

InfoGard Laboratories, Inc.

an Office of the National Coordinator for Health IT-Authorized Testing and Certification Body (ONC-ATCB)

certifies that the EHR Product listed below meets the mandatory certification criteria identified in the ONC Standards and Certification Criteria Final Rule as listed on the reverse.



Vālant Premium Psychiatric Suite

Version 4.0

by

Vālant Medical Solutions™, Inc.

Certificate #: IG-2499-11-0055

Certified Date: April 5, 2011

Classification: Complete EHR

Practice Setting: Ambulatory

The complete list of certified EHR Products is posted on the ONC Certified HIT Product List (CHPL) website at:

<http://onc-chpl.force.com/ehrcert>.

EHR Application Identification	
Vendor Name:	Vālant Medical Solutions™, Inc.
Product Name:	Vālant Premium Psychiatric Suite
Product Version:	4.0
Additional SW Required*:	SW Version and Applicable Certification Criteria
	N/A

* Additional software used to satisfy select certification criteria.

Certification Criteria/Status									
General:	<input checked="" type="checkbox"/> §170.302.a	<input checked="" type="checkbox"/> §170.302.i	<input checked="" type="checkbox"/> §170.302.s	Ambulatory:	<input checked="" type="checkbox"/> §170.304.a	Inpatient:	<input type="checkbox"/> §170.306.a		
	<input checked="" type="checkbox"/> §170.302.b	<input checked="" type="checkbox"/> §170.302.j	<input checked="" type="checkbox"/> §170.302.t		<input checked="" type="checkbox"/> §170.304.b		<input type="checkbox"/> §170.306.b		
	<input checked="" type="checkbox"/> §170.302.c	<input checked="" type="checkbox"/> §170.302.k	<input checked="" type="checkbox"/> §170.302.u		<input checked="" type="checkbox"/> §170.304.c		<input type="checkbox"/> §170.306.c		
	<input checked="" type="checkbox"/> §170.302.d	<input checked="" type="checkbox"/> §170.302.l	<input checked="" type="checkbox"/> §170.302.v		<input checked="" type="checkbox"/> §170.304.d		<input type="checkbox"/> §170.306.d1		
	<input checked="" type="checkbox"/> §170.302.e	<input checked="" type="checkbox"/> §170.302.m	<input type="checkbox"/> §170.302.w		<input checked="" type="checkbox"/> §170.304.e		<input type="checkbox"/> §170.306.d2		
	<input checked="" type="checkbox"/> §170.302.f1	<input checked="" type="checkbox"/> §170.302.n			<input checked="" type="checkbox"/> §170.304.f		<input type="checkbox"/> §170.306.e		
	<input checked="" type="checkbox"/> §170.302.f2	<input checked="" type="checkbox"/> §170.302.o			<input checked="" type="checkbox"/> §170.304.g		<input type="checkbox"/> §170.306.f		
	<input checked="" type="checkbox"/> §170.302.f3	<input checked="" type="checkbox"/> §170.302.p			<input checked="" type="checkbox"/> §170.304.h		<input type="checkbox"/> §170.306.g		
	<input checked="" type="checkbox"/> §170.302.g	<input checked="" type="checkbox"/> §170.302.q			<input checked="" type="checkbox"/> §170.304.i		<input type="checkbox"/> §170.306.h		
	<input checked="" type="checkbox"/> §170.302.h	<input checked="" type="checkbox"/> §170.302.r			<input checked="" type="checkbox"/> §170.304.j		<input type="checkbox"/> §170.306.i		

Clinical Quality Measures									
Ambulatory: (per §170.304.j)	NQF 0013	NQF 0024	NQF 0028	NQF 0038	NQF 0041 PQRI 110	NQF 0421 PQRI 128	NQF 0018	NQF 0043 PQRI 111	NQF 0086 PQRI 12
Inpatient: (per §170.306.i)	N/A								