

## Attachment B: Nursing Home Eligibility and Registration Forms



### NURSING HOME SURVEY ON PATIENT SAFETY CULTURE Comparative Database

#### Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home Survey on Patient Safety Culture Comparative Database, we need to collect some information about you and your survey.

\* 1. Which of the following do you represent?

- Nursing home/Nursing home system/chain
- Quality Improvement Organization (QIO)
- An organization or vendor submitting data on behalf of a nursing home or nursing home system/chain
- Another type of healthcare organization (please specify)

\* 2. Will you have completed survey data collection and be able to submit your final electronic data file by February 15, 2011?

- Yes
- No

\* 3. How many nursing homes will you be submitting for?

\* 4. Did you make any changes to the AHRQ Nursing Home SOPS Questionnaire?

- Yes
- No

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Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

## Attachment B: Nursing Home Eligibility and Registration Forms (continued)



### Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home Survey on Patient Safety Culture Comparative Database, we need to collect some information about you and your survey.

\*Organization Name:

\*First Name:

\*Last Name:

Title/Position:

\*Address 1:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Telephone number: (  )  -  Ext.:

Fax number: (  )  -

\*Email Address:

\*Confirm Email Address:

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