



Telehealth Technical Assistance Request Form

The NRTRC strives to provide efficient and timely responses to technical assistance requests from our customers. In order to facilitate this process, we request that you complete the form below to the best of your ability. When complete, please email to the [NRTRC MAILBOX](#).

Customer Contact Information

Your Name: (required)

Title:

E-Mail: (required)

Telephone:

Preferred Contact Name (if not you)

E-Mail:

Telephone:

How did you hear about the NRTRC?

- | | |
|--|--|
| <input type="checkbox"/> NRTRC Website | <input type="checkbox"/> Other Website |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Web Search |
| <input type="checkbox"/> Familiar with the NRTRC | <input type="checkbox"/> Discussion Thread |

Is your organization a HRSA grantee?

Yes

No

If yes, please describe your grant type:

Name of Organization:

Type of Organization:

Address:

City, State, Zip:

Website:

Current Telemedicine/Telehealth Activity

Is your organization affiliated with a telehealth network?

Yes

No

If yes, please provide the name of your network:

Please indicate the area of service for which you are requesting assistance (check all that apply):

About Telehealth

Overview

Current Activities

Challenges & Barriers

Operations

Startup

Operations

Staffing

Funding

Business Planning

Best Practices

Grant Writing

Evaluation

Organizational Readiness

Technology

Universal Services

Security

Other

Clinical Services

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Processes | <input type="checkbox"/> Credentialing | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> ENT | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Remote ICU | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Ob/Gyn | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Pulmonology | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Remote Monitoring |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Urology | <input type="checkbox"/> Clinical Protocols |
| <input type="checkbox"/> Other (please describe) | <input type="checkbox"/> Neurology/Stroke | |

Please provide any additional information that would help us in responding to your request for assistance:

Please indicate your preference for follow up:

- | | | |
|---------------------------------|------------------------------------|---|
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Telephone | <input type="checkbox"/> Video Conference |
|---------------------------------|------------------------------------|---|

Thank you for contacting the NRTRC and we look forward to assisting you!

[Click here to submit form to DONOTREPLYNRTRC@inhs.org](mailto:DONOTREPLYNRTRC@inhs.org)

For questions please contact Shelley Cox at coxsl1@inhs.org

Please visit the NRTRC website for more tools and information at: www.nrtrc.org