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

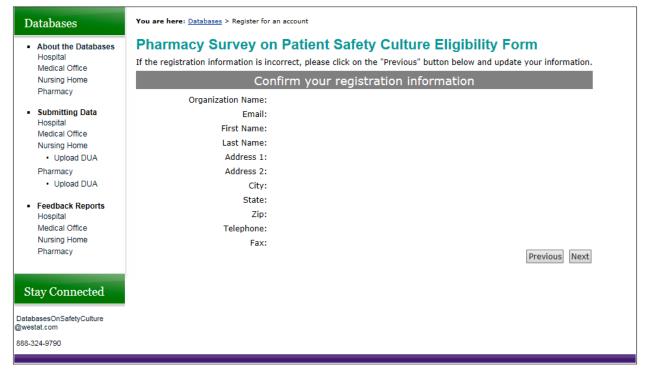## Attachment A: Pharmacy Eligibility and Registration Form

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.

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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: --Select a state--
* Zip Code:
* Telephone number: Ext.:
Fax number:
* Email Address:
* Confirm Email Address:

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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:

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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