

CCA Customized Program Sign-Off

Customization #####

Sample Client Name

I agree that this Customization has been delivered and installed on our system, that any necessary training has been completed, and that the program is operating as described in the Technical Specifications. Further, I understand that if any requests are made to add to or change this Customization, the request will be initiated by submitting a new Customization Request.

CCA Medical

Signature Date

Printed Name

Assigned Resource, Development
Title

Sample Client

Signature Date

Printed Name

Title

6/16/08