

# RH Program Clinic Certification Form

To add a clinic to the RH Program, send the following to [rh.program@state.or.us](mailto:rh.program@state.or.us):

- ✓ This form completed with the agency's authorizing official's (AO) signature attesting that the requirements have been met. **Be sure to provide phone numbers that allow state staff to reach the clinic, and clinic staff, directly** – this is often needed to respond to urgent client eligibility questions. **Fields outlined in red are required.**
- ✓ The clinic's Board of Pharmacy license if RNs dispense contraceptives.

Once this form and Board of Pharmacy license (if applicable) are submitted, the RH Program will begin the process of amending your RH Program MSA.

Requestor Information	
Agency Name:	Ahlers Project/Agency #:
Requestor's Name:	Email:

Clinic	
Clinic Name: <i>(what you call it when speaking to clients)</i>	
Physical Address:	
City:	Zip:
Mailing Address <i>(if different)</i> :	
City:	Zip:
Phone Number for Clients: <i>(e.g. appointment scheduling)</i>	
Clinic's Direct Phone Number: <i>(needed to respond to urgent staff questions)</i>	Secure Fax Number:
Does the clinic also provide primary care on-site?    Yes    No	
Please indicate all of the following designations that apply to the clinic. <b>Note: clinic must dispense a broad range of contraceptive methods on-site.</b>	
Local Public Health Authority (LPHA)	School-based Health Center (SBHC)
Federally Qualified Health Center (FQHC)	Rural Health Center (RHC)
Tribal Health Center	None apply to clinic
Is it ok to list this clinic on our website?    Yes    No	

More on back



## RH Program Clinic Certification Form

Estimated date RH Program services will start:	
<b>Clinic Manager:</b> The person in charge of daily operations of the clinic.	
Name:	
Desk Phone:	Email:
<b>RH Eligibility Program Database Contact:</b> A person who uses the RH Program Eligibility Database for client enrollment and will receive the eligibility update emails.	
Name:	
Desk Phone:	Email:

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The agency's AO attests that:

- ☐ This clinic meets all the RH Program Certification Requirements per OAR 333-004-2060;
- ☐ The appropriate clinic staff have read and are familiar with the [Certification Requirements for Reproductive Health Services](#); and
- ☐ All information provided is accurate.

\_\_\_\_\_  
Authorizing Official's Name

\_\_\_\_\_  
Authorizing Official's Signature

\_\_\_\_\_  
Date

**Please note** that new RH Program Eligibility Database Users will need to complete a Ahlers User ID/Password Request form to gain access to the database. The form can be accessed on our Client Enrollment page: [healthoregon.org/rhclientenrollment](http://healthoregon.org/rhclientenrollment).