

Instructions for completing the Qualified Entity (QE) NDTR Signature Addendum

This document: All QE Non-DUA Tracking (NDTR) requests must include a completed QE NDTR Signature Addendum if adding or replacing a user on a NDTR.

General Instructions

1. Answer every item in the document.
2. Do not alter the layout or content of the document.
3. Submit to the CMS QE Program Contacts, and the [QECP mailbox](#) in PDF format.

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 Study Title listed on the NDTR if completing this form for an amendment request. If submitting a new request, enter the exact Study Title listed on the QE form.

Select your user role from the drop-down menu.

(Instructions continue on page 2)

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

Qualified Entity (QE) 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.

Important Notes:

- All form fields are required.
- CMS does not require this form for updates to existing contact information (e.g., e-mail address, phone numbers), but only to add an individual who is not already on the DUA.
- 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.

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

User Role: **C** _____

Name: **D** _____ Phone: **E** _____ Ext.: _____

Organization: **F** _____

Street Address: **G** _____

City: _____ State: _____ Zip: _____

Email: **H** _____

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

Signature: **I** _____

Qualified Entity (QE) 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.

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 DUA.
- 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.
-
- with your employer, organization, or university.
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DUA Number: **A** _____ Name of Study/Project: **B** _____

User Role: **C** _____

Name: **D** _____ Phone: **E** _____ Ext.: _____

Organization: **F** _____

Street Address: **G** _____

City: _____ State: _____ Zip: _____

Email: **H** _____

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

Signature: **I** _____

D

Enter the name of the contact being added.

E

Enter the contact's phone number.

F

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

G

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

H

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).

I

Please sign the form here.