

## 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 [als@cdc.gov](mailto:als@cdc.gov).

Form Approved  
OMB No. 0923-0041  
Exp. Date 01/31/2023

**\* 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"/>	(Last 5 digits)	
MI:	<input type="text"/>	Confirm Social Security Number: *	XXX-X <input type="text"/> - <input type="text"/>
Last Name: *	<input type="text"/>	(Last 5 digits)	
Suffix:	<input type="text"/>	Country: *	<input type="text"/>
Gender: *	<input type="radio"/> Male <input type="radio"/> Female	State/ Province: *	<input type="text"/>
Date of Birth: *	Month <input type="text"/> Year <input type="text"/>	Outside US & Canada	<input type="text"/>
Race: *	<input type="checkbox"/> Asian	State/ Province:	<input type="text"/>
(check all that apply)	<input type="checkbox"/> Black/African American	City: *	<input type="text"/>
	<input type="checkbox"/> White	Zip Code: *	<input type="text"/>
	<input type="checkbox"/> Unknown	Primary Email: *	<input type="text"/>
	<input type="checkbox"/> Other: <input type="text"/>	Confirm Primary Email: *	<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 30 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 would like my password to last for: \*

6 months  1 year  Indefinitely

Confirm Password: \*

#### Security Questions

(Please answer at least 3 questions.)\*

What is your city of birth?

What is your high school name?

What is the name of your favorite childhood friend?

What is your favorite pet's name?

In what town was your first job?

Who was your childhood hero?

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).