

# Tennessee Retinal Screening Program (TRSP) Application



## General Information – Section A

### Practice Information

1. Legal Name of Organization	
2. Street Address	
3. City ST ZIP Code	
4. Main Office Phone	
5. Federal Tax ID Number	
6. E-Mail Address	
7. Authorized Contact Name	
8. Contact Title	

### Contact Information (if different from practice)

9. Street Address	
10. City ST ZIP Code	
11. Phone Number	
12. Email Address	

### Authorized Signor Information (if different from contact)

13. Authorized Signor Name	
14. Signor Title	

### Regions - Refer to region map provided on the website for service areas

Select any or all regions where you agree to provide services (number of approximate annual screenings are listed below)

<input type="checkbox"/>	Northeast (500)	<input type="checkbox"/>	East (350)	<input type="checkbox"/>	Upper Cumberland (1,200)
<input type="checkbox"/>	Southeast (300)	<input type="checkbox"/>	South Central (400)	<input type="checkbox"/>	Mid Cumberland (1,300)
<input type="checkbox"/>	West (1,000)				

### Primary Retinal Image Interpreter

1. Name	
2. Street Address	
3. City ST ZIP Code	
4. Phone Number	
5. Email Address	
6. Current Medical License #	

### Medical Education

Institution	City/State	Date of Graduation	Degree

### Specialized Training

Program/Institution	City/State	Dates	Degree

### Specialty Board Certifications

List all certifications, the certifying organization and the date.

**Additional Retinal Image Interpreter – (Duplicate page for each additional interpreter)**

7. Name	
8. Street Address	
9. City ST ZIP Code	
10. Phone Number	
11. Email Address	
12. Current Medical License #	

**Medical Education**

Institution	City/State	Date of Graduation	Degree

**Specialized Training**

Program/Institution	City/State	Dates	Degree

**Specialty Board Certifications**

List all certifications, the certifying organization and the date.

### Additional Information

1. Does your practice currently have any contracts with the State of Tennessee or has your practice completed any contracts with the State of Tennessee within the last five (5) years? If so, provide the following:

- a) Name, title, telephone number and e-mail address of the State contact knowledgeable about the contract;
- b) Procuring State agency name;
- c) Brief description of the contract's scope of services;
- d) Contract period;
- e) Contract number.

Current or prior contracts with the State are not a prerequisite and are not required for the maximum evaluation score, and the existence of such contracts with the State will not automatically result in the addition or deduction of evaluation points.

- I attest that the Retinal Screening Image Interpreter and all additional interpreters identified in this application agree to all requirements listed in Section II of this Request for Application, RFA # 34360-63817.
- I hereby declare that all statements contained in this application are true and correct and the practice does not intend to use subcontractors to meet the requirements of any contract awarded pursuant to this RFA.

Printed Name:

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Signature

Date:

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