Federal Communications Commission (FCC) Experimental Licensing System – Medical Testing License

User Manual Prepared for:

Federal Communications Commission Office of Engineering Technology

October 2016
Completing an Application for Medical Testing License (Form 442)

Medical Testing License: This type of license is issued to hospitals and health care institutions that demonstrate expertise in testing and operation of experimental medical devices that use wireless telecommunications technology or communications functions in clinical trials for diagnosis, treatment or patient monitoring.

To apply for Medical Testing License, select the Form 442 hyperlink. The following page appears.

The following fields appear:

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental License Types:</strong></td>
<td></td>
</tr>
<tr>
<td>Conventional Experimental License</td>
<td>Conventional Experimental License is an option for applicants to apply, if they do not qualify for the following three license types.</td>
</tr>
<tr>
<td>Program Experimental License</td>
<td>This type of license is issued to qualified institutions to conduct an ongoing program of research and experimentation, under a single experimental authorization subject to the requirements of subpart E of this part. Program experimental radio licenses are available to colleges, universities, research laboratories, manufacturers of radio frequency equipment, manufacturers that integrate radio frequency equipment into their end products, and medical research institutions.</td>
</tr>
<tr>
<td>Medical Testing License</td>
<td>This type of license is issued to hospitals and health care institutions that demonstrate expertise in testing and operation of experimental medical devices that use wireless telecommunications technology or communications functions in clinical trials for diagnosis, treatment or patient monitoring.</td>
</tr>
</tbody>
</table>
Compliance Testing License

This type of license is issued to laboratories recognized by the FCC under Subpart J of this chapter to perform: (i) Product testing of radio frequency equipment, and (ii) Testing of radio frequency equipment in an Open Area Test Site.

Please note: The following screen shots apply to Medical Testing License.

Click on the third link, Medical Testing License, the following page opens up:

Exhibit 1-2: Application for New or Modified Medical Testing License (Form 442)

Please indicate if this is for a new program or an existing one?
Exhibit 1-3: Medical Testing License Applicant Information (Form 442)

Please complete all required fields marked by ‘*’

The following fields appear on the form:

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Applicant (Company):</strong></td>
<td></td>
</tr>
<tr>
<td>Name of Applicant</td>
<td>Enter the full name of the applicant. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Attention:</td>
<td>Enter the full name of the contact person. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>Street Address</td>
<td>Enter the street address of the applicant. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>P.O. BOX</td>
<td>If a post office box is provided, enter it into this field. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>City</td>
<td>Enter the applicant’s city in this field. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>State</td>
<td>Enter the applicant’s state in this field. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td>Enter the zip and/or postal code of the applicant in this field. For modification of existing licenses, this field is pre-filled.</td>
</tr>
<tr>
<td>Country</td>
<td>If the address is located outside the United States of America, select the country name in this field.</td>
</tr>
<tr>
<td>Email Address</td>
<td>Enter the applicant’s e-mail address. The e-mail address format is as follows: <a href="mailto:name@company.ext">name@company.ext</a></td>
</tr>
</tbody>
</table>
Exhibit 1-4: Medical Testing License Questions (Form 442) Continued

Please complete all required fields marked by "*"
Medical Testing License Questions

* Indicates that this field must be completed before this page can be submitted.

- Do you intend to use any of the federal exclusive and shared frequencies?
  - Yes  
  - No

- Do you intend to operate on commercial mobile radio service (CMRS)?
  - Yes  
  - No

- Do you intend to operate on public safety frequencies?
  - Yes  
  - No

Give the following information of person who can best handle inquiries pertaining to this application:

- Last Name: 
- First Name: 
- Title: 
- Phone Number: 
- E-mail Address: 

* Insert a short description of the purpose of this application, or for modifications describe what is being modified:

(Maximum 255 characters) You have 255 characters left.

Exhibit 1-5: Medical Testing License Application (Form 442) Continued

Please complete all required fields marked by ‘*’
Exhibit 1-6: Medical Testing License Certification Page

Please complete all required fields marked by ‘*’
Please complete all required fields marked by ‘*’

Make sure to annotate the confirmation number and file number; print this page for your records, if desired.

The application site will guide you to enter Technical Data next.
Experimental license location information page:

Exhibit 1-8: Medical Testing License Experimental License Location Information

Please indicate the location by following the steps below:

i. All fields with a * must be filled out

ii. After filling out all the required fields click on the “Refresh Map” button.

iii. Click the draw polygon button.

iv. Using your mouse click along the area where the license will be located at. The last click should end at the first dot/point created/clicked.

   a. To edit the shape click on the edit layers button. Your shape will change color. Click on the white dot outside of the shape to expand or contract the size of the shape.

   b. To delete a shape click on the button with the garbage can. Next click on the shape and the shape should disappear. Click save, this will complete the deletion process.
v. Click the “Save & Continue” button to move to the next page.

When you’re done with this page, you should see a graph similar to the one below, outlining the proximity of location.

Exhibit 1-9: Example of completed Location Information for Medical Testing License Experimental License
When all required information is provided, and your application is completed, you’ll be directed to a summary page. If all the information looks good, click on Accept. If changes are required, click on Add Data/Make Changes.

Exhibit 1-10: Summary page for Medical Testing License submission
Medical Testing License Questions

Do you intend to use any of the federal exclusive and shared frequencies? YES
Do you intend to operate on commercial mobile radio service (CMRS)? YES
Do you intend to operate on public safety frequencies? YES

Give the following information of person who can best handle inquiries pertaining to this application:

Last Name: Shatner
First Name: William
Title: Chief Medical Officer
Phone Number: 7035512112
E-mail Address: Shatner@Noemail.com

Insert a short description of the purpose of this application, or for modifications describe what is being modified.

Narrative Comment: Testing new bullshit version

Certification

THE APPLICANT CERTIFIES THAT:

- The radio frequency experimentation will be conducted in a defined geographic area under the applicant’s control; and

THE APPLICANT FURTHER CERTIFIES THAT:

- All the statements in the application and attached exhibits are true, complete and correct to the best of the applicant’s knowledge; and
- The applicant is willing to finance and conduct the experimental program with full knowledge and understanding of the above limitations; and
- The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the USA.

Authorized Party to Sign

Signature Date: 2016-11-28 09:24:11.063

Exhibit 1-11: Summary page for Medical Testing License submission (Continued)
On the next page, you may add any additional supporting documents. For detailed instructions, select “Click Here for Attachment Submission Instructions”.

Exhibit 1-12: Summary page for Medical Testing License submission (Continued)
Exhibit 1-13: Medical Testing License Submit ELS Attachments

When submitted successfully, you’ll see the following type of message:
Exhibit 1-14: Medical Testing License - ELS Attachments Successfully Submitted

When you’re ready to submit required fees, click on Complete Submission and you’ll receive the following message, and be directed to the appropriate page.

Exhibit 1-15: Last Step: Submit Payment for Medical Testing License