

## **Measure Authoring Tool (MAT) User Registration Form Instructions**

### **Instructions to User:**

Use this form to register for a Measure Authoring Tool User Account. Enter your information legibly and completely in the fields provided on the MAT User Registration Form.

You will need to provide your organization's HL7 Object Identifier (OID). If your organization does not have and does not need an HL7 OID for measure development, you may request that the MAT assign your organization a Unique Universal Identifier (UUID) for use within the MAT only. Each applicant for the same organization must use either the same OID or the same MAT UUID.

Sign and date the MAT User Registration Form in the presence of a notary public. The notary stamp or seal is required as allowed under state law. If a notary stamp is not required for your state, list the notary commission number in the field provided for the stamp or seal.

Mail the original\* copy of the MAT User Registration Form to:

SemanticBits  
MAT Support Desk  
13921 Park Center Rd, Suite 420  
Herndon, VA 20171

\*Photocopies or faxes of the MAT User Registration Form **will not** be accepted. Keep a copy of the registration form for your records.

Upon receipt of the completed User Registration Form, the MAT Support Desk will create a Support Ticket on your behalf. The Support Desk will send you an email notification once processing is complete.

Once your account has been created, you will receive three emails. The first email will contain your User ID. The second email will contain a temporary password. The third email will contain a request for your Symantec™ VIP Credential ID. Please do not attempt to log into the MAT until you have received notification from the Support Desk, that your Symantec™ Credential ID has been successfully registered with the MAT.

The MAT Support Desk hours and contact information are listed below:

Hours of Operation:  
8:00 AM to 5:00 PM Eastern

Support Email:  
[sb-mat-user@semanticbits.com](mailto:sb-mat-user@semanticbits.com)

### **Instructions to Notary:**

By notarization of the MAT User Registration Form, you will assist in the identity proofing of the individual presenting this form, herein referred to as User. The user has applied for access to the Measure Authoring Tool (MAT).

The user will be required to present a valid current primary Government picture ID that contains the user's picture and either address or record or nationality (e.g. driver's license or passport).

As the notary, you are charged with the responsibility to check the validity and integrity of the documentation presented by the user. All documentation must be in the user's name.

**Measure Authoring Tool (MAT) User Account Registration Form**

All fields are required.

**Request Date:**

**User Information**

Last Name:		First Name:	Middle Initial:
Address: (Street Name and Number)			
City:		State:	ZIP Code:
Business Email Address:		Business Phone Number: (     )	
Organization Name:			
Organization HL7 OID or Previously Assigned MAT UUID:		My Organization Does Not Have or Need an HL7 OID: <input type="checkbox"/> I am requesting a new MAT Unique Universal ID (UUID) for My Organization.	

**Required Signatures**

**User:**

I, the undersigned User, declares under penalty of perjury the following:

1. The information set forth in my MAT User Registration Form and set forth in this Declaration is true, complete, and accurate;
2. That the documents I have provided to the notary to substantiate the aforesaid information constitutes accurate personal information about me;
3. That I am the person referenced in the documents provided herein;
4. That I have provided the documents listed below to a notary as required by the Measure Authoring Tool user registration process.

I, the undersigned User, declare I agree to the following:

1. That I have read and agree to the Terms of Use posted on the MAT web site, <https://emeasuretool.cms.gov>.
2. That I agree that the Measure Authoring Tool (MAT) is not responsible for any missed deadlines and financial or other losses incurred by users because of MAT downtime, latency, other malfunctions or the quality of information it contains.

Print Name _____	
Signature _____	Date _____

**Notary Public:**

As the assigned notary public, I have used the following ID as verification:

- Driver's License     Passport     Other:

Notarized Date: (mm/dd/yyyy) / /	Notary Expiration Date: (mm/dd/yyyy) / /
As a commissioned Notary, I hereby declare under penalty of perjury that: <ol style="list-style-type: none"> <li>1. I have read this document</li> <li>2. I have examined the documents provided in the above list;</li> <li>3. I have substantiated with those documents and photographs the facts set forth above;</li> <li>4. I have examined the above signed Subscriber under oath;</li> <li>5. I have ascertained by examination of the Subscriber under oath that the Subscriber is the person referenced in the documents and that the Subscriber is the signatory of this Declaration</li> </ol>	<b>Notary Public Seal or Stamp:</b> Notary stamp or seal is required as allowed under state law. If a notary stamp is not required for your state, list the notary commission number below.

Notary Signature: \_\_\_\_\_

**(To be completed by MAT Support Desk following notarization)**

**Authorized Official**  
The above stated User is authorized to register for a Measure Authoring Tool user account.

Name/Date: \_\_\_\_\_