

Instructions for completing the NDTR Signature Addendum

This document: All Non DUA Tracking (NDTR) requests must include a completed NDTR Signature Addendum if adding a data user.

General Instructions

1. Complete every item in the document.
2. Do not alter the layout or content of the document.
3. Submit this form to the [Data Use Agreement mailbox](#) ..

Specific Instructions

A

Enter your NDTR number if completing this form for an amendment request. If submitting a new request, leave blank.

B

Enter the exact Project Name.

C

Select your user role from the drop-down menu.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Non-Research Purpose (NDTR) SIGNATURE ADDENDUM FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Complete this form if you are adding one of the following users to the data use agreement:

- **Data Custodian:** Individual who will be responsible for ensuring that the environment in which the CMS data is stored complies all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. Please note, CMS requires only one data custodian per data environment.
- **Data Recipient:** An individual under the oversight of the Data Custodian that will receive physical shipment or virtual download of CMS data.
- **Direct Access User:** An individual that will have direct access to CMS data through CMS systems. This includes CCW VRDC seat holders.

Important Notes:

- All form fields are required.
- CMS does not require this form for updates to existing Requester or Data Custodian contact information (e.g., e-mail address, phone numbers), but only to add an individual who is not already on the NDTR.
- CMS does not accept mailbox rental services (P.O. Box, UPS Store, etc.) for an address.
- CMS does not accept foreign addresses outside of the United States and its territories.
- CMS does not accept personal e-mail addresses (@yahoo, @gmail, @outlook, etc.). Your e-mail must be associated with your employer, organization, or university.
- All CMS data must physically remain within the boundaries of the United States and its territories.

NDTR Number: **A** _____ Name of Study/Project: **B** _____

User Role: **C** _____

Data System (for direct access users only): **D** _____ : _____ If Other, please enter: **E** _____

Name: **F** _____ Phone: **G** _____ Ext.: _____

Organization: **H** _____

Street Address: **I** _____

City: _____ State: _____ Zip: _____

Email: **J** _____

By signing this form, you are attesting to the terms and conditions defined in the original Data Use Agreement (DUA) documentation.

Signature: **K** _____

D

Select the data system you are accessing.

E

If accessing a different data system other than the options provided, enter here.

F

Enter the name of the contact being added.

G

Enter the contact's phone number.

H

Enter the exact legal name of the contact's organization.

I

Enter the physical address for the contact. CMS will not accept PO boxes, residential addresses or foreign addresses.

J

Enter the contact's email address associated with an employer or organization. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

K

Please Sign here.

Non-Research Purpose (NDTR) DATA USE AGREEMENT (DUA) SIGNATURE ADDENDUM FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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DUA Number: A Name of Study/Project: B

User Role: C

Data System (for direct access users only): D : If Other, please enter: E

Name: F Phone: G Ext.:

Organization: H

Street Address: I

City: State: Zip:

Email: J

By signing this form, you are attesting to the terms and conditions defined in the original Data Use Agreement (DUA) documentation.

Signature: K