

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.

The screenshot shows a web registration form. On the left is a navigation menu with 'Databases' and 'Stay Connected' sections. The main content area is titled 'Pharmacy Survey on Patient Safety Culture Eligibility Form' and includes a welcome message, a required field notice, and four numbered questions with radio button options and text input fields. A 'Next' button is located at the bottom right of the form area.

Databases

- About the Databases
 - 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

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

You are here: [Databases](#) > Register for an account

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.

A field with an asterisk (*) before it is a required field.

* 1. Which of the following do you represent?

- Community pharmacy/Hospital pharmacy/Health system/Retail chain
- Quality Improvement Organization (QIO)
- An organization or vendor submitting data on behalf of a community pharmacy, hospital pharmacy or health system/retail chain
- Another type of healthcare organization (please specify)
Please specify:

* 2. Will you have completed survey data collection and be able to submit your final electronic data file?

- Yes
- No

* 3. How many pharmacies will you be submitting for?

* 4. Did you make any changes to the AHRQ Pharmacy Questionnaire?

- Yes
- No

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.

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

Databases

- About the Databases
 - 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

Stay Connected

DatabasesOnSafetyCulture
@westat.com
888-324-9790

You are here: [Databases](#) > Register for an account

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 Database, we need to collect some information about you and your survey.

A field with an asterisk (*) before it is a required field.

* 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:

[Previous](#) [Next](#)

Databases

- About the Databases
 - 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

Stay Connected

DatabasesOnSafetyCulture
@westat.com
888-324-9790

You are here: [Databases](#) > Register for an account

Pharmacy Survey on Patient Safety Culture Eligibility Form

If the registration information is incorrect, please click on the "Previous" button below and update your information.

Confirm your registration information

Organization Name:
Email:
First Name:
Last Name:
Address 1:
Address 2:
City:
State:
Zip:
Telephone:
Fax:

[Previous](#) [Next](#)

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

Databases

- **About the Databases**
 - 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

Stay Connected

DatabasesOnSafetyCulture
@westat.com
888-324-9790

You are here: [Databases](#) > Register for an account

Pharmacy Survey on Patient Safety Culture Eligibility Form

A field with an asterisk (*) before it is a required field.

Email Address: **YourEmail@Email.com**

* 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 ! @ # \$ % * _ - + = &

[Previous](#)

[Create User](#)