



Appendix A - RSA Information

1. Name of Proposed Regional WEDI SNIP Affiliate

2. Primary Contact (Name, title, address, phone, fax, email)

3. Secondary Contact (Name, title, address, phone, fax, email)

4. Primary Local, State or Region(s) covered

5. Meeting location(s) and time(s)

6. Convening/facilitating organization

7. RSA Web site URL

8. Key leadership contacts and organizations

9. Governance protocols

10. Membership list (optional)

11. Please write a 150 Word description of your RSA's goals and objectives (as would appear in the WEDI SNIP Web Site). Please include a description of the HIPAA areas the RSA will cover (transactions and code sets, identifiers, security, privacy, other). If you do not intend to cover all of HIPAA areas, please describe how you foresee these areas being addressed in the region.

12. List any products/resources that RSA feels are valuable to other WEDI SNIP regional affiliates. Include URLs as appropriate.

13. RSA Listserv addresses (es) (if applicable).

WEDI SNIP thanks you for your continued support. The WEDI SNIP Executive Steering Committee will review your Regional WEDI SNIP Affiliate application and may request additional information.

Please forward your completed application to:
Ann Marie Railing, Director of Regional Education and Operations,
amrailing@wedi.org, (703) 391-2718, or (703) 391-2759 (fax)