



InSync 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: \_\_\_\_\_