

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.



AZZLY EHR/PM/PHR

Version 2011/2012

by

AZZLY®

Certificate #: IG-2458-11-0058

Certified Date: April 13, 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:	AZZLY®
Product Name:	AZZLY EHR/PM/PHR
Product Version:	2011/2012
Additional SW Required*:	SW Version and Applicable Certification Criteria
	Excel 2003 - §170.302.r

* 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 0031 PQRI 112	NQF 0038	NQF 0041 PQRI 110	NQF 0043 PQRI 111	NQF 0061 PQRI 3	NQF 0421 PQRI 128
Inpatient: (per §170.306.i)	N/A								