SECURITY CODE REQUEST FORM
2024 LEAPFROG ASC SURVEY

In order to ensure that only authorized individuals have access to the Leapfrog ASC Survey for each facility, a Security Code Request Form (on page 2 below) must be completed.

There are two options for requesting a security code:

Option 1: If your ASC is enrolled in the NHSN Outpatient Procedure Component	Option 2: If your ASC is NOT enrolled in the NHSN Outpatient Procedure Component
✓ Join Leapfrog's NHSN Group ✓ Have the individual listed as the "NHSN Administrator" complete and sign the Security Code Request Form ✓ Print the Security Code Request Form on letterhead ✓ Submit a request to the Help Desk with the required documentation in the Attachments field	✓ Obtain a copy of the facility's national accreditation letter or certificate, or the facility's county or state business license ✓ Have the Facility Administrator complete and sign the Security Code Request Form ✓ Print the Security Code Request Form on letterhead ✓ Submit a request to the Help Desk with the required documentation in the Attachments field

Note: If your facility does not have a Facility Administrator as referenced above, the Nurse Manager, Medical Director, or CEO may also submit a Security Code Request Form on behalf of their facility.

Please scroll down to page 2 to complete the Security Code Request Form.

You will receive a confirmation email and response from support@leapfroghelpdesk.zendesk.com. **To ensure that you receive our emails, ask your organization's IT department to add the following to your safe sender list:** @leapfroghelpdesk.zendesk.com, @leapfrog-group.org, @em8434.leapfrog-group.org, and IP address 159.183.167.150.

LEAPFROG
ASC SURVEY
PATIENT SAFETY AND QUALITY

SECURITY CODE REQUEST FORM
2024 LEAPFROG ASC SURVEY

Step 1: Verify the Facility *(Check one)*

☐ **Option 1: I am the NHSN Administrator**, and I authorize The Leapfrog Group to send me the confidential Security Code via email now and in the future. My facility has enrolled in the NHSN Outpatient Procedure Component **and** joined Leapfrog's NHSN Group.

☐ **Option 2: I am the Facility Administrator**, and I authorize The Leapfrog Group to send me the confidential Security Code via email now and in the future. My facility is attaching a copy of our accreditation letter or certificate, or our state or county business license with this form.

Step 2: Delegate Authority *(Optional)*

☐ As the NHSN or Facility Administrator, I authorize The Leapfrog Group to send the confidential Security Code <u>to the contact listed below</u> via email, and by doing so I delegate responsibility to this individual to submit a Leapfrog ASC Survey for this facility on my behalf.

Signature of Administrator: _____**Date Authorized:** _____

Step 3: Provide Facility Information

Administrator Information (All fields are required)	
Administrator Name	
Administrator Email Address	
Facility Information (All fields are required; *NHSN ID only required for Option 1 above)	
Facility Name	
Street Address	
City, State, Zip Code	
CMS Certification Number (nnCnnnnnnn)	
NHSN ID* (5-digit number)	
Delegate Information (All fields are required **if** delegating authorization; otherwise leave blank)	
Delegate Name	
Title	
Phone Number	
Email Address	