

STATE OF GEORGIA

RENEWAL OF CERTIFICATE OF REGISTRATION FOR INDEPENDENT REVIEW ORGANIZATIONS

Please respond to each item using the space provided.

SECTION 1: GENERAL DESCRIPTION

Renewal Applicant:

IRO Certification Number:

SECTION 2: RENEWAL INFORMATION

<u>Pursuant Ga. Comp. R. & Regs. r. § 111-2-3-.03(10)(b), a completed renewal form, the current</u> screening criteria, renewal fee, and certification of no material changes not already filed with the Department must be submitted to the Department for the renewal of the certificate of registration.

Changes since the Original Application

Provide the information on the attached application that has changed since the original certification of your independent review organization. Please submit any and all documentation required as a result of any changes to the information contained in the original certification application. Sign the certification page at the end of the application, *Section 6: Certification*, certifying that the legal applicant will comply with the listed provisions and that the applicant attests to the accuracy and completeness of the material so contained to the best of its knowledge.

SECTION 3: CERTIFICATION OF NO CHANGES

If there have been no changes since the original application was certified by the Division, then sign the statement below certifying that no changes have occurred. Also, sign the certification page at the end of the application, *Section 6: Certification*, certifying that the legal applicant will comply with the listed provisions and that the applicant attests to the accuracy and completeness of the material so contained to the best of its knowledge.

The signer of this certification section must be a duly authorized representative of the legal applicant who has thoroughly read, understands and is hereby certifying that there have been no changes since the original certification application of the independent review organization.

| Signature: | Date: | |
|------------|-------|--|
| Title: | | |

Notary: