

**International Quality Plasma Program  
National Donor Deferral Registry (NDDR)  
Data Entry Site Certification  
– APPLICATION FORM –**

Facility Name

Government License#

NDDR/IQPP Code

Facility Manager

Address

City

State

Postal Code

Country

Telephone

E-Mail

Fax

Laboratory Testing Performed (check all that apply):

Serology

NAT Testing

None, Data Entry Site ONLY

Other, please identify

**Application must be submitted with the appropriate fee:**

**Certification Fee: \$2,000**

APPLICATIONS RECEIVED WITHOUT FEE PAYMENT MAY  
BE WITHHELD FROM SCHEDULING!

**Please contact the PPTA Office (410-263-8296)  
if you need further instructions.**

Corporate Ownership

Contact Name

Address

City

State/Postal Code

Country

Telephone

Telefax

E-Mail

**Read and sign:**

I certify that to the best of my knowledge the information contained in this application is complete and accurate. I understand that participation in the IQPP Certification program is completely voluntary and subject to compliance with all IQPP standards. I may withdraw from the Program at anytime by notifying the PPTA Source National Office or have my IQPP Certification revoked at anytime if the facility is found to be out of compliance with the IQPP Standards.

Signature

Date

Type or Print Name/Title

**Please return completed form, fee and necessary attachments to:**

**IQPP CERTIFICATION**

**147 Old Solomons Island Rd. Suite 100**

**Annapolis, MD 21401**