



CareLogic FHIR API Developer Registration

Software Company Name: _____

Software/Application Name: _____

Software Company Website URL: _____

Software Company's Address (Street, City, ZIP, County): _____

Developer/Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

OAuth Callback URL: _____

Brief Description of the Application (optional): _____

Intended Audience of the Application (optional; Patients, Providers, System-to-System): _____

The undersigned developer has read and agrees to be bound by the Qualifacts FHIR API Terms and Conditions.

Signature

Date of Registration

Internal Use Only

Date Received: _____ Date Reviewed: _____ Date Notified: _____ Reviewed By: _____

Determination & Reason: _____