

Attachment A: Clinician and Group Data Submission System Registration Form

CAHPS Clinician and Group Data Submission Registration Form

Registration Step 1: Provide Contact Information

The screenshot shows the registration page for the CAHPS Clinician & Group Data Submission System. The header includes the CAHPS logo and the tagline "Surveys and Tools to Advance Patient-Centered Care". The main content area is titled "The CAHPS Clinician & Group Data Submission System Account Registration" and includes a breadcrumb trail "You are here: CAHPS Data Submission System > Register". A navigation menu on the left lists various database categories, with "Clinician & Group" selected. The registration form contains several fields: Organization Name, First Name, Last Name, Title Position, Address 1, Address 2, City, State (dropdown), Zip Code, Telephone number, Fax number, Email Address, and Organization Type (dropdown). A "Next" button is located at the bottom right of the form. A public reporting burden notice is at the bottom of the page.

CAHPS Database

You are here: [CAHPS Data Submission System](#) > Register

The CAHPS Clinician & Group Data Submission System Account Registration

Please provide the following information to register for an account:

* Organization Name:

* First Name:

* Last Name:

Title Position:

* Address 1:

Address 2:

* City:

* State: --Select a state--

* Zip Code:

* Telephone number: () - Ext.:

Fax number: () -

* Email Address:

* Organization Type: --Select Organization Type

* = Required Field

[Next](#) [Back to top](#)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete registration. 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, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

Registration Step 2: Create Username and Password

The screenshot shows the registration page for the CAHPS Clinician & Group Data Submission System, Step 2: Create Username and Password. The header and navigation menu are identical to Step 1. The main content area is titled "The CAHPS Clinician & Group Data Submission System Account Registration" and includes a breadcrumb trail "You are here: CAHPS Data Submission System > Register". The registration form contains three fields: Create User Name, Create Password, and Confirm Password. A "Password Requirements" box lists the following requirements: Passwords must be at least 8 characters in length and contain at least one character from each of the following categories: Uppercase letter, Lowercase letter, Number, and Non-alphanumeric character. "Previous" and "Create User" buttons are located at the bottom of the form. A public reporting burden notice is at the bottom of the page.

CAHPS Database

You are here: [CAHPS Data Submission System](#) > Register

The CAHPS Clinician & Group Data Submission System Account Registration

Create User Name:

Create Password:

Confirm Password:

Password Requirements:

Passwords must be at least 8 characters in length and contain at least one character from each of the following categories:

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

[Previous](#) [Create User](#)

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