

## Preregistration Information

During the online portion of the Preregistration process, you will be asked to provide information listed below about your organization. Items in red with an \* indicate information that is required. The more information you provide, the faster and more smoothly we can set you up with services appropriate for your organization.

- Organization\*
- Department
- Contact name\*
- Position title\*
- Email\*
- Address\*
- City\*
- State/Province\*
- Zip/Postal Code\*
- Country (if not US)
- Phone\*
- Fax
  
- Contact information for data person:
  - Name
  - Phone
  - Fax
  - Email
  
- Joint Commission accreditation category: HAP, BHC, both
- Joint Commission ID#
- Ownership: private, public
- Tax Status: for profit, not-for-profit
- Primary Geographic Setting: urban, suburban, rural
  
- Facility type: primary facility type, private psychiatric hospital, psychiatric services in general hospital, state or county psychiatric hospital, veterans hospital, residential treatment center (24 hr non-hospital level care), substance abuse facility, outpatient mental health center (non-24 hr care), partial care facility, multi-service mental health center, other
  
- Product/Service you wish to receive from us:
  - BASIS-24 license
  - BASIS-32 license
  - WebScore 2.0
  - Patient satisfaction survey
  - Non-core psychiatric indicators
  - Core indicators
  
- Number of inpatient beds
- Inpatient admission volume (annual)
- Number of residential beds
- Residential admission volume (annual)
- Partial program visits per year
- Outpatient program visits per year

- Percent of patients for whom data will be collected
- Number of geographic locations (unique street addresses)
- Location addresses: name, address, city, state, zip for each