# REGISTRATION FOR PATIENT SAFETY CULTURE SURVEY

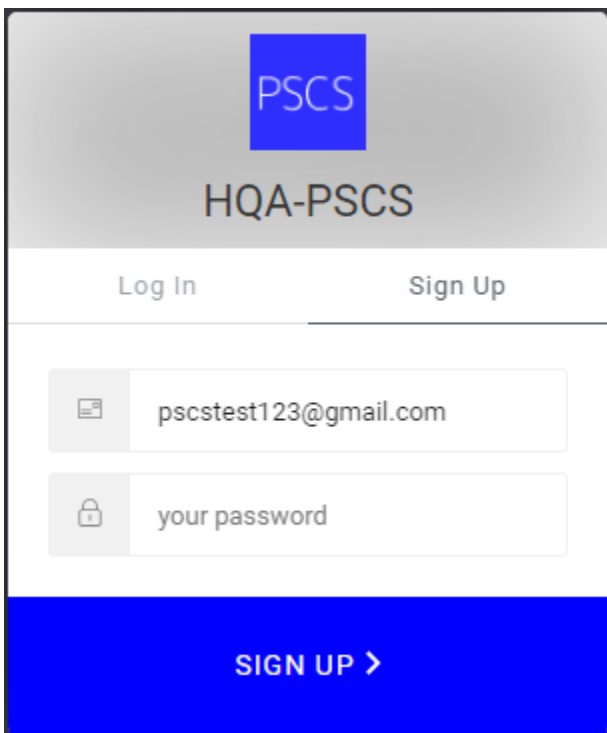Click on the link to register: **PSCS System Registration link -**
https://apps.ahca.myflorida.com/pscs

***Sign Up***

Choose Sign up

Register with your email address
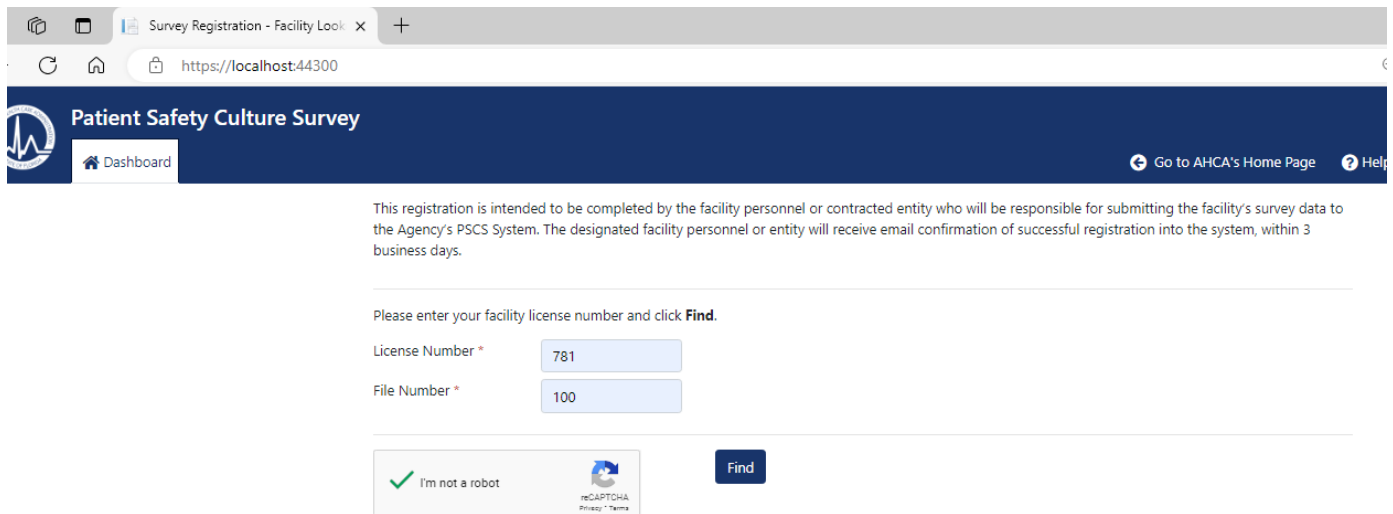


You will receive an email to verify your account. You must click on the link contained within the email and verify before you register. The email will come from no-reply@auth0user.net If you do not receive the email immediately, check your spam and junk folders. If it is not in any of your folders, check with your IT team and have them release the email.

Once you have verified your account, you will then be taken to the registration screen.

Enter your License and AHCA file number:



Next, you will see your facilities information:



Enter your information. You will have the option to choose Request Administrator Access. Please make sure that at least 1 person at your facility has Administrator access in order to approve additional users. Click Submit.

Please verify the facility information and complete the fields below. Click **Submit** if everything is correct. Or, click **Back** to return to the previous page.
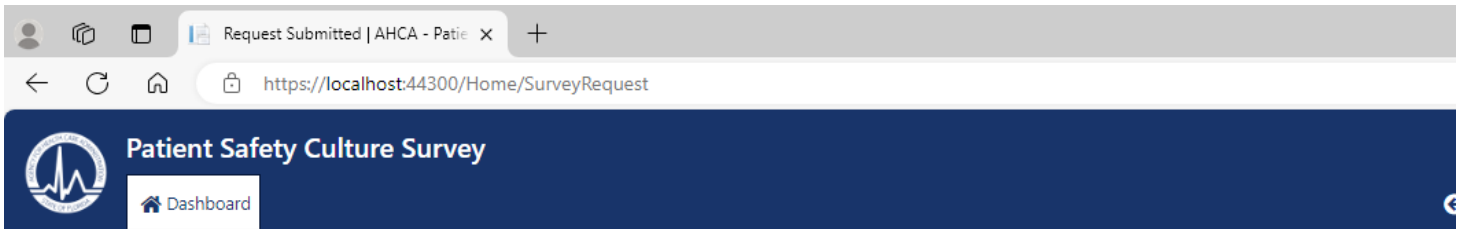
| | | | |
|---|---|---|---|
| **License Number:** | 874 | **File Number:** | 165 |
| **Facility Name:** | FLAGLER ASC | **Provider Type:** | AMBULATORY SURGICAL CENTER ; |

Title/Position *

First Name *    Middle Name/Initial    Last Name *

Email Address *    slappey3@comcast.net

Phone Number *    Extension    Request Administrator Access

Back    I'm not a robot    reCAPTCHA    Submit
Privacy - Terms

You will then see that your request was submitted.

Request Submitted | AHCA - Patie ×    +

https://localhost:44300/Home/SurveyRequest

**Patient Safety Culture Survey**

🏠 Dashboard

## Request Received!

Your Patient Safety Culture Survey System Registration Request is being processed. You will receive a confirmation email of successful registration within 3 business days.

If you have not received a confirmation email of successful registration within 3 business days, please email:

pscs@ahca.myflorida.com

If you need to register for multiple facilities, you may do so by clicking Add Facility. Go through the registration process again with the License and AHCA file number for each additional facility.

**Patient Safety Culture Survey**

🏠 Dashboard    Go to AHCA

### Facilities    Add Facility
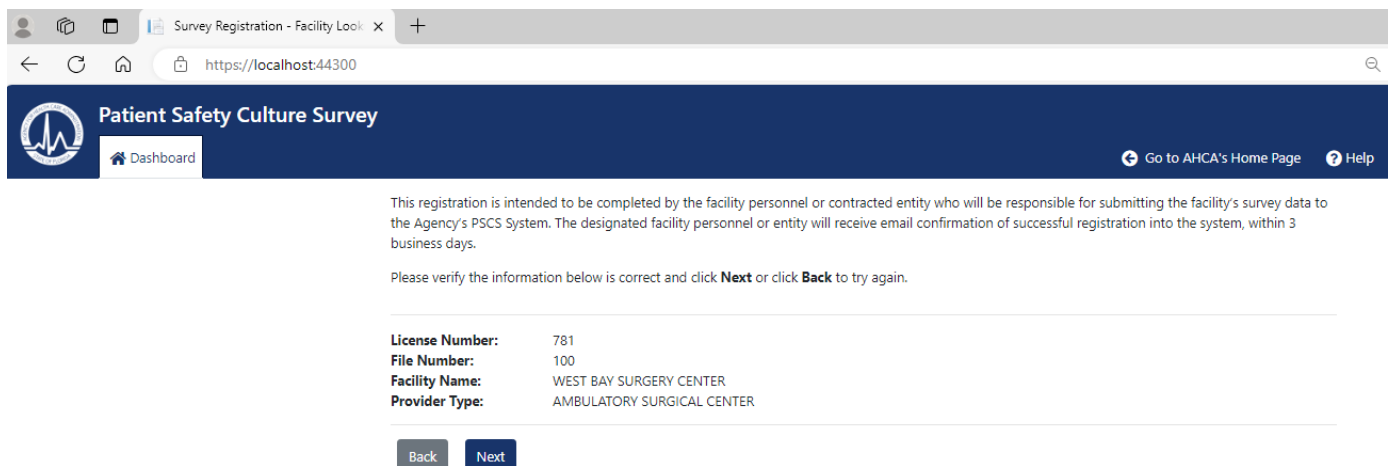
| Facility Name | License Number | File Number | Provider Type | |
|---|---|---|---|---|
| WEST BAY SURGERY CENTER | 781 | 100 | AMBULATORY SURGICAL CENTER | View Details |

For initial registrations AHCA will approve access. You will receive an email confirming your registration as complete with a link to Submit your surveys. **Survey submissions will begin on June 1, 2025, and last until August 31, 2025**.