHC's telemedicine needs both immediately and in the future.¹⁹

On August 9, 2010, NSHC entered into a single master contract for telecommunications and Internet services with GCI for a five-year term covering the Regional Hospital and the village clinics.²⁰ The initial pricing schedule in the NSHC-GCI Contract provides prices for 1.5 Mbps multiprotocol label switching ("MPLS") satellite service for the village clinics.²¹ However, the Contract also contemplates that "NSHC "may grow bandwidth to meet expanding needs" during the term and sets forth five "Growth Options."²² The "Growth Options" identify prices for different bandwidth levels and delivery methods, MPLS satellite service and MPLS terrestrial service.²³

3. 2013 FCC Forms 465

In the 2013 Funding Year, NSHC sought to increase bandwidth at the Affected Clinics due to the need for increased telemedicine activity and so that the clinic health aides could use terminal service connections back to the Regional Hospital in Nome to access patient medical records. As explained in the Regional Hospital April 2014 Review Request and the Elim August 2014 Review Request, NSHC came to understand that it was possible that USAC would treat requests for bandwidth increases as cardinal changes, even though the NSHC-GCI Contract expressly provided for bandwidth increases and applicable rules authorized their funding.²⁴

¹⁹ *Id.* at 7.

²⁰ Attachment 2 at 1-2 (NSHC-GCI Contract).

²¹ *Id.* at 1.

²² *Id.* at 4-6, §1.6.1.

²³ *Id.*

²⁴ Regional Hospital April 2014 Review Request at 9 n.4; Elim August 2014 Review Request at 7.

NSHC reasoned that if this occurred it could be left without funding for the increased portion of the bandwidth for these village clinics for the entire 2013 Funding Year.²⁵ To ensure that, if this occurred, NSHC at least would be left with partial funding for the bandwidth increase in the 2013 Funding Year, NSHC filed new FCC Forms 465 for the Affected Clinics on September 11, 2013,²⁶ and once the 28-day window had expired, submitted FCC Forms 466 for the bandwidth increases.²⁷ NSHC reasoned that if it did this it at least would secure funding for the bandwidth increases for part of the 2013 Funding Year, should USAC rule that the bandwidth increases amounted to cardinal changes of the NSHC-GCI Contract.²⁸ In other words, NSHC filed the FCC Forms 465 purely as a defensive measure.

Additionally, as a practical matter, filing new FCC Forms 465 was necessary based on the way USAC's online portal is configured. Specifically, in order to gain access to blank FCC Forms 466 to increase bandwidth at the Affected Clinics pursuant to the NSHC-GCI Contract, NSHC had to file new FCC Forms 465 and wait 28 days. It was only after the FCC Forms 465 had been filed and 28 days had elapsed that USAC's portal permitted NSHC to file FCC Forms 466 for the increased bandwidth. This appears to be a limitation inherent in the configuration of USAC's online portal. Despite filing new FCC Forms 465, NSHC continued to believe that the

²⁵ Regional Hospital April 2014 Review Request at 9 n.4; Elim August 2014 Review Request at 7.

²⁶ Attachment 3 (2013 FCC Forms 465 for the Affected Clinics).

²⁷ Attachment 4 (FCC Forms 466 for 2 Mbps Satellite Service for the Affected Clinics).

²⁸ This approach is also recommended by the FCC in the instructions for the FCC Form 466, which state, "If an HCP signs a long-term contract after their [Allowable Contract Selection Date], they will be exempt from the 28-day posting for the original term (no optional extensions) of the contract. However, applicants are encouraged to post Form 465 each year, since reliance on an expired, or otherwise inadequate or non-binding contract to avoid the 28-day posting requirement could result in denial of support." Form 466 Instructions at 5 (*available at* http://transition.fcc.gov/Daily_Releases/Daily_Business/2014/db0909/DOC-329294A1.pdf).

bandwidth increases at the Affected Clinics should be funded in Funding Year 2013 pursuant to the terms of the NSHC-GCI Contract for the entire period that service was in place.

4. *2013 Funding Year Errors: Revocation of Evergreen Status and Incorrect Funding Start Dates*

As set forth in Exhibit 1 below, NSHC filed FCC Forms 466 for the Affected Clinics requesting funding for 2 Mbps satellite service to begin on various dates in July 2013.²⁹ For each of these Affected Clinics, USAC issued a FCL that authorized funding for the bandwidth increases.³⁰ However, USAC authorized this funding to begin on either October 9, 2013, or October 11, 2013, approximately three to four months after the requested start dates, and USAC improperly revoked the Contract's evergreen status with respect to the upgraded services and deemed it month-to-month. It appears (though NSHC cannot know for certain) that USAC treated these Affected Clinics as if they had each applied for funding pursuant to a new contract entered into as a result of a new competitive bidding process following the filing of their respective September 11, 2013, FCC Forms 465 and that the services requested constituted cardinal changes to the new contract. However, as discussed above, NSHC only filed the new FCC Forms 465 as a defensive and practical measure, due to its concern that USAC would revoke the Contract's evergreen status and the limitations imposed by the configuration of the USAC portal. As explained more fully herein, the conversion from evergreen to month-to-month status was in error because NSHC's FCC Forms 465 appropriately described the broad needs for which the telecommunications and Internet services were needed, did not specify or limit broadband speeds, and the subsequently-approved NSHC-GCI Contract contemplated the possibility of growing bandwidth needs to these and even higher levels. Under applicable FCC

²⁹ Attachment 4 (FCC Forms 466 for 2 Mbps Satellite Service for the Affected Clinics).

³⁰ Attachment 5 (FCLs for 2 Mbps Satellite Service).

precedent, there was no reason to treat the bandwidth increases as cardinal changes and they should not have affected the evergreen status of the Contract. These Affected Clinics were covered by an evergreen contract for the 2013 Funding Year and USAC should be required to retain that designation and restore funding beginning on the requested start date.

Exhibit 1³¹

Clinic Name	Date of FCC Form 466	Requested Bandwidth	Requested Funding Start Date	Date of FCL	FCL Funding Start Date
Brevig Mission Clinic (10673)	11/14/2013	2 Mbps Satellite	7/24/2013	8/13/2014	10/9/2013
Elim Clinic (10674)	11/21/2013	2 Mbps Satellite	7/1/2013	8/6/2014	10/11/2013
Gambell Clinic (10675)	12/6/2013	2 Mbps Satellite	7/17/2013	8/6/2014	10/11/2013
Golovin Clinic (10676)	12/6/2013	2 Mbps Satellite	7/1/2013	7/30/2014	10/9/2013
Koyuk Clinic (10677)	12/6/2013	2 Mbps Satellite	7/1/2013	7/23/2014	10/9/2013
St. Michael Clinic (10678) ³²	12/6/2013	2 Mbps Satellite	7/26/2013	7/23/2014	10/11/2013

³¹ On July 23, 2014, USAC issued an FCL for the Unalakleet (Euksavik) Clinic that approved funding for 2 Mbps satellite service beginning October 9, 2013, until June 30, 2014, and revoked the Contract's evergreen status. Attachment 6 (July FCL for the Unalakleet (Euksavik) Clinic for 2 Mbps Satellite Service). However, funding was needed beginning July 19, 2013, until March 3, 2014, at which point NSHC upgraded the service to 8 Mbps MPLS service. On September 17, 2014, USAC issued a second FCL for the Unalakleet (Euksavik) Clinic that appears to correct the funding start and end dates (*i.e.*, authorizing funding from July 19 2013 through March 3, 2014), but the second FCL left intact the erroneous revocation of the Contract's evergreen status. Attachment 7 (September FCL for the Unalakleet (Euksavik) Clinic for 2 Mbps Satellite Service). It appears from this September 2014 FCL that USAC may have self-corrected its erroneous funding start and end dates. To the extent it has not, NSHC respectfully requests that the July 2014 FCL be considered in this request for review.

NSHC submitted an FCC Form 466 to receive funding for the 8 Mbps MPLS service on April 28, 2014. Attachment 8 (FCC Form 466 for the Unalakleet (Euksavik) Clinic for 8 Mbps). On September 10, 2014, USAC issued an FCL that correctly approved funding for this increase for the appropriate time period, but also perpetuated its prior erroneous month-to-month designation, which needs to be corrected. Attachment 9 (FCL for the Unalakleet (Euksavik) Clinic for 8 Mbps MPLS). NSHC appeals USAC's month-to-month designations for both the 2 Mbps satellite service and 8 Mbps MPLS service.

³² The FCC Form 466 for the St. Michael Clinic specifies that the service installation date was June 26, 2013. Attachment 4 (FCC Forms 466 for 2 Mbps Satellite Service for the Affected Clinics). However, service was not actually installed until July 24, 2013, and billing for the service did not begin until July 26, 2013. Therefore, NSHC is requesting that funding for the 2 Mbps satellite service begin as of July 26, 2013.

Clinic Name	Date of FCC Form 466	Requested Bandwidth	Requested Funding Start Date	Date of FCL	FCL Funding Start Date
Savoonga Clinic (10679)	12/6/2013	2 Mbps Satellite	7/1/2013	7/30/2014	10/11/2013
Shaktoolik Clinic (10680) ³³	12/6/2013	2 Mbps Satellite	7/1/2013	7/23/2014	10/9/2013
Katherine Miksruaq Olanna Health Clinic (Shishmaref) (10681)	12/6/2013	2 Mbps Satellite	7/1/2013	7/30/2014	10/11/2013
Stebbins Clinic (10682)	12/6/2013	2 Mbps Satellite	7/25/2013	7/23/2014	10/11/2013
Teller Clinic (10683)	12/6/2013	2 Mbps Satellite	7/24/2013	7/23/2014	10/11/2013
Wales Clinic (10685)	12/6/2013	2 Mbps Satellite	7/1/2013	7/23/2014	10/9/2013
White Mountain Clinic (10686)	12/6/2013	2 Mbps Satellite	7/1/2013	7/23/2014	10/9/2013

³³ USAC approved funding for 2 Mbps satellite service at the Shaktoolik Clinic until June 30, 2014, however funding was only needed until February 11, 2014, at which point NSHC upgraded the service to 3 Mbps MPLS service (*i.e.*, the 2 Mbps satellite service to the Shaktoolik Clinic was from July 1, 2013, through February 11, 2014). NSHC intends to correct the funding end date when it submits its FCC Form 467 for the service.

NSHC submitted a FCC Form 466 to receive funding for the 3 Mbps MPLS service on April 28, 2014. Attachment 10 (FCC Form 466 for the Shaktoolik Clinic for 3 Mbps MPLS). On July 23, 2014, USAC issued a FCL that correctly approved funding for this increase for the appropriate time period, but it perpetuated its prior erroneous month-to-month designation, which needs to be corrected. Attachment 11 (FCL for the Shaktoolik Clinic for 3 Mbps MPLS). NSHC appeals this erroneous month-to-month conversion here.

C. Question Presented

Whether bandwidth beyond 1.5 Mbps satellite service was contemplated during the competitive bidding process, and in the provisions of the NSHC-GCI Contract, so that the increases in bandwidth at the Affected Clinics did not constitute a “cardinal change” to the NSHC-GCI Contract and should have been funded for the entire period the upgraded services were in place without revoking the Contract’s evergreen status.³⁴

D. Relief Sought

USAC’s revocation of the Contract’s evergreen status and simultaneous month-to-month endorsement is contrary to long-standing and current FCC rules and orders that require a fact-specific analysis of whether the requested upgrade constituted a cardinal change to the contract.³⁵ By revoking evergreen status for the bandwidth upgrades, USAC disregarded the broad scope of the services for which NSHC indicated it needed telecommunications and Internet support for the Affected Clinics during the bidding process and the provisions of the NSHC-GCI Contract. USAC’s decision to deny three to four months of eligible service funding for the Affected Clinics in Funding Year 2013 was in error because the Affected Clinics were covered by an evergreen contract for the entire period the increased bandwidth was in service.

³⁴ See *Federal-State Joint Board on Universal Service, Access Charge Reform, Price Cap Performance Review for Local Exchange Carriers, Transport Rate Structure and Pricing, End User Common Line Charge*, Fourth Order on Reconsideration in CC Docket No. 96-45, 13 FCC Rcd. 5318, 5425-26, ¶¶ 224-29 (1997) (*Fourth Order on Reconsideration*) (and cases cited therein).

³⁵ See *id.*; see also *Changes to the Board of Directors of the National Exchange Carrier Association, Inc., Federal-State Joint Board on Universal Service*, CC Docket Nos. 97-21 and 96-45, Sixth Order on Reconsideration in CC Docket No. 97-21 and Fifteenth Order on Reconsideration in CC Docket No. 96-45, 14 FCC Rcd. 18756, ¶ 59 (1999) (*Sixth and Fifteenth Orders on Reconsideration*) (reaffirming applicability of cardinal change doctrine to RHC program); *Rural Health Care Mechanism*, WC Docket No. 02-60, 27 FCC Rcd. 16678, 16791, ¶ 261 (2012) (*HCF Order*) (reaffirming and extending cardinal change doctrine to Healthcare Connect Fund (“HCF”)).

1. The “Cardinal Change” Doctrine

The “cardinal change” doctrine governs whether a HCP can upgrade bandwidth under an evergreen contract without initiating a new competitive bidding process for a new contract to cover the upgraded services.³⁶ This federal doctrine considers whether a proposed change represents a minor change to the contract, meaning “the modified work is essentially the same as that for which the parties contracted.”³⁷ As the Commission has explained: “Ordinarily a modification falls within the scope of the original contract if potential offerors reasonably could have anticipated [the modification] under the changes clause of the contract.”³⁸ Furthermore, the rationale behind the doctrine is that “a modification that exceeds the scope of the original contract harms disappointed bidders because it prevents those bidders from competing for what is essentially a new contract.”³⁹ If a proposed modification is not a cardinal change, there is no requirement to undertake the competitive bidding process again for a new contract.

Significantly, in illustrating the cardinal change doctrine, the FCC referenced a case that involved a telecommunications services contract in which the court held that a substantial increase in bandwidth did not represent a cardinal change.⁴⁰ In that case, the federal government had procured telecommunications services from a service provider pursuant to a competitively bid contract to provide “dedicated transmission service” to include analog, digital, and T1 (1.5 Mbps) transmission service.⁴¹ The service provider wanted to increase the bandwidth provided

³⁶ See *Fourth Order on Reconsideration* ¶¶ 226, 228.

³⁷ *Id.* ¶ 227; see also *id.* ¶ 224 (“adding a few additional lines to an existing contract” is an example of minor modifications that need not require a new competitive bidding process).

³⁸ *Id.* ¶ 227.

³⁹ *Id.* ¶ 228.

⁴⁰ *Id.* ¶ 227, n.692; *AT&T Commc’ns, Inc. v. Wiltel, Inc.*, 1 F.3d 1201 (Fed. Cir. 1993).

⁴¹ *AT&T*, 1 F.3d at 1203.

by adding T3 circuits as another type of dedicated transmission service.⁴² T3 circuits, as the Commission is aware, provide substantially more bandwidth — 45 Mbps — than a T1 circuit.⁴³ In conducting its analysis of whether the modification of service from a T1 to a T3 constituted a cardinal change, the court analyzed the scope of the contracted-for service by looking at the original solicitation and to the contract itself.⁴⁴ The court held that the T3 technology fit within the scope of the work contemplated by the contract:

T3 is the next generation of dedicated transmission service. T3 conveys the same voice or data information as the other forms of dedicated transmission service, but at a higher rate of speed. The higher capacity T3 circuits convey information twenty-eight times faster than the T1 technology. In the interim between the original procurement and the [contract] modification, T3 became commercially available on a wide-scale. In light of the contractor's obligations to propose improvements to keep the Government's telecommunications technology in step with technology advances, T3 falls within the scope of the . . . contract.⁴⁵

The court also concluded that the T3 circuits represented the same “service” as the T1 circuits — *i.e.*, they were both a dedicated transmission service.⁴⁶ Finally, the court held that an important factor in determining whether the modification was a cardinal change was the expectations of the bidders — *i.e.* “whether the solicitation for the original contract adequately advised offerors of the potential for the type of changes during the course of the contract that in fact occurred, or whether the modification is of a nature which potential offerors would reasonably have anticipated.”⁴⁷

⁴² *Id.* at 1204.

⁴³ *Id.*

⁴⁴ *Id.* at 1205-07.

⁴⁵ *Id.* at 1206.

⁴⁶ *Id.* at 1206-07.

⁴⁷ *Id.* at 1207 (quoting *Neil R. Gross & Co.*, 69 Comp. Gen. 247, 294 (1990)) (internal quotation marks omitted).

The Commission's discussion of the cardinal change doctrine in the 2012 *HCF Order* also is instructive. In the *HCF Order*, the Commission "adopt[ed] the same requirements" for contract modifications as articulated in the *Fourth Order on Reconsideration* for the new HCF.⁴⁸ Furthermore, there is no material distinction between evergreen contracts in the Telecommunications Program and in the HCF.⁴⁹ In its discussion of evergreen contracts in the *HCF Order*, the Commission expressly stated, "[S]ervice upgrades will be permitted as part of an evergreen contract if the contemplated upgrades are proposed during the competitive bidding process, and the contract explicitly provides for the possibility of service upgrades."⁵⁰ The most plausible interpretation of the *HCF Order* is that this statement regarding service upgrades is intended to be consistent with the Commission's articulation of the cardinal change doctrine for the Telecommunications Program.⁵¹ Furthermore, nothing in that *HCF Order* indicates that the

⁴⁸ See *HCF Order* ¶¶ 261, 306-10.

⁴⁹ Evergreen contracts in the Telecommunications Program must contain the authorized signatures of the HCP and service provider, be dated, specify the service type(s), duration, terms, and cost of service(s), and identify all HCP location(s) within the contract. USAC, *Questions and Answers: Focus on Alaska Webinar*, http://www.usac.org/_res/documents/rhc/training/2011/QA-Focus-on-Alaska-June-2011.pdf (last visited September 18, 2014). Evergreen contracts in the HCF share the same requirements, except that only the individual HCP or consortium lead entity must sign. See *HCF Order* ¶ 263.

⁵⁰ *Id.* ¶ 263.

⁵¹ The fact that the Commission in the *HCF Order* denied GCI's request to extend the HCF's specific site or service substitution process to the Telecommunications Program is of no consequence to the issues raised in this submission. In the first instance, that policy addressed only site or service substitutions that would not require disbursement of support above the amounts previously authorized in an FCL. See *HCF Order* ¶ 315. Sensibly, the *HCF Order* concluded that under certain circumstances, no further USAC approval in the form of a new FCL was needed. The Commission did not consider the merits of GCI's request to extend that same capability to the Telecommunications Program, but explained that the public notice leading up to the *HCF Order* did not raise the possibility of such changes to the Telecommunications Program. See *id.* For any site or service substitutions that fell outside of that specific policy, those remained under the cardinal change rule, which the Commission discussed at length in the subsection of the *HCF Order* that immediately preceded its discussion of the additional site or service substitution policy. See *HCF Order* ¶ 306 *et seq.*

(continued...)

FCC intended this statement about service upgrades to be confined to the HCF and it thus can — and should — be interpreted to reflect the Commission’s application of the cardinal change doctrine to evergreen contracts more generally.

2. *Varying Bandwidth Levels Were Contemplated by the Terms of the NSHC-GCI Contract and During the Competitive Bidding Process*

Here, the increases in bandwidth clearly fell within the scope of the NSHC-GCI Contract. In addition to the pricing schedule setting forth initial bandwidth levels and prices, the NSHC-GCI Contract also provided “Growth Options” and additional prices for terrestrial service and satellite service at bandwidth levels of up to 20 Mbps.⁵² For example, not only does the Contract set forth prices for 1.5 Mbps satellite service for the Affected Clinics, but it also provides more than one “Growth Option” and additional prices for satellite service at two Mbps.⁵³ And critically, the NSHC-GCI Contract has a clear statement of GCI’s intent to accommodate NSHC’s expanding medical needs by facilitating bandwidth increases.⁵⁴ The facts are even more compelling than the ones the court relied on in *AT&T*, where the contract specified a T1 circuit and did not specifically address increases in bandwidth.⁵⁵ It is also notable that the

Notably, RHCD appears at least once before to have resisted full implementation of the Commission’s cardinal change requirements. *See Sixth and Fifteenth Orders on Reconsideration* ¶ 59 (directing RHCD to implement cardinal change doctrine for Telecommunications Program consortia applications over apparent RHCD objections). It was not permitted to do so then, and it possesses no authority to do so now.

⁵² *See* Attachment 2 at 4-6, §1.6.1 (NSHC-GCI Contract).

⁵³ *Id.* at 4-5, § 1.6.1.

⁵⁴ *Id.* at 4, § 1.6.1 (“During the term of this agreement Customer may grow bandwidth to meet expanding needs.”).

⁵⁵ The contract in *AT&T* did include a more general “Service Improvements Clause” that encouraged contractors “to propose independently improvements to the services, features, or other requirements of the contract” and also expressly provided that services under the contract should “conform as closely as possible with those offered commercially.” *AT&T*, 1 F.3d at 1206.

increases at issue here are far more modest than the upgrade the *AT&T* court found to not constitute a cardinal change (*i.e.*, from 1.5 Mbps to 45 Mbps).

Moreover, potential bidders were reasonably on notice that a contract with NSHC would provide for varying levels of bandwidth. The 2010 FCC Forms 465 posted to the RHCD website outlined the broad needs that NSHC had in terms of services for which its facilities needed bandwidth support (*i.e.*, teleradiology, patient health information delivery, teleconferencing, telepsychiatry, distance learning, medical consultation, and patient education). NSHC did not request any specific levels of bandwidth. Therefore, it was reasonably clear that these services would require varying levels of bandwidth over time depending upon the volume and timing of services that NSHC would be providing. Indeed, the bidder that ultimately was not selected by NSHC recognized in its proposal that NSHC's needs would vary in the future. Given these facts, it cannot be said that competitive harm would occur if USAC funded upgrades under the NSHC-GCI Contract during its five year term.

3. *USAC's Decision is Inconsistent with its Published Training Guidance*

USAC's revocation of evergreen status is contrary to the training guidance USAC has provided to HCPs. USAC provides on its website that evergreen status is granted to the entire contract, and not the specific service listed on the FCC Form 466.⁵⁶ Thus, per USAC's own guidance, the evergreen endorsement was not for 1.5 Mbps, but for the entire contract, which contemplated bandwidth growth and specified prices for different "Growth Option[s]."⁵⁷

⁵⁶ USAC, *Questions and Answers: Focus on Alaska Webinar*, http://www.usac.org/_res/documents/rhc/training/2011/QA-Focus-on-Alaska-June-2011.pdf (last visited September 18, 2014).

⁵⁷ The USAC website claims that "[d]ifferent service type[s] or bandwidth" are cardinal changes. USAC, *Evergreen Contracts, Changes to the Contract*, <http://www.usac.org/rhc/telecommunications/health-care-providers/evergreen-contracts.aspx> (last visited September 18, 2014). But that is not dispositive here. In fact, the most plausible interpretation of that statement (continued...)

In addition, NSHC’s formulation of its service needs for the Affected Clinics on its FCC Forms 465 also was consistent with the guidance USAC offers for completing these forms. USAC “recommend[s that HCPs] do NOT request a specific telecom service and/or bandwidth” and “[i]nstead . . . describe the needs of the HCP” because “[b]eing too specific locks you into receiving that service type only.”⁵⁸ NSHC did just that and described services for which it needed bandwidth support and did not specify any bandwidth speeds. USAC’s advice to HCPs to broadly describe their service needs so that they are not locked into a specific service type would be irrelevant if all service upgrades required a new FCC Form 465, 28-day bidding process, and contract regardless of what was specified on the form. If all service upgrades, including new bandwidth levels or service types, are a cardinal change requiring a new FCC Form 465 and a new round of bidding, then there would be no reason why a HCP should fear being “locked in” to a specific telecom service or bandwidth, other than that the HCP may have erred in its evaluation of what services it needed at a particular moment.

4. *NSHC is Entitled to Funding for the Requested Duration at the Affected Clinics*

It appears that USAC incorrectly treated the request for funding for increased bandwidth at the Affected Clinics as a request pursuant to a new contract entered into after initiating a new competitive bidding process. This is in error, however, because NSHC only filed new FCC Forms 465 for the Affected Clinics as a defensive, cautionary measure, due to its concern that USAC would revoke the Contract’s evergreen status. Moreover, NSHC was required to file a new FCC Form 465 for each of the Affected Clinics to request funding for increased bandwidth

is that while *contract changes* that affect service types or bandwidth speeds may be cardinal changes in some cases, that does not mean that *all* bandwidth increases are cardinal changes, especially not those that are expressly contemplated in the contract.

⁵⁸ Attachment 12 (USAC Competitive Bidding Requirements).

due to an inherent limitation in the configuration of USAC's portal. Specifically, in order to gain access to a blank FCC Form 466 to request funding for increased bandwidth at each of the Affected Clinics pursuant to the NSHC-GCI Contract, NSHC had to file a new FCC Form 465 and wait 28 days. As explained above, a new bidding process was not necessary because the 2010 NSHC-GCI Contract under which service is provided is entitled to evergreen status and contemplates bandwidth increases at the levels requested by the Affected Clinics in Funding Year 2013. Clearly, the Affected Clinics were covered by an evergreen contract for the entire 2013 Funding Year. USAC should be required to reinstate evergreen status for the Contract and authorize funding for the bandwidth sought for the Affected Clinics under that Contract for periods requested.

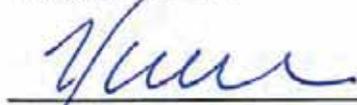
III. CONCLUSION

It is critical that the Commission review and overturn USAC's month-to-month endorsement and denial of funding for certain requested periods of the 2013 Funding Year so that NSHC does not lose the funding it needs to ensure that the residents of rural and remote parts of northwest Alaska continue to have access to high quality health care. USAC's determination directly contradicts established Commission rules and precedent and USAC's own prior guidance to Rural Health Care Program beneficiaries.

Respectfully submitted,

NORTON SOUND HEALTH
CORPORATION

By:



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ydori@cov.com
mrkennedy@cov.com

Its attorneys

September 22, 2014

DECLARATION OF TWOSIXTWO FIVEONEZEROZERO

I have read the foregoing Petition, and I hereby declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief, formed after reasonable inquiry.



Twosixtwo Fiveonezerozero
Chief Information Officer
Norton Sound Health Corporation

Executed on September 22, 2014

CERTIFICATE OF SERVICE

I, Joy Barksdale, certify that on this 22nd day of September, 2014, I caused a copy of the foregoing Request for Review to be served by first-class mail, postage pre-paid upon:

Rural Healthcare Division of USAC
2000 L Street, NW
Suite 200
Washington, D.C. 20036


Joy Barksdale

TABLE OF ATTACHMENTS

2010 FCC Forms 465 for the Affected Clinics Attachment 1

NSHC-GCI Contract Attachment 2

2013 FCC Forms 465 for the Affected Clinics Attachment 3

FCC Forms 466 for 2 Mbps Satellite Service for the Affected Clinics Attachment 4

FCLs for 2 Mbps Satellite Service Attachment 5

July FCL for the Unalakleet (Euksavik) Clinic for 2 Mbps Satellite Service Attachment 6

September FCL for the Unalakleet (Euksavik) Clinic for 2 Mbps Satellite Service ... Attachment 7

FCC Form 466 for the Unalakleet (Euksavik) Clinic for 8 Mbps MPLS Attachment 8

FCL for the Unalakleet (Euksavik) Clinic for 8 Mbps MPLS Attachment 9

FCC Form 466 for the Shaktoolik Clinic for 3 Mbps MPLS Attachment 10

FCL for the Shaktoolik Clinic for 3 Mbps MPLS Attachment 11

USAC Competitive Bidding Requirements Attachment 12

ATTACHMENT 1

FCC Form

Health Care Providers Universal Service**465****Description of Services Requested & Certification Form**

OMB Approval

3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41836	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10673	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Brevig Mission Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 85058	
7 Address Line 2:	8 County: AK-Nome
9 City: Brevig Mission	10 State: AK 11 Zip Code: 99785
12 Phone #: 907-443-3272 13 Fax #: 907-443-4545 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 590	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year <input checked="" type="checkbox"/> Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcdB/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- ◆ After the HCP selects a service provider, the HCP must initiate the **next step** in the application process, the filing of Form 466 and/or 466A.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification FormOMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41837	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10674	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Elim Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 69	
7 Address Line 2:	8 County: AK-Nome
9 City: Elim	10 State: AK 11 Zip Code: 99739
12 Phone #: 907-890-3311 13 Fax #: 907-890-2280 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 462	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard B Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

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33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

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36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41838	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10675	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Gambell Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 190	
7 Address Line 2:	8 County: AK-Nome
9 City: Gambell	10 State: AK 11 Zip Code: 99742
12 Phone #: 907-985-5012 13 Fax #: 907-985-5085 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 723	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard B Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year <input checked="" type="checkbox"/> Year 2010 (7/1/2010-6/30/2011) <input type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) <input type="checkbox"/> Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center 	

Not-for-profit hospital

XXX Rural health clinic

Consortium of the above

Dedicated emergency department of rural, for-profit hospital

Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
(First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

- ◆ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- ◆ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form **Health Care Providers Universal Service**
465 Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider Estimated Average Burden Hours Per Response: 1 hour
 Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41839	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10676	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Golovin Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 62039	
7 Address Line 2:	8 County: AK-Nome
9 City: Golovin	10 State: AK 11 Zip Code: 99762
12 Phone #: 907-779-3311 13 Fax #: 907-779-3312 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 480	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year <input checked="" type="checkbox"/> Year 2010 (7/1/2010-6/30/2011) <input type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) <input type="checkbox"/> Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- ◆ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

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Koyuk 2010

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41840	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10677	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Koyuk Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 70	
7 Address Line 2:	8 County: AK-Nome
9 City: Koyuk	10 State: AK 11 Zip Code: 99753
12 Phone #: 907-963-3311 13 Fax #: 907-963-3610 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 443	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year <input checked="" type="checkbox"/> Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> <input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school <input type="checkbox"/> Community health center or health center providing health care to migrants <input type="checkbox"/> Local health department or agency <input type="checkbox"/> Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next step** in the application process, the filing of Form 466 and/or 466A.

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April 2008

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FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41841	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10678	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: St Michael Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 94	
7 Address Line 2:	8 County: AK-Nome
9 City: St Michael	10 State: AK 11 Zip Code: 99659
12 Phone #: 907-923-3311 13 Fax #: 907-923-2287 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 426	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

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29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

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Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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FCC Form 465
April 2008

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FCC Form **Health Care Providers Universal Service**
465 Description of Services Requested & Certification Form OMB Approval 3060-0804

To be completed by Health Care Provider Estimated Average Burden Hours Per Response: 1 hour
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Form 465 Application Number (assigned by RHCD): 41842	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10679	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Savoonga Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 151	
7 Address Line 2:	8 County: AK-Nome
9 City: Savoonga	10 State: AK 11 Zip Code: 99769
12 Phone #: 907-984-6513 13 Fax #: 907-984-6068 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 686	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Vicki Hamilton	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year <input checked="" type="checkbox"/> Year 2010 (7/1/2010-6/30/2011) <input type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) <input type="checkbox"/> Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcdB/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 5/26/2010
39 Printed name of authorized person (First name, MI, Last name) Richard B Wideman	40 Title or position of authorized person Network Admin
41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

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FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41843	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10680	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Shaktoolik Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 09	
7 Address Line 2:	8 County: AK-Nome
9 City: Shaktoolik	10 State: AK 11 Zip Code: 99771
12 Phone #: 907-955-3311 13 Fax #: 907-955-2342 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 424	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

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Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

- ◆ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

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FCC Form 465
April 2008

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FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD): 41844	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10681	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Shishmaref Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 133	
7 Address Line 2:	8 County: AK-Nome
9 City: Shishmaref	10 State: AK 11 Zip Code: 99671
12 Phone #: 907-649-2127 13 Fax #: 907-649-2083 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 612	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-4545 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

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- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

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FCC Form 465
April 2008

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FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

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Form 465 Application Number (assigned by RHCD): 41845	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10682	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Stebbins Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 50	
7 Address Line 2:	8 County: AK-Nome
9 City: Stebbins	10 State: AK 11 Zip Code: 99671
12 Phone #: 907-934-3311 13 Fax #: 907-934-3312 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 434	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-3139 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
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Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

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36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service**465**

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

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Form 465 Application Number (assigned by RHCD): 41846	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10683	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Teller Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: General Delivery	
7 Address Line 2:	8 County: AK-Nome
9 City: Teller	10 State: AK 11 Zip Code: 99778
12 Phone #: 907-642-3311 13 Fax #: 907-642-2046 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 589	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-3139 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

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- After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service**465****Description of Services Requested & Certification Form**OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41847	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10684	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Unalakleet Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: Po Box 189	
7 Address Line 2:	8 County: AK-Nome
9 City: Unalakleet	10 State: AK 11 Zip Code: 99684
12 Phone #: 907-624-3535 13 Fax #: 907-642-3692 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 400	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-3139 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). <ul style="list-style-type: none"> Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center 	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.
Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.
Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
Both Telecommunications & Internet Services

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 5/26/2010
------------------------------------------	-----------------------------------------

39 Printed name of authorized person (First name, MI, Last name) Richard B Wideman	40 Title or position of authorized person Network Admin
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------

41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128
----------------------------------------------------------------------------	-------------------------------------------

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.

- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- ◆ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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FCC Form 465
April 2008

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FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 41848	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10685	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: Wales Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 530	
7 Address Line 2:	8 County: AK-Nome
9 City: Wales	10 State: AK 11 Zip Code: 99783
12 Phone #: 907-664-3311 13 Fax #: 907-664-2135 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 645	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-3139 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center	

Not-for-profit hospital
XXX Rural health clinic
 Consortium of the above
 Dedicated emergency department of rural, for-profit hospital
 Part-time eligible entity

28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity.

Not Applicable

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

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Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature **E-SIGNATURE ACCEPTED**

38 Date **E-SIGNATURE ON 5/26/2010**

39 Printed name of authorized person
 (First name, MI, Last name)
Richard B Wideman

40 Title or position of authorized person
Network Admin

41 Employer of authorized person
Network Admin

42 Employer's FCC RN
0014835128

Please remember:

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FCC Form 465
April 2008

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FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

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Form 465 Application Number (assigned by RHCD): 41849	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 10686	2 Consortium Name: Norton Sound Health Corporation
3 HCP Name: White Mountain Clinic	4 HCP FCC Registration Number (FCC RN): 0014835128
5 Contact Name: Richard B Wideman	
6 Address Line 1: PO Box 29	
7 Address Line 2:	8 County: AK-Nome
9 City: White Mountain	10 State: AK 11 Zip Code: 99784
12 Phone #: 907-638-3311 13 Fax #: 907-638-2007 Ext.	14 E-mail: rwideman@nshcorp.org
MAD: 495	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Richard Wideman	17 Organization: Norton Sound Health Corporation
18 Address Line 1: P. O. Box 966	
19 Address Line 2:	
20 City: Nome	21 State: AK 22 Zip Code: 99762
23 Phone #: 907-443-3272 24 Fax #: 907-443-3139 Ext.	25 E-mail: rwideman@nshcorp.org
Block 3: Funding Year Information	
26 Funding Year X Year 2010 (7/1/2010-6/30/2011) Year 2011 (7/1/2011-6/30/2012) Year 2012 (7/1/2012-6/30/2013)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency Community mental health center	

Not-for-profit hospital XXX Rural health clinic Consortium of the above Dedicated emergency department of rural, for-profit hospital Part-time eligible entity	
28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity. Not Applicable	
29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.	
Block 5: Request for Services	
30 Is the HCP requesting reduced rates for: Both Telecommunications & Internet Services	
Block 6: Certification	
31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 I certify that the health care provider has followed any applicable State or local procurement rules.	
33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 I certify that the health care provider is a non-profit or public entity.	
35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.	
36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 5/26/2010
39 Printed name of authorized person (First name, MI, Last name) Richard B Wideman	40 Title or position of authorized person Network Admin
41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128

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FCC Form 465
April 2008

[Back to the HCP Information Page](#)

ATTACHMENT 2

GCI Communication Corp.
 USAC SPIN 143001199
 FCCRN 0001-5688-80



2550 Denali Street, Suite 1000
 Anchorage, Alaska 99503
 907-868-5600

GCI Medical Services Agreement HC-302

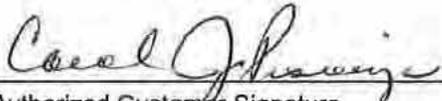
GCI Communication Corp., an Alaska corporation ("GCI") will provide and Norton Sound Health Corporation ("Customer", collectively with GCI, "Parties", and each individually, a "Party") will take the Service(s) described below. This Services Agreement and the following GCI Medical Services Terms and Conditions are referred to collectively as the "Agreement." This Agreement sets forth the specific pricing for the service(s) GCI will provide to the Customer (collectively, "Pricing").

Service	Qty	Unit Price		Extended Price	
		Install	Monthly	Install	Monthly
<u>Nome to Anchorage</u>					
6.0 Mbps MPLS Satellite Service	1	0.00	27,112.00	0.00	27,112.00
1.0 Mbps ConnectMD Internet Access	12.5	0.00	225.00	0.00	2,812.50
<u>MPLS Service Village to Nome</u>					
<i>Brevig Mission, Elim, Golovin, Koyuk, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Wales, White Mountain to Nome</i>					
1.5 Mbps MPLS Satellite Service	11	0.00	7,422.50	0.00	81,647.50
<u>MPLS Service Village to Nome</u>					
<i>Gambell, Savoonga, Unalakleet to Nome</i>					
1.5 Mbps MPLS Satellite Service	3	0.00	7,594.32	0.00	22,782.96
<u>Anchorage</u>					
ConnectMD Urban Service - Anchorage - 6.0 Mbps	1	0.00	361.09	0.00	361.09
<u>FlexRoute from Village to Anchorage</u>					
<i>Brevig Mission, Elim, Golovin, Koyuk, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Wales, White Mountain</i>					
1.5 Mbps MPLS Satellite Service	11	0.00	7,422.50	0.00	81,647.50
<u>FlexRoute from Village to Anchorage</u>					
<i>Gambell, Savoonga, Unalakleet</i>					
1.5 Mbps MPLS Satellite Service	3	0.00	7,594.32	0.00	22,782.96
Totals				\$0.00	\$239,146.51

Customer Authorized Agent/Representative acknowledges the attached terms and conditions for the services listed above and agrees to pay for all itemized charges on a five (5) year term, subject to the early termination provisions in Section 2. This Agreement is contingent upon yearly funding commitments by the Rural Health Care Division (RHCD) of Universal Service Administrative Company (USAC); provided, however, if funding is terminated at any time during or after the first annual period due to noneligibility or noncompliance that is due to the fault of the customer, then customer shall remain liable for all charges. Billing will commence immediately following Customer Acceptance Date.

Norton Sound Health Corporation

GCI Communication Corp.



Authorized Customer Signature



Authorized GCI Signature

CAROL J. PISCOYA PRES/CEO

Printed Name and Title

Lewis Schnaper, VP Business Initiatives

Printed Name and Title

8-9-2010

Contract Date

August 6, 2010

Date Signed

GCI Medical Services Terms and Conditions

1. Charges.

- 1.1 Customer agrees to pay all applicable charges for transport and services ("Services") ordered on the Service Agreement. Charges shall be invoiced monthly in arrears and shall be payable within thirty (30) days from the billing date and will be considered delinquent after the thirty-first (31) day. Delinquent bills shall be assessed a .0875% service charge per month. Bills not paid within thirty (30) days of the delinquent date (sixty [60] days from the billing date) shall be cause, in GCI's sole discretion, for termination of Services. GCI may discontinue Services without liability for Customer's non-payment of any sum delinquent more than thirty (30) days. In addition, termination of Services under these circumstances does not relieve Customer of the obligation to pay for said past due amounts, plus the service charges, or other obligations that may exist under any applicable agreements. Applicable State and Federal taxes will be passed through as the responsibility of Customer. Rates and charges may be changed by GCI per the terms outlined herein, and Customer agrees to pay any additional charges that may result. If the Service is tariffed, the tariff will supersede any conflicting provisions of the Agreement. At GCI's request, Customer shall post a bond or provide a security deposit to assure payment.
- 1.2 Installation charges as defined in the Service Agreement cover all normal installation expenses incurred to install and terminate the circuit on the GCI provided demarcation equipment at Customer's premises. It does not include the following items, which shall be separately invoiced:
 - 1.2.1 Any additional non-tariff local loop installation fees including any additional time or materials that may be required to extend the circuit from the Local Exchange Carrier termination point to the physical location where the demarcation equipment will be installed.
 - 1.2.2 Any additional costs for equipment that may be required by Customer that goes above and beyond the standard GCI provided demarcation equipment.
 - 1.2.3 Any travel and accommodation costs for technicians to/from the Service termination point in locations where applicable.
- 1.3 Customer will be billed a prorated share of all applicable charges for connections installed, terminated, or re-configured during the course of a monthly billing cycle.
- 1.4 The Service charges begin (a) when GCI's Service has been fully installed and tested, (b) Customer has given GCI its acknowledgement of service installation and testing, and (c) the Service is available for Customer use, regardless of the status of Customer-owned equipment.
- 1.5 Customer will receive discounts by committing individual connections to extended service terms (where available). Term discounts are applied on the effective charges after applying all utilization and connection cost-based discounts and surcharges. Term discounts shall not apply to any non-GCI facility charges.
- 1.6 **Re-Configuration & Upgrades/Downgrades.** Any changes that require material modifications to the existing service or circuit, such as re-location or upgrades/downgrades in circuit capacity, may incur additional charges. All changes to the service must be requested either via email at: medicalservices@gci.com or by calling

GCI Medical Services at (907) 868-7044 in Anchorage. All service requests received via email will be verified by returning the request to the email addresses provided on Customer Information Sheet and must be confirmed by Customer by a reply to the forwarded request. All changes to the service must also be followed up with a formal written request within thirty (30) days of such notice.

1.6.1 During the term of this agreement Customer may grow bandwidth to meet expanding needs. Growth options available are:

1.6.1.1 Growth Option 1, FlexRoute

Service	Qty	Unit Price		Extended Price	
		Install	Monthly	Install	Monthly
Clinic to Anchorage or Clinic to Sub Regional					
2.0 Mbps MPLS Satellite Service <i>Brevig Mission, Elim, Golovin, Koyuk, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Wales, White Mountain</i>	1	0.00	9,326.00	0.00	9,326.00
Per T1 Local Loop <i>Gambell, Savoonga, Unalakleet</i>	1	0.00	294.50	0.00	294.50
Per T1 Local Loop	1	0.00	466.32	0.00	466.32

1.6.1.2 Growth Option 2, MPLS Satellite Service – Village Clinics

Service	Qty	Unit Price		Extended Price	
		Install	Monthly	Install	Monthly
Village Clinic to Nome					
2.0 Mbps MPLS Satellite Service	1	0.00	9,326.00	0.00	9,326.00
3.0 Mbps MPLS Satellite Service	1	0.00	13,980.00	0.00	13,980.00
4.0 Mbps MPLS Satellite Service	1	0.00	18,652.00	0.00	18,652.00
5.0 Mbps MPLS Satellite Service <i>Brevig Mission, Elim, Golovin, Koyuk, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Wales, White Mountain</i>	1	0.00	22,150.00	0.00	22,150.00
Per T1 Local Loop <i>Gambell, Savoonga, Unalakleet</i>	1	0.00	294.50	0.00	294.50
Per T1 Local Loop	1	0.00	466.32	0.00	466.32
Nome					
Per T1 Local Access	1	0.00	133.00	0.00	133.00

1.6.1.3 Growth Option 3, MPLS Satellite Service – Nome

Service	Qty	Unit Price		Extended Price	
		Install	Monthly	Install	Monthly
Nome					
7.0 Mbps MPLS Satellite Service	1	0.00	31,010.00	0.00	31,010.00
8.0 Mbps MPLS Satellite Service	1	0.00	35,440.00	0.00	35,440.00
9.0 Mbps MPLS Satellite Service	1	0.00	39,870.00	0.00	39,870.00
10.0 Mbps MPLS Satellite Service	1	0.00	42,085.00	0.00	42,085.00
15.0 Mbps MPLS Satellite Service	1	0.00	59,970.00	0.00	59,970.00
20.0 Mbps MPLS Satellite Service	1	0.00	75,960.00	0.00	75,960.00
Per T1 Local Loop	1	0.00	133.00	0.00	133.00

1.6.1.4 Growth Option 4, MPLS Terrestrial Service – Village Clinics

Service	Qty	Unit Price		Extended Price	
		Install	Monthly	Install	Monthly
Village Clinic to Nome					
1.5 Mbps MPLS Terrestrial Service	1	0.00	12,930.00	0.00	12,930.00
2.0 Mbps MPLS Terrestrial Service	1	0.00	17,240.00	0.00	17,240.00
3.0 Mbps MPLS Terrestrial Service	1	0.00	25,860.00	0.00	25,860.00
4.0 Mbps MPLS Terrestrial Service	1	0.00	34,480.00	0.00	34,480.00
5.0 Mbps MPLS Terrestrial Service	1	0.00	43,100.00	0.00	43,100.00
Brevig Mission, Elim, Golovin, Koyuk, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Wales, White Mountain					
Per T1 Local Loop	1	0.00	294.50	0.00	294.50
Gambell, Savoonga, Unalakleet					
Per T1 Local Loop	1	0.00	466.32	0.00	466.32
Nome					
Per T1 Local Access	1	0.00	133.00	0.00	133.00

1.6.1.5 Growth Option 5, MPLS Terrestrial Service – Nome

Service	Qty	Unit Price		Extended Price	
		Install	Monthly	Install	Monthly
<u>Nome</u>					
5.0 Mbps MPLS Terrestrial Service	1	0.00	43,100.00	0.00	43,100.00
6.0 Mbps MPLS Terrestrial Service	1	0.00	51,720.00	0.00	51,720.00
7.0 Mbps MPLS Terrestrial Service	1	0.00	60,340.00	0.00	60,340.00
8.0 Mbps MPLS Terrestrial Service	1	0.00	68,960.00	0.00	68,960.00
9.0 Mbps MPLS Terrestrial Service	1	0.00	77,580.00	0.00	77,580.00
10.0 Mbps MPLS Terrestrial Service	1	0.00	86,200.00	0.00	86,200.00
15.0 Mbps MPLS Terrestrial Service	1	0.00	129,300.00	0.00	129,300.00
20.0 Mbps MPLS Terrestrial Service	1	0.00	172,400.00	0.00	172,400.00
Per T1 Local Loop	1	0.00	133.00	0.00	133.00

1.6.2 During Term of this agreement Customer may grow ConnectMD Internet bandwidth to meet expanding needs. Pricing for additional bandwidth shall be \$225.00 per megabit of growth.

1.6.3 Increases in bandwidth beyond the initial bandwidth purchase are subject to USAC approval and funding.

2. Term and Termination.

2.1 The term ("Term") of this Agreement is five (5) years beginning on Customer signature date (Contract Date). However, Customer has the right to terminate this Agreement at any of the annual anniversary dates of the Contract Date by giving notice to GCI not later than sixty (60) days prior to the chosen termination date.

2.2 In addition to the terms under Section 5, GCI may suspend or terminate Service if Customer materially breaches this Agreement, including failure to pay for any past due amounts for invoiced Services as set forth in Section 1 above, and does not cure such breach within fifteen (15) days of notice; provided, that GCI may terminate immediately without notice (i) in order to prevent damage to or degradation of its Internet network integrity which may be caused by Customer or anyone using Customer's access, (ii) to comply with any law, regulation, court order, or other governmental request order which requires immediate action, or (iii) to protect GCI from legal liability. GCI will endeavor to give Customer notice regarding the reason(s) for termination as soon as reasonably practicable after such termination.

2.3 Early Termination. If Customer's connection is disconnected prior to the end of the Term (defined in Section 2.1 above), Customer will pay an early termination charge equal to fifty percent (50%) of the remaining Term at the rates in effect at the termination of this Agreement. Early termination charges shall apply in all cases, except the following:

- 2.3.1 If Customer terminates its connection under this Agreement due to a breach of the Agreement by GCI;
- 2.3.2 If GCI must disconnect Service to Customer due to any reason not resulting from a breach of the Agreement by Customer; or
- 2.3.3 If Customer terminates this agreement because the RHCD funding that supports these services is reduced or terminated for any reason other than Customer's non-compliance with the RHCD's required customer filings, or a change in urban rates based on the Regulatory Commission of Alaska's annual urban rate tables or urban rates based on published tariffs, unless GCI accepts the lower payment schedule and delivers the services specified in this agreement.
- 2.3.4 If Customer requests termination of an individual clinic connection due to population losses which force closure of that clinic and provides GCI written notice received at least ninety (90) days in advance of the termination date.
- 2.3.5 If Customers suffers the loss of a particular clinic due to fire or natural disaster and provides GCI written notice as soon as possible after the date of the loss.
- 2.3.6 If Customer exercises any of the termination options defined in Section 2.1.

3. Rights and Obligations of Customer.

- 3.1 Customer shall at its own expense be responsible for all site preparation activities necessary for installation of the Service. Customer shall give GCI and its suppliers reasonable access to its premises at all reasonable times. Customer shall not use the Service or permit any use of the Service which is illegal, unlawful, or harassing, which infringes upon another's intellectual property rights, or which otherwise constitutes network abuse, and Customer shall be responsible for any such misuse of the Service. Customer shall indemnify GCI and its affiliates against any liabilities incurred by them as a result of such misuse. Customer shall be responsible for communicating with its own users of the Service, and for handling all complaints and trouble reports made by such users. Customer must comply with reasonable security procedures and standards with respect to its own routers that interface with the Service. GCI may communicate security issues to Customer from time to time when abuse or misuse is observed or reported by others.
- 3.2 Customer shall be solely responsible for the correct, timely, and accurate filing of all forms required to receive funding for eligible services and ensure timely payments to GCI for Services. Customer may choose to receive pre-discounted billing for those services eligible under the Rural Health Care support mechanism of USAC. Pre-discounting will be based on Customer's application for funding. If Customer chooses pre-discounted billing of eligible services, Customer shall:
 - 3.2.1 Notify GCI in writing of Customer's desire to receive pre-discounted billing,
 - 3.2.2 Complete the required USAC request for funding (FCC Form 466, Funding Request & Certification Form, and Form 466-A, Internet Service Funding Request & Certification Form) for all eligible services not later than July 31 of each funding year or, if services begin after July 31, within thirty (30) days of the contract date for those eligible services.
 - 3.2.3 Provide GCI Managed Broadband Services with copies of all individual forms (FCC Forms 466 and Forms 466-A) used for its USAC application for funding.

- 3.2.4 Customers who choose pre-discounted billing but fail to provide GCI with copies of their application for funding will receive full retail billing until such time as GCI receives from Customer proof of application for eligible funding in the form of copies of all FCC Forms 466 and Forms 466-A submitted to Rural Health Care.
- 3.2.5 Complete FCC Forms 467, Connection Certification Form, within thirty (30) days of receipt of Funding Commitment Letters for each FCC Form 466 or FCC Form 466-A.
4. Equipment and Software. GCI is not responsible for the installation, maintenance, compatibility or performance of any equipment or software not provided by GCI. Customer shall indemnify GCI and its affiliates against any infringement claims arising out of the use of such third party equipment or software with the Service. If such third party equipment or software impairs the Service, Customer remains liable for payment. If such third party equipment is likely to cause hazard or service obstruction, Customer shall eliminate such likelihood at GCI's request. GCI will troubleshoot difficulties caused by such third party equipment or software at Customer's request, at GCI's then-standard rates. Title to all service equipment provided by GCI under this Agreement shall remain with GCI. If Customer provides any router to interface with the Service, it must cooperate with GCI in configuring and managing such router(s) in order to implement and operate the Service. Title to all service equipment provided by GCI as part of this Agreement resides at all times with GCI.
5. GCI Obligations; Disclaimer of Warranties
- 5.1 GCI shall provide, operate and maintain the Service, contingent upon (i) GCI's ability to obtain and maintain all necessary regulatory and other licenses or permissions, and (ii) GCI's network capacity and connection availability. Customer understands that, except for certain services specifically identified as GCI Services, GCI does not operate or control the Internet.
- 5.2 CUSTOMER ASSUMES TOTAL RESPONSIBILITY FOR ITS USE AND ITS USERS' USE OF THE TRANSPORT SERVICES OR THE INTERNET. GCI MAKES NO EXPRESS OR IMPLIED WARRANTIES, REPRESENTATIONS OR ENDORSEMENTS REGARDING ANY MERCHANDISE, INFORMATION, PRODUCTS OR SERVICES PROVIDED THROUGH THE INTERNET.
- 5.3 The Services provided solely over GCI-owned facilities shall conform to industry standards for engineering and maintenance, and for service interruptions of telecommunications facilities. GCI will employ commercially reasonable efforts in working with third party-owned facilities operators to conform to industry standards for engineering and maintenance, and for service interruptions of telecommunications facilities.
- 5.4 UNDER NO CIRCUMSTANCES SHALL GCI BE LIABLE FOR ANY INDIRECT, INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES OR LOSS OF PROFITS THAT RESULT FROM CUSTOMER'S OR ITS USERS' USE OF OR INABILITY TO ACCESS ANY PART OF THE TRANSPORT SERVICES OR INTERNET OR ITS OR ITS USERS' RELIANCE ON OR USE OF INFORMATION, SERVICE INTERRUPTIONS, LOSS, THEFT, OR DELETION OF FILES, ERRORS, DEFECTS, DELAYS IN OPERATION, OR TRANSMISSION, OR ANY FAILURE OF PERFORMANCE.
- 5.5 GCI may monitor the Service and disclose information gained from such monitoring in order to satisfy any law, regulation or other governmental request, to operate the Service and administer GCI's network, or to protect itself or its subscribers. GCI reserves the right to refuse to post or to remove any information or materials, in whole or part, that in its

sole discretion are unacceptable, undesirable, or in violation of this Agreement. In no event shall GCI be deemed liable for any failure or delay due to any cause beyond GCI's control.

- 5.6 GCI will assist Customer in their application for eligible funding regardless of whether Customer chooses to receive full retail billing or pre-discounted billing. Any assistance received from GCI is advisory only.
6. Maintenance Outages. GCI will conduct scheduled maintenance of its transport services, Internet platform, and distribution services, and will provide Customer a minimum of seventy-two (72) hours' notice prior to this maintenance. These maintenance periods may cause Customer to experience brief interruptions in its Service. GCI's standard maintenance window is between 1:00 a.m. and 5:00 a.m. (Alaska Time). Periodic maintenance may be conducted within the maintenance window on any day of the week without notification to Customer. For emergency repairs, GCI will use its best commercially reasonable efforts to conduct such repairs with a minimum of disruption to Customer.
7. Service Installation. Delivery time for the Service shall be the time that it takes the local exchange carrier(s) to deliver the required local loops plus ten (10) working days, except in locations served directly by VSAT (Very Small Aperture Terminal) where the standard delivery time will be forty-five to ninety (45-90) days from Service order signing providing that facility use agreements are signed and facilities are installed. If services and facilities are not installed, delivery times will be based on a mutually-agreed upon (Customer and GCI) published deployment schedule. GCI shall make every reasonable effort to provide the Services in this time period. However, in accordance with Section 5, GCI has no liability to Customer for failure to meet the planned service installation date. Service will not be considered fully installed until GCI has received Customer's acknowledgement of service installation and testing, which shall not be unreasonably withheld or delayed. Failure of Customer to respond to GCI's request for acknowledgement of installation and testing within five (5) working days shall be considered Customer's acknowledgement of installation and testing of Services.
8. Interruptions in Service
 - 8.1 While GCI does provide pro-active monitoring of Services, it shall be Customer's obligation to notify GCI of any interruption in service. Although all notifications will be investigated, GCI shall not be obligated to take any corrective action upon notice received from any source other than Customer, or its authorized agents or employees.
 - 8.2 GCI will notify Customer of any unscheduled interruptions in service that it detects that extend beyond fifteen (15) minutes in any single occurrence. GCI will provide this notification to one of the technical contacts listed on the Customer Information Sheet.
 - 8.3 All service related contacts must be provided through the following options: email to medicalservices@gci.com or by calling GCI Medical Services at (907) 868-7044 in Anchorage. All service requests received via email will be verified by returning the request to the email addresses provided on the Customer Information Sheet and must be confirmed by Customer by a reply to the forwarded request.
 - 8.4 Interruptions in service of thirty (30) minutes or less will be considered a minor service outage. Three (3) minor service outages in any one (1) day will be considered a major service outage. Interruptions in service of more than thirty (30) minutes will be considered a major service outage.
 - 8.5 If GCI causes a major service outage, GCI will provide a credit to the Customer prorated for the month in which the outage occurs. The maximum credit allowed shall be one (1)

credit per day. To obtain this credit, Customer must request it in writing. GCI will apply the credit to Customer's invoice in the month following the request.

- 8.6. A Service Outage does not include: (a) GCI's planned maintenance as discussed further in Section 6. above; (b) outages caused by Customer's equipment or software; (c) local exchange carrier network failures; (d) outages on other Internet Service Providers' networks or other networks not owned or controlled by GCI; or (e) other causes beyond GCI's commercially reasonable control.
9. Right to Modify Agreement. The terms and conditions of this Agreement shall not be varied, amended, waived, or modified by any course of dealing between the Parties, or any failure or delay to enforce any rights hereunder, other than by a writing signed by authorized representatives of both Parties.
10. Miscellaneous
- 10.1 Neither Party may use the other's name, trademark, trade names, or other proprietary identifying symbols without the prior written approval of the other Party. All notices required or permitted hereunder must be in writing, delivered personally or by U.S. mail, facsimile or electronic mail (followed by hard copy, in the case of fax or email) to the respective signatory and notice addresses set forth on the Cover Sheet, or such other person and/or address as a Party may notify the other from time to time in writing, and shall be deemed effective upon receipt.
- 10.2 Dispute Resolution. Any dispute, controversy or claim concerning this Agreement and a Service Agreement shall be resolved in the following manner:
- 10.2.1 Negotiation. In the event of a controversy or claim arising out of or relating to this Agreement or a Service Agreement, the Parties shall first seek to resolve such dispute through negotiation. The Parties shall each appoint a representative, who shall promptly confer, either in person or by telephone, in an effort to resolve the dispute. If, following thirty (30) days of negotiation the representatives are unable to resolve the dispute, either Party may then refer such dispute to mediation in accordance with paragraph 10.2.2 below.
- 10.2.2 Mediation. If the Parties have not been successful in resolving a dispute through negotiation, the Parties agree to resolve the dispute through mediation by submitting the dispute to a sole mediator selected by the Parties or, at any time at the option of a Party, to mediation by the American Arbitration Association. The mediation shall be conducted in Anchorage, Alaska. Each Party shall bear its own expenses and an equal share of the expenses of the mediator and the fees of the American Arbitration Association. Nothing in this clause shall be construed to preclude any Party from seeking injunctive relief in order to protect its rights pending mediation.
- 10.2.3 Final Resolution. Any controversy or claim arising out of or relating to this Agreement or a Service Agreement that has not been resolved through negotiation or mediation shall be resolved in a court of law in accordance with Section 10.3.
- 10.2.4 Continued Performance. Except where clearly prevented by a dispute arising under this Section, the Parties shall continue performing their respective duties, obligation and responsibilities under this Agreement or Service Agreement, while the dispute is being resolved in accordance with this Section unless and until

such obligations are lawfully terminated or expire in accordance with the provisions hereof.

- 10.3 This Agreement shall be binding upon and inure to the benefit of the successors and permitted assigns of the Parties hereto. Neither this Agreement, nor any of Customer's rights or obligations herein shall be transferable or assignable by Customer without GCI's prior written consent and any attempted transfer or assignment hereof not in accordance herewith shall be null and void. If any portion of this Agreement is held to be unenforceable, the unenforceable portion shall be construed in accordance with applicable law as nearly as possible to reflect the original intentions of the Parties and the remainder of the provisions shall remain in full force and effect. Either Party's failure to insist upon or enforce strict performance of any provision of the Agreement shall not be construed as a waiver of any provision or right. Neither the course of conduct between Parties nor trade practice shall act to modify any provision of this Agreement. This Agreement shall be governed by and construed in accordance with the laws of the State of Alaska, without regard to its conflicts of law provisions. The Parties hereby submit to the personal jurisdiction of, and agree that any legal proceeding with respect to or arising under this Agreement will be brought in the state or federal courts sitting in Anchorage, Alaska. The Parties acknowledge that the aforesaid courts shall have exclusive jurisdiction over this Agreement, and specifically waive any claims which they may have that involve jurisdiction or venue, including but not limited to *forum non conveniens*. Any cause of action Customer may have with respect to the Service must be commenced within one (1) year after the claim or cause of action arises, or within one (1) year after such claim or cause of action should reasonably have been discovered, or such claim or cause of action is barred. These Terms and Conditions, along with Service Agreement, constitute the entire agreement between Customer and GCI with respect to the Service and can be modified only in writing by the Parties hereto.

Address for notices:

Norton Sound Health Corporation
Attention: Carol Piscoya
PO Box 966
Nome, AK 99762

Address for notices:

GCI Managed Broadband Services
Attention: Ron Hale
2550 Denali Street, Suite 1000
Anchorage, AK 99503

With a copy to:

GCI
Attention: Corporate Counsel
2550 Denali Street, Suite 1000
Anchorage, AK 99503

ATTACHMENT 3

**Health Care Providers Universal Service
Description of Services Requested & Certification Form**

Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD) 43137988

Block 1: HCP Location Information

Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10673		2 Consortium Name	
3 HCP Name Brevig Mission Clinic		4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman			
6 Address Line 1 4311 Clarence Rd.			
7 Address Line 2 <small>65.334720 North Latitude and -166.489170 (West) Longitude on Port Clarence Isl. 5 mi NW of Teller</small>		8 County Nome	
9 City Brevig Mission		10 State AK	11 ZIP Code 99785
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966			
19 Address Line 2			
20 City Nome		21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org	

Block 3: Funding Year Information

26 Funding Year (Check only one box)
 Year 2013 (7/1/2013-6/30/2014)
 Year 2014 (7/1/2014-6/30/2015)
 Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. **Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.**

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services
 Telecommunications Service ONLY
 Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed	38 Date 11-Sep-2013
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39 Printed name of authorized person Richard B Wideman	40 Title or position of authorized person TeleHealth Coordinator
-----------------------------------------------------------	---------------------------------------------------------------------

41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128
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Please remember:

- ♦ Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ♦ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ♦ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- ♦ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

**Health Care Providers Universal Service
Description of Services Requested & Certification Form**

Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD) 43138001

Block 1: HCP Location Information

Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10674		2 Consortium Name	
3 HCP Name Elim Clinic		4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman			
6 Address Line 1 69 Old Airport Rd.			
7 Address Line 2		8 County Nome	
9 City Elim		10 State AK	11 ZIP Code 99739
12 Phone # 907 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2
		<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome		21 State AK
		22 ZIP Code 99762
23 Phone # 907 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

<input checked="" type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY
---------------------------------------------------------------------------------	----------------------------------------------------------	------------------------------------------------

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed	38 Date 11-Sep-2013
---------------------------------------	------------------------

39 Printed name of authorized person Richard B Wideman	40 Title or position of authorized person TeleHealth Coordinator
-----------------------------------------------------------	---------------------------------------------------------------------

41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128
---------------------------------------------------------------------	------------------------------------

Please remember:

- ♦ Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ♦ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ♦ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- ♦ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

Gambell 2013

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804

Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD) 43137998

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10675	2 Consortium Name	
3 HCP Name Gambell Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 190 Clinic Rd.		
7 Address Line 2	8 County Name	
9 City Gambell	10 State AK	11 ZIP Code 99742
12 Phone # 907 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2
		<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome		21 State AK
		22 ZIP Code 99762
23 Phone # 907 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed

38 Date 11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

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- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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Parsippany NJ 07054-0685

Golovin 2013

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804
Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43137991

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10676	2 Consortium Name	
3 HCP Name Golovin Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 39 Punguk St.		
7 Address Line 2	8 County Nome	
9 City Golovin	10 State AK	11 ZIP Code 99762
12 Phone # (907) 779-3311	13 Fax #	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2 <input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014) <input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)	
<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:
<input checked="" type="checkbox"/> Both Telecommunications & Internet Services <input type="checkbox"/> Telecommunications Service ONLY <input type="checkbox"/> Internet Service ONLY

Block 6: Certification

31 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 <input checked="" type="checkbox"/> I certify that the health care provider has followed any applicable State or local procurement rules.	
33 <input checked="" type="checkbox"/> I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 <input checked="" type="checkbox"/> I certify that the health care provider is a non-profit or public entity.	
35 <input checked="" type="checkbox"/> I certify that the health care provider is located in a rural area. Visit the RHCD website: (http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of rural areas.	
36 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature Electronically signed	38 Date 11-Sep-2013
39 Printed name of authorized person Richard B Wideman	40 Title or position of authorized person TeleHealth Coordinator
41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128

- Please remember:**
- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
 - After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
 - HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
 - After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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Koyuk 2013

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804
Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43137993

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10677	2 Consortium Name	
3 HCP Name Koyuk Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 70 Poplar St.		
7 Address Line 2	8 County Name	
9 City Koyuk	10 State AK	11 ZIP Code 99753
12 Phone # 907 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	
	<input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

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<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

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Block 5: Request for Services

30 Is the HCP requesting reduced rates for:		
<input checked="" type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed

38 Date 11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

**Health Care Providers Universal Service
Description of Services Requested & Certification Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD): 43137996

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10678		2 Consortium Name	
3 HCP Name St Michael Clinic		4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman			
6 Address Line 1 94 Bald St.			
7 Address Line 2		8 County Nome	
9 City St Michael		10 State AK	11 ZIP Code 99659
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2
		<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome		21 State AK
		22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)

Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

31 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 <input checked="" type="checkbox"/> I certify that the health care provider has followed any applicable State or local procurement rules.	
33 <input checked="" type="checkbox"/> I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 <input checked="" type="checkbox"/> I certify that the health care provider is a non-profit or public entity.	
35 <input checked="" type="checkbox"/> I certify that the health care provider is located in a rural area. Visit the RHCD website: (http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of rural areas.	
36 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature Electronically signed	38 Date 11-Sep-2013
39 Printed name of authorized person Richard B Wideman	40 Title or position of authorized person TeleHealth Coordinator
41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128

Please remember:

- ♦ Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- ♦ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ♦ HCPs may not enter into agreements to purchase eligible services from service providers before the 28 days expire.
- ♦ After the HCP selects a service provider, the HCP must initiate the next step in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

SAVOONGA 2013

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804
Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD) 43137997			
Block 1: HCP Location Information			
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.			
1 HCP Number 10679	2 Consortium Name		
3 HCP Name Savoonga Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128		
5 Contact Name Richard B Wideman			
6 Address Line 1 3 Airport Way			
7 Address Line 2	8 County Name		
9 City Savoonga	10 State AK	11 ZIP Code 99769	
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org	
Block 2: HCP Mailing Contact Information			
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2 <input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966			
19 Address Line 2			
20 City Nome		21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org	
Block 3: Funding Year Information			
26 Funding Year (Check only one box)			
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014) <input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)			
Block 4: Eligibility			
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)			
<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic		
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above		
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital		
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity		
<input type="checkbox"/> Not-for-profit hospital			
28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.			
29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.			
Block 5: Request for Services			
30 Is the HCP requesting reduced rates for:			
<input checked="" type="checkbox"/> Both Telecommunications & Internet Services <input type="checkbox"/> Telecommunications Service ONLY <input type="checkbox"/> Internet Service ONLY			

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed

38 Date 11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

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- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next step** in the application process, the filing of Form 466 and/or 466A.

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This form should be submitted to:

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30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

SKK

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060--0804
Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43137992

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10680	2 Consortium Name	
3 HCP Name Shaktoolik Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 9 Ocean View Rd.		
7 Address Line 2	8 County Nome	
9 City Shaktoolik	10 State AK	11 ZIP Code 99771
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	
	<input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)

Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature
Electronically signed

38 Date
11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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This form should be submitted to:

Rural Health Care Division
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Parsippany NJ 07054-0685

Shishmaref

FCC Form
465

Health Care Providers Universal Service Description of Services Requested & Certification Form

Approval by OMB
3060-0804
Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43137999

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10681	2 Consortium Name	
3 HCP Name Katherine Miksrmaq Olanna Health Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 133 Lagoon View		
7 Address Line 2	8 County Name	
9 City Shishmaref	10 State AK	11 ZIP Code 99772
12 Phone # 907-649-2127	13 Fax # 907-649-2083	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	
	<input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

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<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

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Block 5: Request for Services

30 Is the HCP requesting reduced rates for:		
<input checked="" type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY

Block 6: Certification

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32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed

38 Date 11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

WBB

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804
Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD) 43138000

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10682	2 Consortium Name	
3 HCP Name Stebbins Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 50 Carabou St.		
7 Address Line 2	8 County Nome	
9 City Stebbins	10 State AK	11 ZIP Code 99671
12 Phone # 907-934-3311	13 Fax # 907-934-3312	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	
	<input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:		
<input checked="" type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY

Block 6: Certification

31 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 <input checked="" type="checkbox"/> I certify that the health care provider has followed any applicable State or local procurement rules.	
33 <input checked="" type="checkbox"/> I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 <input checked="" type="checkbox"/> I certify that the health care provider is a non-profit or public entity.	
35 <input checked="" type="checkbox"/> I certify that the health care provider is located in a rural area. Visit the RHCD website: (http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of rural areas.	
36 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature Electronically signed	38 Date 11-Sep-2013
39 Printed name of authorized person Richard B Wideman	40 Title or position of authorized person TeleHealth Coordinator
41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

TLH

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804
Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43138003

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10683	2 Consortium Name	
3 HCP Name Teller Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 1545 Airport Ave.		
7 Address Line 2 72 mi NW of Nome 65.263613 North Latitude & 156.360830 West Longitude	8 County Name	
9 City Teller	10 State AK	11 ZIP Code 99778
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)

Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature
Electronically signed

38 Date
11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
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This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

Unalakleet 2013

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804

Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43137995

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10684		2 Consortium Name	
3 HCP Name Euksavik Clinic		4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman			
6 Address Line 1 189 Airport Rd			
7 Address Line 2		8 County Name	
9 City Unalakleet		10 State AK	11 ZIP Code 99684
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2
		<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome		21 State AK
		22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input checked="" type="checkbox"/> Year 2013 (7/1/2013-6/30/2014)	<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:		
<input checked="" type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed

38 Date 11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

Please remember:

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- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
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WAA

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804

Estimated time per response: 1 hour

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Form 465 Application Number (assigned by RHCD) 43137990

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10685	2 Consortium Name	
3 HCP Name Wales Clinic	4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman		
6 Address Line 1 530 Snowbank St.		
7 Address Line 2		8 County Nome
9 City Wales	10 State AK	11 ZIP Code 99783
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?	<input checked="" type="checkbox"/> Yes, complete Block 2	
	<input type="checkbox"/> No, go to Block 3.	
16 Contact Name Richard B Wideman	17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966		
19 Address Line 2		
20 City Nome	21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org

Block 3: Funding Year Information

26 Funding Year (Check only one box)

Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016)

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<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

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Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

32 I certify that the health care provider has followed any applicable State or local procurement rules.

33 I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

34 I certify that the health care provider is a non-profit or public entity.

35 I certify that the health care provider is located in a rural area. Visit the RHCD website: (<http://www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp>) or contact RHCD at 1-800-229-5476 for a listing of rural areas.

36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.

37 Signature Electronically signed

38 Date 11-Sep-2013

39 Printed name of authorized person
Richard B Wideman

40 Title or position of authorized person
TeleHealth Coordinator

41 Employer of authorized person
Norton Sound Health Corporation

42 Employer's FCC RN
0014835128

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The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

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THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to:

Rural Health Care Division
30 Lanidex Plaza West, P.O.Box 685
Parsippany NJ 07054-0685

WMO

FCC Form
465

Health Care Providers Universal Service
Description of Services Requested & Certification Form

Approval by OMB
3060-0804

Estimated time per response: 1 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD): 43137894

Block 1: HCP Location Information

Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number 10686		2 Consortium Name	
3 HCP Name White Mountain Clinic		4 HCP FCC Registration Number (FCC RN) 0014835128	
5 Contact Name Richard B Wideman			
6 Address Line 1 2 Scow John Rd.			
7 Address Line 2		8 County Name	
9 City White Mountain		10 State AK	11 ZIP Code 99784
12 Phone # (907) 443-3272	13 Fax #	14 E-mail rwideman@nshcorp.org	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input checked="" type="checkbox"/> Yes, complete Block 2	<input type="checkbox"/> No, go to Block 3.
16 Contact Name Richard B Wideman		17 Organization Norton Sound Health Corporation	
18 Address Line 1 P.O. Box 966			
19 Address Line 2			
20 City Name		21 State AK	22 ZIP Code 99762
23 Phone # (907) 443-3272	24 Fax #	25 E-mail rwideman@nshcorp.org	

Block 3: Funding Year Information

26 Funding Year (Check only one box)

Year 2013 (7/1/2013-6/30/2014) Year 2014 (7/1/2014-6/30/2015) Year 2015 (7/1/2015-6/30/2016)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)

<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input checked="" type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Teleradiology, Patient Health Information Delivery, Videoteleconferencing, Telepsychiatry, Distance Learning, Medical Consultation, Patient Education.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:

Both Telecommunications & Internet Services Telecommunications Service ONLY Internet Service ONLY

Block 6: Certification

31 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 <input checked="" type="checkbox"/> I certify that the health care provider has followed any applicable State or local procurement rules.	
33 <input checked="" type="checkbox"/> I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 <input checked="" type="checkbox"/> I certify that the health care provider is a non-profit or public entity.	
35 <input checked="" type="checkbox"/> I certify that the health care provider is located in a rural area. Visit the RHCD website: (http://www.usac.org/rhc/tools/rhcdb/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of rural areas.	
36 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature Electronically signed	38 Date 11-Sep-2013
39 Printed name of authorized person Richard B Wideman	40 Title or position of authorized person TeleHealth Coordinator
41 Employer of authorized person Norton Sound Health Corporation	42 Employer's FCC RN 0014835128

Please remember:

- Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
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