NCM	I/CC GLearn Ap	oplication Agre	ement	
Organization Name (if applicable)		CTC relationship: Currently in contract: Yes/No Past CTC participant Year ended Practice can also apply if not part of CTC if in a system of care relationship		
		ACO	A/E	
Site Contact Person: Position:	Email: Phone:			
IT person Name Needed if there is a problem with meeting system requirements identified below N/A	Email: Phone:			
IT Browser System Requirements: G Health Learning can be accessed with the Internet Explorer 10 or higher Mozilla Firefox Google Chrome Safari 3.3.3 or higher on a PC, 4.0 or long a Mac	•	r versions: Indicate	compatible browser that is available	to you:
_	raining modules are licensed by CTC to p m, display, modify, o	participate in CTC-sp create derivative wo	perty of GLearn and therefore may o onsored GLearn care management t rks, merge, distribute otherwise	•
"I have read the above and agree to abide	by the stipulations	agreed to in the con	tract between CTC-RI and GLearn™.	
I agree that I will direct any questions I hav agreement. A copy of the contract is available		who are most knowl	edgeable about the GLearn contractu	ıal
Practice/Provider Signature		Date	-	
Nurse Care Manager/Care Coordinator	Signature	Date	_	
	For Intern	nal Tracking		_
		В		
Date application received:		Date application approved:		
Date NCM/CC notified :	Date faculty n	Date faculty notified:		

<u>Care Managers:</u> use <u>this Eventbrite Link</u> to register for the GLearn Curriculum Training and/or indicate your interest in the ECHO Pediatric Complex Management Program (see "Attachment C") – in Eventbrite, you will answer questions about your contact information, License information, Job Function, Specialty, etc. kindly respond to all questions in Eventbrite.

Notes:

Cohort assigned: