



AI-Trust™ Certified Program APPLICATION

Section One – Demographic Information

NAME OF ORGANIZATION: _____

ADDRESS: _____

COUNTRY: _____

CITY: _____ STATE / PROVINCE: _____

MAIN PHONE NUMBER: _____ WEBSITE: _____

ORGANIZATION TYPE: Health System Hospital Physician Office Other: _____

PRIMARY REGULATORY JURISDICTION: _____

NAME OF ACCREDITING AGENCY (if applicable): _____

Section Two – Contact Information

MAIN CONTACT

Name: _____ Title: _____

E-Mail: _____ Phone: _____

PRESIDENT / CHIEF EXECUTIVE OFFICER

Name: _____ Title: _____

E-Mail: _____ Phone: _____

ACCOUNTS PAYABLE

Name: _____ Title: _____

E-Mail: _____ Phone: _____

Section Three – Scope of AI Use

1. Does the organization seek certification for a single entity or for a health system? Entity Health System
2. If single entity, please identify site name and location: _____
3. If health system, number of hospitals / facilities included in scope: _____
4. Does the organization process personal data subject to U.S. laws or regulations? Yes No
5. Does the organization process personal data subject to EU / EEA laws or regulations? Yes No
6. Does the organization process personal data subject to Kingdom of Saudi Arabia laws or regulations? Yes No
7. Does the organization use AI in any of the following areas? (check all that apply).
 - Clinical decision support Administrative / operations / financial decision making
 - Human resources Research involving human subjects or special-category data

Section Four - AI Guidelines and Regulatory Adherence

Please note those AI guidelines and/or regulations that govern your organization (check all that apply).

1. HIPAA - Health Insurance Portability and Accountability Act
2. NIST AI RMF - National Institute of Standards and Technology Artificial Intelligence Risk Management Framework
3. ISO/IEC 42001 - International Organization for Standardization Artificial intelligence Management Systems
4. OECD - AI Principles - Organization for Economic Cooperation and Development AI Principles
5. GDPR - General Data Protection Regulation
6. PDPL - Personal Data Protection Law
7. Other: _____

Section Five – Listing of AI Systems / Programs

Please list all AI programs / systems that are used in the organization (e.g. ChatGPT, Doubao, Microsoft Co-Pilot, DeepSeek, Claude, etc.) Please add a sheet if necessary.

| Name of AI System / Program | Name of Vendor | What Is It Used For? |
|-----------------------------|----------------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
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| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |

Section Six: Additional Information / Special Requests

Please describe any known AI governance gaps, pending corrective actions, significant recent AI changes, known incidents, or scope constraints that may affect readiness or survey planning.

Attestation

The undersigned understands and acknowledges that the information provided in this application is – to the best of his/her knowledge – accurate as of the date of application submission. The undersigned also acknowledges that he/she is authorized by his/her organization to submit this application.

By applying, the organization acknowledges that the AI-Trust Certified program does not constitute a warranty or determination of AI trustworthiness as to a specific product or vendor. Certification is not a substitute for self-monitoring and ongoing assessment of AI systems and programs to assure the quality and safety of services provided by the organization.

The organization agrees to release from liability and hold harmless CIHQ and AnalytAIX, its commissioners, officers, agents, employees, and member organizations from any and all liability claims arising from its certification program, process, policies, and survey activities, including all judgments, settlements, costs, expenses, and reasonable attorneys' fees, unless and until any such judgments, settlements, costs, expenses and attorneys' fees are found by a final judgment of a court of competent jurisdiction to have resulted solely from negligence or wrongdoing on the part of the CIHQ and AnalytAIX.

The organization agrees that in the event of any error or omission in connection with or because of CIHQ and AnalytAIX performance of certification services including liability to the organization for any loss or damage arising therefrom, shall be limited to one year's annual fee. This limitation of liability shall apply to the fullest extent permitted by law regardless of whether the organization's claim for loss or damage is based upon contract, tort, strict liability, or otherwise, and shall constitute the sole liability of CIHQ and AnalytAIX to the organization and the organization's exclusive remedy against CIHQ and AnalytAIX in the event of any such error or omission.

The organization acknowledges that CIHQ is the sole certifying body and certifier of record for the AI-Trust Certified program. AnalytAIX provides technical subject-matter expertise and technical assessment support under CIHQ authority and does not issue certifications or hold final certification authority.

Organization Legal Name: _____

Authorized Signatory Name: _____ Title: _____

Signature: _____ Date: _____

Email completed application to rcurtis@cihq.org