

Attachment A: Eligibility and Registration Form

SOPS Ambulatory Surgery Center Survey Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the SOPS Ambulatory Surgery Center 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/Health system/Chain
- ☐ Quality Improvement Organization (QIO)
- ☐ An organization or vendor submitting data on behalf of an ambulatory surgery center or health 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, 2021?

- ☐ 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 SOPS Ambulatory Surgery Center Questionnaire?

- ☐ Yes
- ☐ No

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* 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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SOPS Ambulatory Surgery Center Survey 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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SOPS Ambulatory Surgery Center Survey Eligibility

Form

Account registered.

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

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