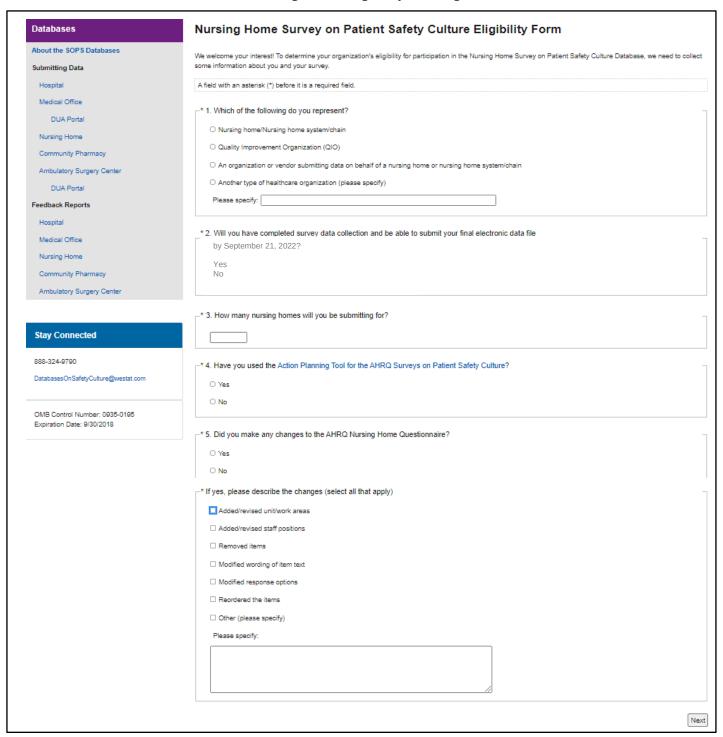
Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

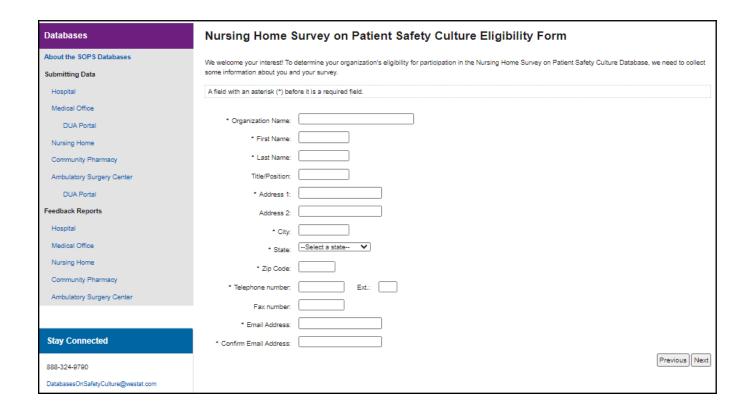
## Attachment A: Nursing Home Eligibility and Registration Form



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, 5600 Fishers Lane #7. Rockville, MD 20857.

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

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



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Databases	Nursing Home S	Survey on Patient Safety Culture Eligibility	For
About the SOPS Databases	If the registration information is incorrect, please click on the "Previous" button below and update your information.		
Submitting Data	Confirm your registration information		
Hospital	Organization Name:	·	
Medical Office	Email: First Name:	1107947@westat.com Suzie	
DUA Portal	Last Name:	Que	
Nursing Home	Address 1: Address 2:	224 Elm Street	
Community Pharmacy		Rockville	
	State:	MD	
Ambulatory Surgery Center	Zip:	20852	
DUA Portal	Telephone:	2222222222	
Feedback Reports	Fax:	Previous Nex	ct
Hospital			
Medical Office			
Nursing Home			
Community Pharmacy			
Ambulatory Surgery Center			

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

