

## Attachment A: Nursing Home Eligibility and Registration Form

### Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home 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?

- Nursing home/Nursing home system/chain  
 Quality Improvement Organization (QIO)  
 An organization or vendor submitting data on behalf of a nursing home or nursing home system/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 by June 21, 2018?

- Yes  
 No

\* 3. How many nursing homes 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 Nursing Home Questionnaire?

- Yes  
 No

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

- Added/Revised work areas  
 Added/Revised staff positions  
 Added items  
 Removed items  
 Modified wording of item text  
 Modified response options  
 Reordered the items  
 Other (please specify)

Please specify:

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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 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, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

## Attachment A: Nursing Home Eligibility and Registration Form (continued)

### Databases

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## Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home 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.

\* 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:

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## Nursing Home 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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## Nursing Home Survey on Patient Safety Culture Eligibility Form

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

Email Address:

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