

[Centre letterhead]

National Kidney Foundation

Dear Sir/Madam,

**RE: Application to access Care for Kidney (CKd) Central Monitoring Application**

Our team is interested in using the Care for Kidney (CKd) Central Monitoring Application to monitor our patients' data.

I, \_\_\_\_\_, as the person in charge with the designation (Person in Charge, doctor, pharmacist, dietitian, staff nurse, others specify \_\_\_\_\_) would like to apply for the access to this application on behalf of my centre. I will be responsible to ensure that my team will maintain the data privacy and security of our patients' data.

I will submit my Annual Practicing Certificate in the Online CKd Healthcare Provider Registration Form.

Our centre hereby agree to the terms and policy as set forth in the Online CKd Healthcare Provider Registration Form.

Thank you

Yours sincerely,

(signature)

\_\_\_\_\_  
(Name: )  
(Chop: )