### PART II - HOSPITAL-BASED FQHC CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

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<th>Date Certified</th>
<th>Type of control (see instructions)</th>
<th>Date Decertified</th>
<th>V/I Decertification</th>
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**Hospital-Based FQHC Operations**

1. **Site Name:**
2. **Street:**
3. **Postal Box:**
4. **City:**
5. **State:**
6. **ZIP Code:**
7. **County:**
8. **Designation - Enter "R" for rural or "U" for urban:**

**Medical Malpractice**

- Did this hospital-based FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA?
- Enter "Y" for yes or "N" for no in column 1. If yes, enter the effective date of coverage in column 2.

**Interns and Residents**

- Did this hospital-based FQHC receive a THC development grant authorized under Part C of Title VII of the PHS Act from HRSA?
- Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of FTE residents that your FQHC trained and received funding through your THC grant in this cost reporting period and in column 3, enter the total number of visits performed by residents funded by the THC grant in this cost reporting period. (see instructions)