

**Organization information**

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Application Information**

App Name \_\_\_\_\_

How will App be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I only need Screenshot  
 I need Screenshot and Logic  
 I only need Logic

Will your organization **profit** from using this tool?

- Yes       No

**App users**

Who will be using the App? \_\_\_\_\_

Who will handle the IP? \_\_\_\_\_

- We use EPIC (or other EMR provider)  
 We have an internal development team

Contact Information: Kindly send completed form with any questions to: [bstaggs@acc.org](mailto:bstaggs@acc.org)