

## National Amyotrophic Lateral Sclerosis (ALS) Registry

If you need assistance registering, please contact the National ALS Registry System Administrator by calling **1-877-442-9719** or email the [ALSSystemAdmin@cdc.gov](mailto:ALSSystemAdmin@cdc.gov).

Form Approved  
OMB No. 0923-0041  
Exp. Date 11/30/2019

**\* Required Fields**

### Create Persons with ALS (PALS) Account

Title: <input type="text"/>	Social Security Number: * (Last 5 digits) XXX-X <input type="text"/> - <input type="text"/>	Confirm Social Security Number: * (Last 5 digits) XXX-X <input type="text"/> - <input type="text"/>	
First Name: * <input type="text"/>	Country: * <input type="text"/>	State/ Province: * <input type="text"/>	Outside US & Canada State/ Province: <input type="text"/>
MI: <input type="text"/>	City: * <input type="text"/>	Zip Code: * <input type="text"/>	
Last Name: * <input type="text"/>	Primary Email: * <input type="text"/>	Confirm Primary Email: * <input type="text"/>	
Suffix: <input type="text"/>	Gender: * <input type="radio"/> Male <input type="radio"/> Female		
Date of Birth: * <input type="text"/> Month <input type="text"/>	Race: (check all that apply) * <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: <input type="text"/>		
Ethnicity: * <input type="text"/>			

**National ALS Registry Email Consent**  
I give consent to ATSDR to send me email updates regarding my Account and the National ALS Registry. (As described in the ALS Consent Form your information will not be shared).

**I Agree**

Do you want someone else to get copies of Registry emails being sent to you:  Yes  No

Secondary Email:  Confirm Secondary Email:

**Create Username:**  
Your username must be between 6 and 12 characters. It can contain letters, numbers, punctuation or special characters.  
**Example: JohnDoe123**

Username: \*

**Create Password:**  
Your password should be between 9 and 15 characters. It may not contain your username or any part of your full name.  
Your Password should be created using 3 of the following 4 character types:  
Uppercase      Numbers  
Lowercase      Punctuation or Special Characters (Ex: @, %, &, \$, ?)  
**Example: Jump12345**

Password: \*  I want my password to last:  6 months  1 year  Indefinitely

Confirm Password: \*

**Security Questions (Please answer at least 3 questions.) \***

What is your city of birth? <input type="text"/>	What is your high school name? <input type="text"/>
What is the name of your favorite childhood friend? <input type="text"/>	What is your favorite pet's name? <input type="text"/>
In what town was your first job? <input type="text"/>	Who was your childhood hero? <input type="text"/>

**Please tell us how you heard about the Registry (mark all that apply):**

Doctor or other health care provider     ALS Association     MDA     Family or friend  
 Social media (Face Book, Twitter, etc)     Internet Search     Other

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0041).