

Attachment A: Eligibility and Registration Form

Ambulatory Surgery Center Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Ambulatory Surgery Center 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.

* 1. Which of the following do you represent?

- Ambulatory Surgery Center/Ambulatory Surgery Center Chain
- Health System
- An organization or vendor submitting data on behalf of an Ambulatory Surgery Center or Ambulatory Surgery Center chain
- Other

Please specify:

* 2. Will you have completed survey data collection and be able to submit your final electronic data file by **[insert end date of data submission]**?

- Yes
- No

* 3. How many Ambulatory Surgery Centers will you be submitting for?

* 4. Have you used the [Action Planning Tool for the AHRQ Surveys on Patient Safety Culture?](#)

- Yes
- No

* 5. Did you make any changes to the AHRQ Ambulatory Surgery Center Questionnaire?

- Yes
- No

* If yes, please describe the changes (select all that apply)

- Added/Revised staff positions
- Added items
- Removed items
- Modified wording of item text
- Modified response options

- Reordered the items
- Other (please specify)

Save

Ambulatory Surgery Center 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

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Account registered.

An email message has been sent to **[Email]**.

To ACTIVATE your account please follow the link emailed to you, Thank you!