

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY  
SYNTHETIC HEALTH DATA CHALLENGE REGISTRATION  
INSTRUCTION PAGE (DO NOT SUBMIT)

*Instructions and Additional Information for Completing this Form*

**A completed registration form must be submitted with each Phase I Proposal Package.**

**Part 1.** A team name is optional.

**Part 2.** All direct communications from the Challenge organizers will be sent via the email provided. Note that communications regarding judging and award decisions will be sent ONLY to the provided email.

**Part 3.** Complete information is required for each Team Member. Provide email ONLY if Team Member is to receive duplicate informational emails from Challenge organizers.

**Part 4.** Before initialing this section, refer to the Challenge.gov website [insert link] to review detailed submission instructions.

**Part 5.** The certification MUST be signed by the Individual Participant or the Team Leader and all Team Members. Refer to the Challenge.gov website [insert link] to review all Synthetic Health Data Challenge Rules and Terms and Conditions before signing.

## SYNTHETIC HEALTH DATA CHALLENGE REGISTRATION FORM

### *Part 1. Date, Proposal Title, Team Name*

<b>Date:</b>
<b>Proposal Title:</b>
<b>Team Name:</b>

### *Part 2. Information About Individual Participant or Team Leader*

<b>Name:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Email:</b>	<b>Cell Phone:</b>

### *Part 3. Information About Team Members (If applicable)*

<b>Name</b>	
<b>Organization:</b>	
<b>Address</b>	
<b>City, State, Zip</b>	<b>Email (optional):</b>

<b>Name</b>	
<b>Organization:</b>	
<b>Address</b>	
<b>City, State, Zip</b>	<b>Email (optional):</b>

<b>Name</b>	
<b>Organization:</b>	
<b>Address</b>	
<b>City, State, Zip</b>	<b>Email (optional):</b>

<b>Name</b>	
<b>Organization:</b>	
<b>Address</b>	
<b>City, State, Zip</b>	<b>Email (optional):</b>

<b>Name</b>	
<b>Organization:</b>	
<b>Address</b>	
<b>City, State, Zip</b>	<b>Email (optional):</b>

*Part 4. Initial Each Box to Indicate that this Phase I Proposal PDF includes:*

	A Cover Page that includes the solution name, organization and contact information of the submitter(s), title, Challenge category that your solution will address, and an abstract that describes the solution. Explain how researchers and/or technology developers can benefit from your solution and why the approach is innovative. One-page limit.
	A Methods section describing your solution to the Challenge and explaining the methods used to meet the Challenge requirements. Cite appropriate references to support the work. Include figures/illustrations where appropriate. Five-page limit includes any figures or illustrations.

*Part 5. Signed Certification*

By signing below, we certify that all information on this Synthetic Health Data Challenge Registration form is true and correct. We further certify that the above-named Challenge Phase 1 Proposal complies with all Rules and Terms and Conditions detailed on the Synthetic Health Data Challenge webpage. We understand that any non-compliance can result in the disqualification of this submission and forfeiture of any awards.

**Individual Participant or Team Leader Signature**

**Print Name:**

**Team Member Signature (if applicable)**

**Print Name:**

**Team Member Signature (if applicable)**

**Print Name:**

**Team Member Signature (if applicable)**

**Print Name:**

**Team Member Signature (if applicable)**

**Print Name:**

**Team Member Signature (if applicable)**

**Print Name:**