

CAHPS Clinician and Group Data Submission Registration Form

Registration Step 1: Provide Contact Information

The CAHPS Data Submission System  
Account Registration

[Register](#) | [Login](#) | [Help](#)

\*Organization Name:

\*First Name:

\*Last Name:

Title Position:

\*Address 1:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Telephone number: (  )  -  Ext.:

Fax number: (  )  -

\*Email Address:

\*Organization Type:

Registration Step 2: Create Username, Password and Security Question

The CAHPS Data Submission System  
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Create User Name:

Create Password:

Confirm Password:

**Password Requirements:**

Passwords must be at least 8 Characters in length, and contain a character from each of the following categories:

- Uppercase letter
- Lowercase letter
- Number
- Non-alphanumeric character

Security Question:

Security Answer:

Attachment A: Clinician and Group Data Submission System Registration Form

Public reporting burden for this collection of information is estimated to average 6 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.