

AHRQ Medical Office Survey on Patient Safety Culture Database, Supporting Statement A

Attachment A: Medical Office Eligibility and Registration Form

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



Agency for Healthcare
Research and Quality

Search All AHRQ Sites | Careers | Contact Us | Español | FAQs |  Email Updates

 Surveys on Patient Safety Culture™

Search

9. Did you administer the SOPS Value and Efficiency Supplemental Item Set with your SOPS Medical Office Survey?

Databases

About the SOPS Databases

Submitting Data

Hospital

Upload Data Use Agreement (DUA)

Medical Office

Nursing Home

Community Pharmacy

Ambulatory Surgery Center

Feedback Reports

Hospital

Medical Office

Nursing Home

Community Pharmacy

Ambulatory Surgery Center

SOPS Medical Office Survey Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the SOPS Medical Office Survey 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?

☐ Yes

☐ No

*3. Have you used the [Action Planning Tool for the AHRQ Surveys on Patient Safety Culture?](#)

☐ Yes

☐ No

*4. How many medical offices will you be submitting for?

*4. How many medical offices will you be submitting for?

*5. Did you administer the SOPS Value and Efficiency Supplemental Item Set with your SOPS Medical Office Survey?

☐ No

*6. Did you make changes to the SOPS Value and Efficiency Supplemental Item Set for the SOPS Medical Office Survey?

☐ Yes

☐ No

*7. Did you make any changes to the SOPS Medical Office Survey?

☐ Yes

☐ No

* If yes, please describe the changes (select all that apply)

☐ Added/revised unit/work areas

☐ Added/revised staff positions

☐ Removed items

☐ Modified wording of item text

☐ Modified response options

☐ Reordered the items

☐ Other (please specify)

Please specify:

Stay Connected

888-324-9790

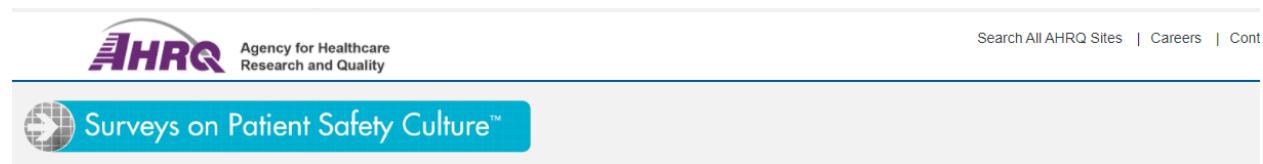
Next

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, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

AHRQ Medical Office Survey on Patient Safety Culture Database, Supporting Statement A

Attachment A: Medical Office Eligibility and Registration Form

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



Databases

[About the SOPS Databases](#)

Submitting Data

[Hospital](#)

[Upload Data Use Agreement \(DUA\)](#)

[Medical Office](#)

[Nursing Home](#)

[Community Pharmacy](#)

[Ambulatory Surgery Center](#)

Feedback Reports

[Hospital](#)

[Medical Office](#)

[Nursing Home](#)

[Community Pharmacy](#)

[Ambulatory Surgery Center](#)

Stay Connected

888-324-9790

DatabasesOnSafetyCulture@westat.com

SOPS Medical Office Survey Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the SOPS Medical Office Survey Database, we need to collect some information about you and your survey.

A field with an asterisk (*) before it is a required field.

* 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:

[Previous](#) [Next](#)

AHRQ Medical Office Survey on Patient Safety Culture Database, Supporting Statement A

Attachment A: Medical Office Eligibility and Registration Form

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



Agency for Healthcare
Research and Quality

[Search All AHRQ Sites](#) | [Careers](#) | [Cont](#)



Surveys on Patient Safety Culture™

Databases

About the SOPS Databases

Submitting Data

[Hospital](#)

[Upload Data Use Agreement \(DUA\)](#)

[Medical Office](#)

[Nursing Home](#)

[Community Pharmacy](#)

[Ambulatory Surgery Center](#)

Feedback Reports

[Hospital](#)

[Medical Office](#)

[Nursing Home](#)

[Community Pharmacy](#)

[Ambulatory Surgery Center](#)

SOPS Medical Office 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: Sample Medical Office A

Email: 1107947@westat.com

First Name: Susie

Last Name: Swiftee

Address 1: 123 Elm Street

Address 2:

City: Rockville

State: MD

Zip: 20852

Telephone: 222-222-2222

Fax:

[Previous](#)

[Next](#)