The Child HCAHPS Data Submission System

Account Registration

Please provide the following information to register for an account. The information you provide for registration purposes will be kept confidential. The CAHPS Database will review your request and will send you an e-mail with the information to access the 2019 Child HCAHPS Survey Data Submission System.

*** = 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: *

*Role of participant

- Hospital
- Vendor

Additional Information about participant role:

*Are you the primary contact?

- Yes
- No (please give the name and telephone number of the primary contact)