Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

Attachment A: Pharmacy Eligibility and Registration Form

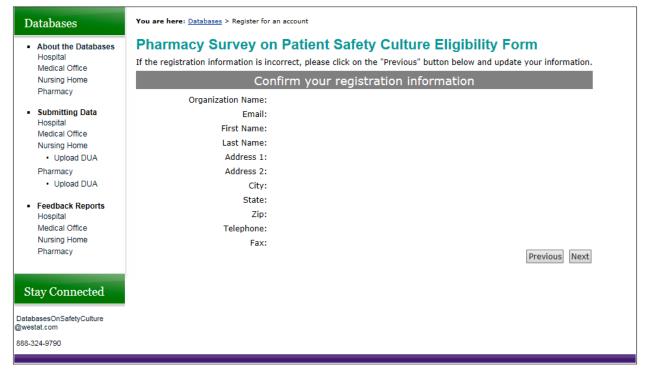
A secure data submission Web site allows interested parties such as pharmacies and health systems to register and submit data. Registration takes about 5 minutes to complete and asks for contact information and other basic information. The following screen shots demonstrate the registration process.

| Databases | You are here: <u>Databases</u> > Register for an account |
|---|---|
| About the Databases Hospital Medical Office Nursing Home Pharmacy | Pharmacy Survey on Patient Safety Culture Eligibility Form We welcome your interest! To determine your organization's eligibility for participation in the Pharmacy Survey on Patient Safety Culture Comparative Database, we need to collect some information about you and your survey. |
| Submitting Data Hospital Medical Office | A field with an asterisk (*) before it is a required field. |
| Nursing Home | $_{ m r}^*$ 1. Which of the following do you represent? |
| Upload DUA | O Community pharmacy/Hospital pharmacy/Health system/Retail chain |
| Pharmacy | O Quality Improvement Organization (QIO) |
| Upload DUA | • An organization or vendor submitting data on behalf of a community pharmacy, hospital pharmacy or health |
| Feedback Reports | system/retail chain O Another type of healthcare organization (please specify) |
| Hospital | Please specify: |
| Medical Office | |
| Nursing Home Pharmacy | |
| | * 2. Will you have completed survey data collection and be able to submit your final electronic data file? |
| | O Yes |
| Stay Connected | O No |
| DatabasesOnSafetyCulture | r [*] 3. How many pharmacies will you be submitting for? |
| @westat.com | |
| 888-324-9790 | |
| | r* 4. Did you make any changes to the AHRQ Pharmacy Questionnaire? |
| | |
| | O Yes |
| | |
| | Next |
| | |

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 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, Rockville, MD 20857.

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| Databases | You are here: <u>Databases</u> > Register for an account |
|---|--|
| About the Databases Hospital | Pharmacy Survey on Patient Safety Culture Eligibility Form |
| Medical Office Nursing Home Pharmacy | We welcome your interest! To determine your organization's eligibility for participation in the Pharmacy Survey on Patient Safety Culture Database, we need to collect some information about you and your survey. |
| Submitting Data Hospital Medical Office | A field with an asterisk (*) before it is a required field. |
| Nursing Home | * Organization Name: |
| Upload DUA | * First Name: |
| Pharmacy | |
| Upload DUA | * Last Name: |
| Feedback Reports | Title/Position: |
| Hospital Medical Office | * Address 1: |
| Nursing Home | Address 2: |
| Pharmacy | * City: |
| | * State:Select a state 🗸 |
| Stay Connected | * Zip Code: |
| DatabasesOnSafetyCulture @westat.com | * Telephone number: Ext.: |
| | Fax number: |
| 888-324-9790 | * Email Address: |
| | * Confirm Email Address: |
| | Previous Next |
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| Databases About the Databases | You are here: <u>Databases</u> > Register for an account Pharmacy Survey on Patient Safety Culture Eligibility Form |
|---|--|
| Hospital Medical Office Nursing Home Pharmacy Submitting Data Hospital Medical Office Nursing Home Upload DUA Pharmacy Upload DUA Feedback Reports Hospital Medical Office Nursing Home Pharmacy | A field with an asterisk (*) before it is a required field. Email Address: YourEmail@Email.com |
| | * Create 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 ! @ # \$ % * + = & |
| Stay Connected | Previous Create User |
| DatabasesOnSafetyCulture @westat.com 888-324-9790 | |