

## 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: *	XXX-X <input type="text"/> - <input type="text"/>
First Name: *	<input type="text"/>	Confirm Social Security Number: *	XXX-X <input type="text"/> - <input type="text"/>
MI:	<input type="text"/>	Country: *	<input type="text"/>
Last Name: *	<input type="text"/>	State/ Province: *	<input type="text"/>
Suffix:	<input type="text"/>	Outside US & Canada State/ Province:	<input type="text"/>
Gender: *	<input type="radio"/> Male <input type="radio"/> Female	City: *	<input type="text"/>
Date of Birth: *	Month <input type="text"/> Day <input type="text"/>	Zip Code: *	<input type="text"/>
Ethnicity: *	<input type="text"/>	Primary Email: *	<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"/>	Confirm Primary Email: *	<input type="text"/>

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**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:

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

Username: \*

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**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:

<input type="checkbox"/> Uppercase	<input type="checkbox"/> Numbers
<input type="checkbox"/> Lowercase	<input type="checkbox"/> Punctuation or Special Characters (Ex: @, %, &, \$, ?)

**Example: Jump12345**

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

Confirm Password: \*

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**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"/>

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

<input type="checkbox"/> Doctor or other health care provider	<input type="checkbox"/> ALS Association	<input type="checkbox"/> MDA	<input type="checkbox"/> Family or friend
<input type="checkbox"/> Social media (Face Book, Twitter, etc)	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Other <input type="text"/>	

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).