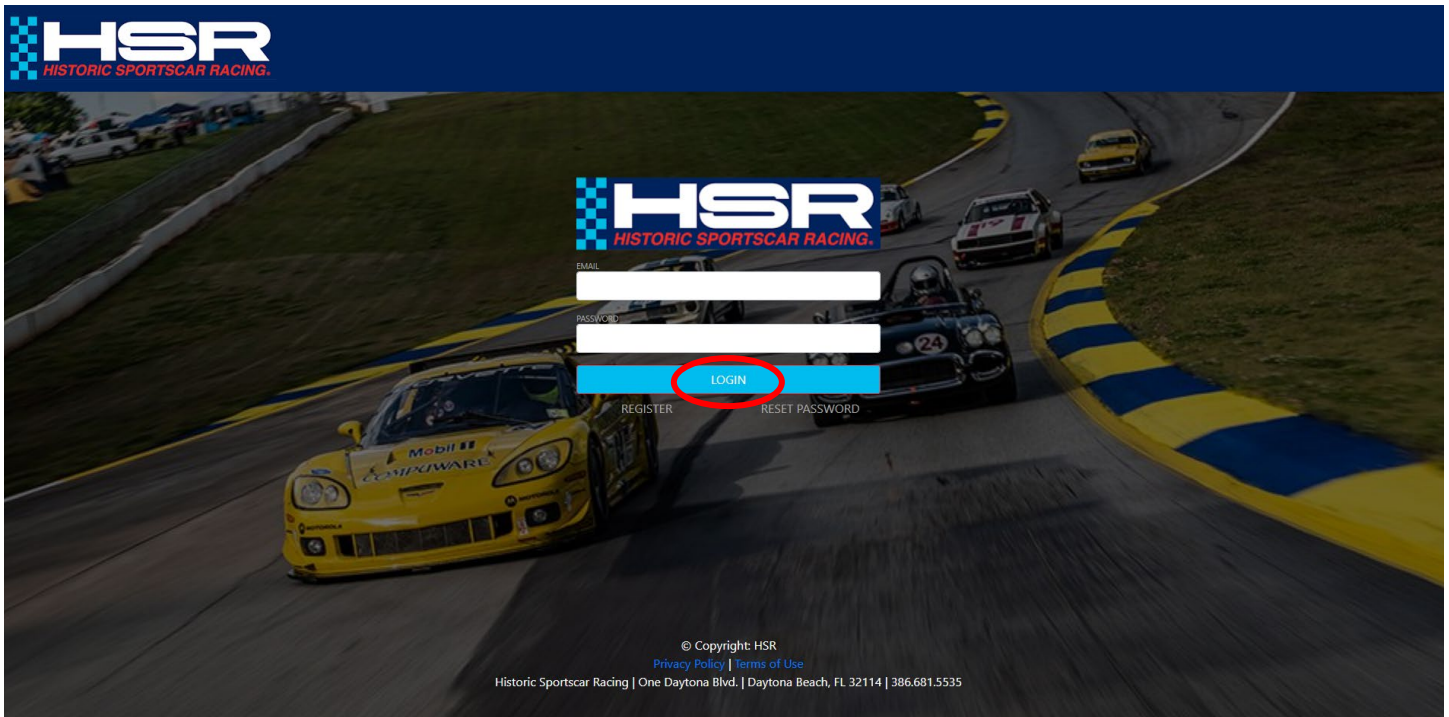


## HSR New Licensing System (MERC) Competition License Application

Here is the link to the new HSR Licensing System: <https://merg.hsrrace.com>.

This Guide includes screenshots from the actual licensing system in an attempt to provide assistance to those who may be struggling to complete the process.



Enter your email address and password, then click on “Register” (see red circle).

Takes you to the competition license application.

### COMPETITION LICENSE

HSR now requires all drivers and co-drivers to hold a license issued by HSR.

**IMPORTANT!** To participate in HSR races, you must have a license issued by HSR. After completing the following form your license will be reviewed by HSR competition staff. **DO NOT** attempt to register for a race event until your license has been approved. Attempting to register for an event immediately after applying for a license will result in an error message and an incomplete license application and event registration.

**All Applicants must submit a fully completed Driver Physical Form (either the HSR Physical Form including physician’s signature and license information, or a copy of the physical form issued by a member organization of the Vintage Motorsports Council (VMC). You will be able to download your unique HSR physical form to take to your physician once you complete the 2025 HSR Driver Application. You cannot use a previous year’s physical form.**

**The Driver Physical Form MUST be completed by a licensed physician. Physicals completed by a Nurse Practitioner or a Physician Assistant will NOT be accepted. In addition, Doctor of Chiropractic and Pain Management Physicians are not recognized by HSR and cannot be used.**

SEASON:

Select season 2025 from the dropdown menu.

## Applicant Information:

### APPLICANT INFORMATION

LEGAL FIRST NAME:

FIRST NAME IS REQUIRED.

MIDDLE NAME:

LAST NAME:

LAST NAME IS REQUIRED.

SUFFIX:

**Your alias will be the name used on all entry lists, race reports, media, promotion, and other public communications. If left blank, your Legal Name will be used.**

ALIAS FIRST NAME:

ALIAS LAST NAME:

DATE OF BIRTH:

DATE OF BIRTH IS REQUIRED.

GENDER:



NATIONALITY:

Enter LEGAL name for First, Middle and Last Name and suffix, if you use one.

If you use an alias, enter that name in Alias First and Last Name.

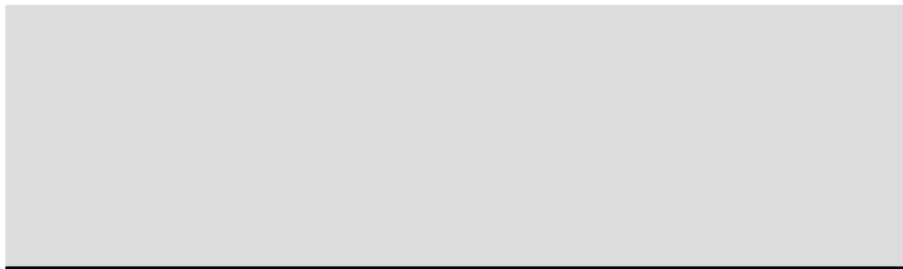
Enter your date of birth and gender.

Select a Nationality.

## Certification Signature:

### CERTIFICATION SIGNATURE

By signing below, I certify that I am the person named above and all information is true and complete. If granted a membership/credential, I understand that any falsification or omission of information related to my membership may result in the revocation of my membership/credential regardless of the time elapsed before discovery.



YOU MUST AGREE TO THE CERTIFICATION BY SIGNING HERE.

Use your mouse, other pointing device or finger to 'sign' the document.

## Emergency Contact Information:

### EMERGENCY CONTACT INFORMATION

CONTACT #1 FIRST NAME:

EMERGENCY FIRST NAME IS REQUIRED.

CONTACT #1 LAST NAME:

EMERGENCY LAST NAME IS REQUIRED.

CONTACT #1 PHONE:

EMERGENCY PHONE IS REQUIRED.

CONTACT #1 RELATIONSHIP:

EMERGENCY RELATIONSHIP IS REQUIRED.

CONTACT #2 FIRST NAME:

EMERGENCY 2 FIRST NAME IS REQUIRED.

CONTACT #2 LAST NAME:

EMERGENCY 2 LAST NAME IS REQUIRED.

CONTACT #2 PHONE:

EMERGENCY 2 PHONE IS REQUIRED.

CONTACT #2 RELATIONSHIP:

EMERGENCY 2 RELATIONSHIP IS REQUIRED.

Enter the first and last name, the telephone number and relationship (with you) for two (2) emergency contacts. This information is mandatory, and we ask that you ensure it is accurate. We never want to use it, but ...

## Series Participation and Resume/CV:

### SERIES PARTICIPATION

PLEASE SELECT EACH SERIES YOU WILL PARTICIPATE IN.

Historic Sportscar Racing

### RESUME/CV

DO YOU HAVE A RESUME ON FILE WITH HSR?

Yes

No

All drivers who have not participated in an HSR Sanctioned event in the past 2 years must provide a current Resume/CV that includes the following:

- Date of race
- Track name
- Number of cars in the race
- Finishing Position
- Name of co-drivers (if applicable)

You may also provide:

- The name of any schools you may have participated in
- Any racing certifications you may have earned
- Any motorsports licenses or memberships you have held

**Your application will not be processed until this information has been provided to HSR.**

Select a resume/cv

“Historic Sportscar Racing” should already be checked. If it is not, please check the box.

If you have little to no history of racing with HSR, please include a resume of your on-track, wheel-to-wheel competition racing experience. This is the information that our competition staff will verify and review. It should be as complete and accurate as possible. To upload your resume, click “Select a resume/cv” and find that file on your computer. Double click on the file to upload it or click once on the file, then click “Open” to upload the document.

## Driver Membership/Annual Credential Agreement:

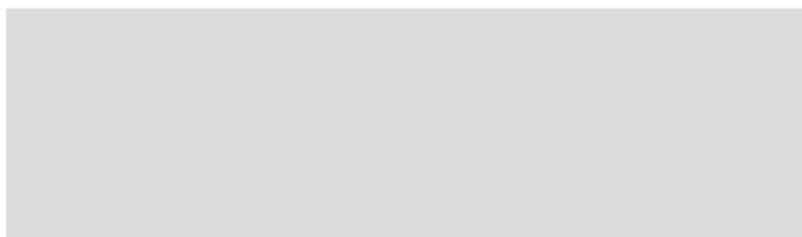
### DRIVER MEMBERSHIP/ANNUAL CREDENTIAL AGREEMENT

Please read the HSR Membership Agreement below carefully. If you cannot read the Agreement clearly, please read the printable version available on the [HSR competitors](#) website before proceeding with the application.

In consideration for an HSR 2025 Annual Membership/Credential to permit my participation in HSR sanctioned activity, including but not limited to competition races, qualifying, testing, practices and HSR approved promoter test days (collectively, "Event(s)") in the capacity of the Member Type listed above, I agree to the following:

1. **ANNUAL MEMBERSHIP:** I understand that an Annual Membership permits me to participate in Events from December 17, 2024 to December 31, 2025 ("Membership Season") in accordance with the rules and procedures for membership as they may be established by HSR from time-to-time.
2. **ANNUAL CREDENTIAL:** I understand that an Annual Credential solely permits me to enter the track premises, the garage and the pit and pit lane area at Events from December 17, 2024 to December 31, 2025 ("Credential Season") in accordance with the rules and procedures for access as they may be established by HSR from time-to-time. HSR may require that I carry certain identification, be accompanied by certain individuals, depart such areas, take certain actions, or refrain from taking certain actions, and I agree to abide by HSR's directives in that regard.
3. **HSR RULE BOOK.** I agree to abide by the HSR Code and Regulations (Code), Standard Operating Procedures (SOP), Technical Regulations and Event Supplementary Regulations (SR) (collectively "RULES") as they may be amended from time to time and any other rules or regulations that may be developed and/or imposed throughout the term of the "Membership Season". I understand that my Annual Membership and participation in Events must comply with the RULES.
4. **NO TRANSFER.** I understand the Annual Membership and Annual Credential is personal to me, I may not transfer or give it to any other person or entity, that any attempt to transfer, lend, or permit any other person or entity to use my Annual Membership or Annual Credential may result in a fine imposed by HSR of not less than Five Hundred Dollars (\$500) and suspension or revocation of my Annual Membership and/or Annual Credential. In addition, I agree to INDEMNIFY HSR and all related parties for any damages arising in connection with such unauthorized transfer, lending, or use.
5. **ADVERTISING & PROMOTION RELEASE.** HSR, its duly authorized agents and assigns, may use, on a non-exclusive basis, my name, likeness and performance, including photographs, images and sounds of me and/or any vehicle(s) which I compete in Event(s), in any way, medium or material (including but not limited to broadcasts by and through television, cable television, radio, pay-per-view, closed circuit television, satellite signal, digital signal, film productions, audiotape productions, transmissions over the Internet, public and private online services authorized by HSR, and sales and other commercial projects, and the like) for promoting, advertising, or reporting HSR Events, or related telecast or programming before, during and after such Event and I do hereby relinquish to HSR in perpetuity all rights for such purpose.
6. **BROADCAST AND OTHER RIGHTS.** I acknowledge that HSR exclusively and in perpetuity owns any and all rights to broadcast, transmit, film, tape, capture, overhear, photograph, collect or record by any means, process, medium or device (including but not limited to television, cable television, radio, pay-per-view, closed circuit television, satellite signal, digital signal, film productions, audiotape productions, transmissions over the Internet, public and private online services authorized by HSR, sales and other commercial projects, and the like), whether or not currently in existence, all film, audio, video, and/or photographic, images, sounds and data (including but not limited to in-car audio, in-car video, in-car radio, other electronic transmissions between cars and crews, and timing and scoring information) arising from, during, or in connection with the Event(s) ("Work(s)") and that HSR is and shall be the sole owner of any and all intellectual property rights (including, but not limited to, patents, copyrights, trademarks, design rights, and other proprietary rights) worldwide in and to the Work(s) and in and to any other Work(s), copyrightable or otherwise created from the images, sounds and data arising from, during or in connection with the Event(s). In addition to the extent not already owned by HSR, I hereby assign to HSR exclusively and in perpetuity any and all rights set forth above. I represent and warrant that as of the date of this Agreement, I have not granted to any third party the rights described herein. I agree to take all steps reasonably necessary, and all steps requested by HSR, to protect, perfect or effectuate HSR's ownership or other interest in these rights. I agree not to take any action, nor cause others to take any action, nor enter into any third-party agreement which would contravene, diminish, encroach or infringe upon these HSR rights.
7. **NO AGENCY OR EMPLOYEE RELATIONSHIP.** I certify that I am not an agent or employee of HSR and that I will not become an agent or employee of HSR as a result of HSR's approval of my application. I further certify that, with respect to any activities in which I engage in as a member of HSR, I am either an independent contractor or an employee of another person or entity. Therefore, I assume all responsibility either by myself or my employer, for any charges, record keeping, premiums and taxes, if any, payable on any funds I may receive as a result of my activities as an HSR member, including but not limited to, social security taxes, unemployment insurance taxes, workers compensation insurance, income taxes and withholding taxes.
8. **PERSONAL INJURY AND PROPERTY DAMAGE RELEASE.** I hereby release and waive any and all claims pursuant to the RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT as part of my application.

By signing below, applicant acknowledges to have received, read and agrees to be bound to the HSR Annual Credential (AC) Agreement and related Terms and Conditions



YOU MUST AGREE TO THE MEMBERSHIP AGREEMENT BY SIGNING HERE.

Read the agreement and sign in the grey box with your mouse, pointing device or finger.



## Photo:

### PHOTO

- You must be facing the camera directly with full face in view.
- You must have a neutral facial expression or a natural smile, with both eyes open in photo.
- It must have been taken within the year.
- Photo must be in color.
- Photos submitted with sunglasses, headphones, wireless hands free devices, a hat or head covering will not be accepted.

Browse

If you are on a computer, before going any further, use the camera on your computer to take a photograph of you that meets the given criteria. Then click "Browse" and select that photograph. If you already have such a photograph on your computer, you may use that. If you are on your mobile device, you may take a photograph at this time.

## 2025 HSR Release and Waiver of Liability and Indemnity Agreement

### 2025 HSR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Please read the **HSR Release and Waiver of Liability and Indemnity Agreement** below carefully. If you cannot read the Agreement clearly, please read the printable version available on the [HSR competitors](#) website before proceeding with the application.

IN CONSIDERATION OF BEING PERMITTED TO ENTER FOR ANY PURPOSE ANY RESTRICTED AREA (herein defined as including but not limited to any area requiring special authorization, credentials, or permission to enter and to which admission by the general public is restricted or prohibited), or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the Event(s) from December 17, 2024 to December 31, 2025, I, for myself, my personal representatives, heirs, and next of kin, acknowledges, agrees and represents that I have, or will immediately upon entering any of such restricted areas and will continuously thereafter, inspect such restricted areas and all portions thereof in which I enter and with which I come in contact, and I do further warrant that my entry into such restricted area or areas and my participation, if any, in the Event(s) constitutes an acknowledgement that I have inspected such restricted areas and that I find and accept the same as being safe and reasonably suited for the purposes of my use, and I further agree and warrant that if, at any time, I am in or about a restricted area and feel anything to be unsafe, will refuse to participate further in the Event(s), will immediately advise the officials of such unsafe situation and will leave the restricted areas and not return.

1. I, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE PROMOTERS, PARTICIPANTS, RACING ASSOCIATION, SANCTIONING ORGANIZATION OR ANY SUBDIVISION THEREOF, TRACK OPERATOR, TRACK OWNER, OFFICIALS, VEHICLE OWNERS, DRIVERS, PIT CREWS, ANY PERSONS IN ANY RESTRICTED AREA, SPONSORS, ADVERTISERS, OWNERS AND LESSEES OF PREMISES USED TO CONDUCT THE EVENT(S), PREMISES OR EVENT INSPECTORS, SURVEYORS, INSURERS, UNDERWRITERS, CONSULTANTS OR OTHER PERSONS OR ENTITIES WHO GIVE RECOMMENDATIONS, DIRECTIONS, OR INSTRUCTIONS OR ENGAGE IN RISK EVALUATION OR LOSS CONTROL ACTIVITIES REGARDING THE PREMISES OR EVENT(S), THEIR PARENTS, SUBSIDIARIES, WHOLESALERS, AFFILIATED CORPORATIONS, AND EACH OF THEM, AND THE DIRECTORS, OFFICERS, AGENTS AND EMPLOYERS OF EACH OF THEM, ALL FOR THE PURPOSES HEREIN REFERRED TO AS THE "RELEASEES", FROM ALL LIABILITY to myself, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in my death, whether caused by the negligence of the "RELEASEES", while I am in or upon the restricted area, and/or competing, officiating in, observing, working for or for any purpose participating in the Events.
2. I, HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE "RELEASEES" and each of them from any loss, liability, damage, or cost they may incur due to my presence in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the Events and whether caused by the negligence of the "RELEASEES".
3. I, HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF "RELEASEES" while in or upon the restricted area and/or while competing, officiating, observing, or working for or for any purpose participating in the Events. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE "RELEASEES".

I, expressly acknowledge and agree that the activities of the Events are very dangerous and involve the risk of serious injury and/or death and/or property damage and that my heirs and next of kin have been so advised. I, further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the Province or State in which the Events is conducted and that if any portion thereof is held invalid, it is Agreed that the balance shall, notwithstanding, continue in full legal force and effect. All rights and obligations of this membership, if granted, are specific to the individual applicant executing this membership application.

## 2025 HSR Release and Waiver of Liability and Indemnity Agreement (continued)

I, HAVE READ AND VOLUNTARILY SIGN THIS 2025 ANNUAL RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT for Events between December 17, 2024 to December 31, 2025, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.



YOU MUST AGREE TO THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT BY SIGNING HERE.

Read the agreement and sign in the grey box with your mouse, pointing device or finger.

## Medical and Medical Questionnaire:

### MEDICAL

For the safety and wellbeing of yourself and your competitors, it is imperative that you provide an accurate and thorough medical history. In the event of an emergency, this information is used to make appropriate lifesaving, time critical decisions concerning medical care provided to you. If you have any questions or concerns regarding your medical history, please feel free to reach out to the HSR Medical Liaison Lyn Hodges Watts at 386-681-5535.

Upload Medical Form...

### MEDICAL QUESTIONNAIRE (GENERAL)

DATE OF LAST TETANUS SHOT:

mm/dd/yyyy



TETANUS SHOT IS REQUIRED.

Anesthesia complications:

Yes  No

Please Explain

Cancer:

Yes  No

Seasonal allergies:

Yes  No

Burns:

Yes  No

Skin problem:

Yes  No

Psoriasis:

Yes  No

Eczema:

Yes  No

Click the blue "Upload Medical Form ..." button and select your medical from the files on your computer.

Answer each of the questions on the multi-page Medical Questionnaire. If you answer "Yes" to a question, please explain in the box that appears immediately beneath that question.

## Primary Care Physician:

### PRIMARY CARE PHYSICIAN

PRIMARY CARE PHYSICIAN FIRST NAME:

PRIMARY CARE PHYSICIAN LAST NAME:

PHYSICIAN OFFICE PHONE:

Enter the name and telephone number of your primary care physician.

## Allergies (medications), Allergies (general), Medications, Hospitalization History, and Surgical History:

### ALLERGIES (MEDICATIONS)

Please list any medications you are allergic to:



Add Medication Allergy

### ALLERGIES (GENERAL)

Please list any allergies:



Add Allergy

### MEDICATIONS

Please list any medication you take below and the date you started taking it. If you are unsure of the date you started taking a medication please provide a date to the best of your knowledge:



Add Medication

### HOSPITALIZATION HISTORY

Please list any hospitalizations:



Add Hospitalization

### SURGICAL HISTORY

Please list any surgeries:



Add Surgery

Click on blue "Add" button to add the requested information under these headings. Skip any that do not apply.

## Additional Information:

### ADDITIONAL INFORMATION

Please list other injury, symptom or condition not otherwise listed, or provide any additional medical history information below:

ADDITIONAL INFORMATION:

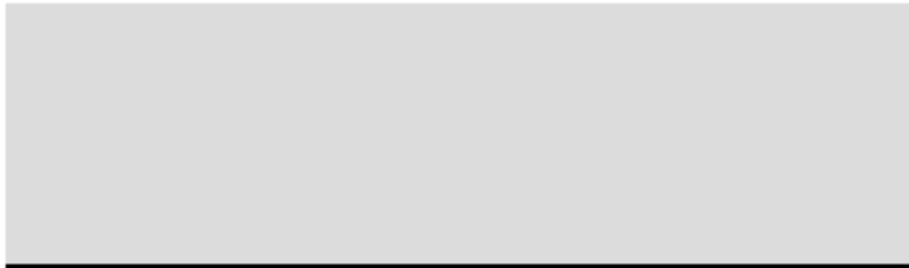
Additional Information

Add medical information not already addressed.

## Medical Certification Signature:

### MEDICAL CERTIFICATION SIGNATURE

I certify that the information I have provided herein, or that I may provide to the Historic Sports Car Racing II, LLC ("HSR") or its affiliates in the future, and any health care providers, is correct and complete. I further certify that I believe I am physically and psychologically fit to compete in motor vehicle racing in the 2025 HSR season, and I have no knowledge of any reason why I should not be allowed to compete. If at any time I do not personally believe that I am physically or psychologically fit to compete at any time for any reason, I will advise the HSR Medical Liaison's Office in writing of my concern for my own fitness as soon as possible. I also certify that, should there be any change in my health status, information or medications that I will inform the Medical Liaison's Office of such change(s) as soon as practically possible, but in no event longer than five (5) business days of my discovery of such change(s).



YOU MUST AGREE TO THE CERTIFICATION BY SIGNING HERE

Read the certification and sign in the grey box with your mouse, pointing device or finger.

## HIPPA Authorization:

### HIPAA AUTHORIZATION

This Authorization Form describes different uses and disclosures of health information, including as protected under applicable state and provincial law and also "protected health information" as defined by the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder. Unless otherwise revoked by me in writing, this Authorization expires eighteen (18) months after the date of signing this Authorization ("Expiration Date").



## HIPPA Authorization (continued):

I hereby authorize the following uses and disclosures of my Health Information, as defined below, and as permitted or required by law:

TYPE INITIALS:

INITIALS ARE REQUIRED.

**A. General.** I specifically authorize and direct any physician, healthcare provider, hospital or other healthcare facility who provided or is providing assessment, diagnosis, care, treatment or services to me prior to execution of this Authorization and/or any time after execution of this Authorization up to the Expiration Date, including their agents, employees and medical staff (collectively "Health Care Provider") to release my "Health Information" (as defined below) to (1) the HSR Medical Liaison Department and/or their designated agents and employees (collectively "Medical Liaison Department") and/or (2) HSR's Substance Abuse Policy's designated Medical Review Officer or its designated agent (collectively "Medical Review Officer") as requested by them for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or my assessment, treatment or care, whether related to a medical, psychological, psychiatric, or substance abuse condition. "Health Information" is defined as: the full and complete medical record; hospital chart; medical history; notes; reports; data; test results; radiology reports, images and films (such as CT, MRI, and x-ray); documents related to examination or treatment for any physical or mental health condition, sickness or injury; assessments; diagnoses; prognoses; medications and prescriptions; insurance records; physician notes of patient interviews; privileged or private communications; and any and all other health information or records regarding my health or treatment, including correspondence, patient notes, and phone messages. I understand Health Information includes records disclosed to the Health Care Providers by other healthcare providers and facilities who previously provided treatment to me, and that it may include information and records protected under applicable state and provincial law (such as certain conditions) and federal law (such as alcohol or drug abuse).

TYPE INITIALS:

INITIALS ARE REQUIRED.

**B. Contagious, Infectious, or Communicable Disease.** I specifically authorize and direct any Health Care Provider to release to the Medical Liaison Department and/or to the Medical Review Officer any Health Information about me regarding assessment, diagnosis, care or treatment of a contagious, infectious or communicable disease (including, but not limited to, HIV/AIDS information, COVID-19 information, tuberculosis, measles, negative/positive diagnosis, testing, test results, status and treatment), if applicable.

TYPE INITIALS:

INITIALS ARE REQUIRED.

**C. Mental Health Information.** I specifically authorize and direct any Health Care Provider to release to the Medical Liaison Department and/or to the Medical Review Officer any Health Information about me regarding assessment, diagnosis, care or treatment of a mental health condition, illness, or disease, if applicable, for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or for my assessment, treatment or care. This Authorization does not include the release of "psychotherapy notes" (as that term is defined by HIPAA) recorded by a healthcare provider who is a mental health professional regarding a counseling session, but only if such notes are held separately from my medical record. This Authorization does include, for example, all information held in my medical record, other professional notes, medication prescriptions and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

TYPE INITIALS:

INITIALS ARE REQUIRED.

**D. Alcohol/Drug Abuse.** I specifically authorize and direct any Health Care Provider to release to the Medical Liaison Department and/or to the Medical Review Officer any Health Information about me regarding assessment, diagnosis, care, treatment or referral regarding alcohol and/or drug abuse, if applicable, for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or for my assessment, treatment or care.

TYPE INITIALS:

INITIALS ARE REQUIRED.

**E. Discussion Permitted.** I specifically authorize and direct any Health Care Provider to discuss, clarify or explain my Health Information with the Medical Liaison Department and/or the Medical Review Officer, upon their request, for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or for my assessment, treatment or care.

TYPE INITIALS:

INITIALS ARE REQUIRED.

**F. Disclosure by Medical Liaison for Certain Purposes.** I authorize the Medical Liaison Department to use and disclose my Health Information in their possession, including but not limited to my HSR Driver History & Physical Forms, HSR Track Incident Medical Reports, and Infield Care Center Reports, to the following: (1) physicians, health care providers, hospitals, infield care centers, and other health care facilities for purposes of my assessment, care and treatment; and/or (2) the Medical Review Officer, and outside experts, engineers, physicians or consultants retained by any of them, for purposes of safety, quality assurance/improvement, my ability or eligibility to compete, to assist in reviewing accidents and health care services, and making assessments and recommendations related to quality or safety. I understand the Medical Liaison Department coordinators and consulting physicians are not direct treatment providers; they are present at the racetracks to facilitate the sharing of information. Any COVID-19 screening and assessment is conducted for work safety and/or public health purposes; it is not on behalf of any health plan and is not a health plan benefit.

Type your initials into the box beside each paragraph.

## HIPAA Authorization (continued):

TYPE INITIALS:

Type Initials

INITIALS ARE REQUIRED.

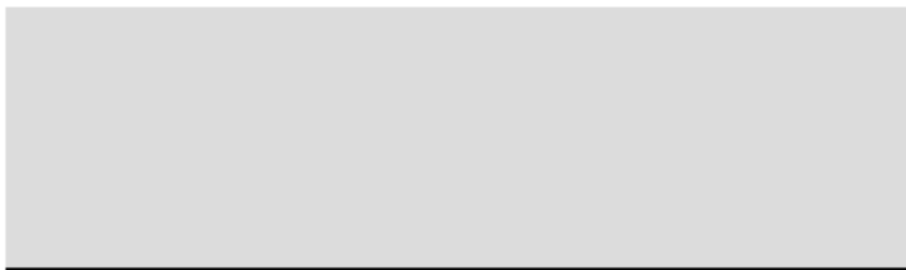
**G. Medical Review Officer Request.** I acknowledge that, under the rules of HSR's Substance Abuse Policy, the Medical Review Officer serves as an independent and impartial physician who investigates whether a laboratory non-negative test result was due to a legitimate medical explanation. I understand that under HSR rules the Medical Review Officer may request medical information and records as part of inquiring into whether there is a legitimate medical explanation for a result. I specifically request and permit Health Care Providers and the Medical Liaison Department to disclose, discuss and explain my Health Information as necessary to respond to such a request from the Medical Review Officer.

**I understand that I have the right to revoke this Authorization in writing at any time by notifying, as applicable, the disclosing Healthcare Provider, Medical Liaison Department, and/or the Medical Review Officer.** I understand that the revocation is only effective after it is received. I understand that any use or disclosure made prior to the revocation in reliance on this Authorization will not be affected by a subsequently received revocation. This signed Authorization supersedes and replaces prior HIPAA authorizations, if any, that I have signed for HSR.

I understand that once Health Information is disclosed pursuant to this Authorization, it may be re-disclosed by the recipient, and federal or applicable state and provincial law might not protect it. I understand a health care provider, hospital or health facility may not condition my treatment on whether this Authorization is signed. I understand that HSR rules and policies will govern whether I may participate in any HSR-sanctioned event if I choose to revoke this Authorization.

**- I have read this Authorization, I understand what it says, and any questions of mine have been answered to my satisfaction. I understand that I am entitled to receive a copy of this Authorization, and I allow a photocopy to be deemed valid as a signed original.**

I understand that once Health Information is disclosed pursuant to this Authorization, it may be re-disclosed by the recipient, and federal or applicable state and provincial law might not protect it. I understand a health care provider, hospital or health facility may not condition my treatment on whether this Authorization is signed. I understand that HSR rules and policies will govern whether I may participate in any HSR-sanctioned event if I choose to revoke this Authorization.



YOU MUST AGREE TO THE HIPAA STATEMENT BY SIGNING HERE.

Read the authorization and sign in the grey box with your mouse, pointing device or finger.

## Review, Processing Time, License and Payment:

### REVIEW

- You will need to submit a physical form.
- You will need to supply your Resume/CV.

### PROCESSING TIME

Applications require a **minimum** of 15 **business** days for processing. You may optionally pay to have your application expedited.

CHOOSE AN EXPEDITED PROCESSING METHOD:

- None
- 10 **business** days (\$135)

Check the "Review" section to see has been missed, if anything.

Select None or "10 business days" for expedited processing (a \$135 charge).

## License and Payment Information:

### LICENSE

SELECT A LICENSE

Select a License



### PAYMENT

Total Charges: \$0.00

PAYMENT TYPE:



BY CHECKING THIS BOX I UNDERSTAND THAT PAYMENT IS NON-REFUNDABLE FOR ANY REASON EXCEPT DENIAL OF APPLICATION. IF THE APPLICANT IS DENIED IT WILL BE REFUNDED.

YOU MUST ACKNOWLEDGE THAT NO REFUNDS ARE GIVEN UNLESS YOUR APPLICATION IS DENIED.

Select the license for which you are applying.

Select your payment type and input credit card information if you selected credit card.

Click the box beside the last statement acknowledging your understanding of the no refund policy.

A red box may appear below the payment information. If so, it will explain what part or parts of the application are incomplete or incorrect. Once all is complete and correct, click the blue Submit button.

Submit