

## **REGISTRATION FOR PATIENT SAFETY CULTURE SURVEY**

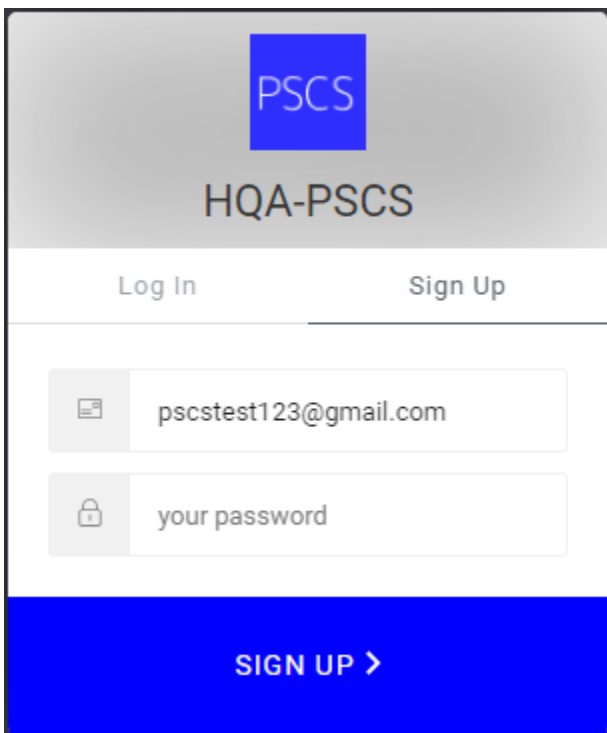
Click on the link to register: PSCS System Registration link -

<https://apps.ahca.myflorida.com/pscs>

### ***Sign Up***

Choose Sign up

Register with your email address

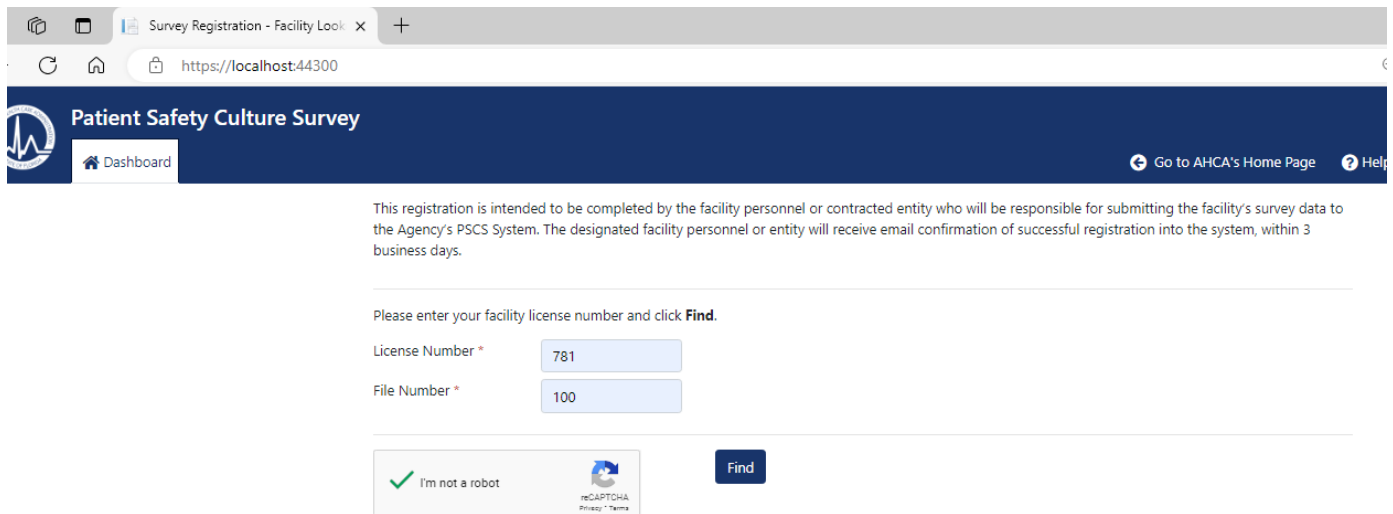


The screenshot shows a web form for PSCS HQA-PSCS. At the top, there is a blue square logo with the text 'PSCS' in white, followed by 'HQA-PSCS' in a grey box. Below this, there are two buttons: 'Log In' and 'Sign Up'. The 'Sign Up' button is selected. Underneath, there are two input fields: the first is for an email address, containing 'pscstest123@gmail.com', and the second is for a password, containing 'your password'. At the bottom of the form, there is a large blue button with the text 'SIGN UP >' in white.

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:



Survey Registration - Facility Look X +

https://localhost:44300

**Patient Safety Culture Survey**


Dashboard Go to AHCA's Home Page Help

This registration is intended to be completed by the facility personnel or contracted entity who will be responsible for submitting the facility's survey data to the Agency's PSCS System. The designated facility personnel or entity will receive email confirmation of successful registration into the system, within 3 business days.

Please enter your facility license number and click **Find**.

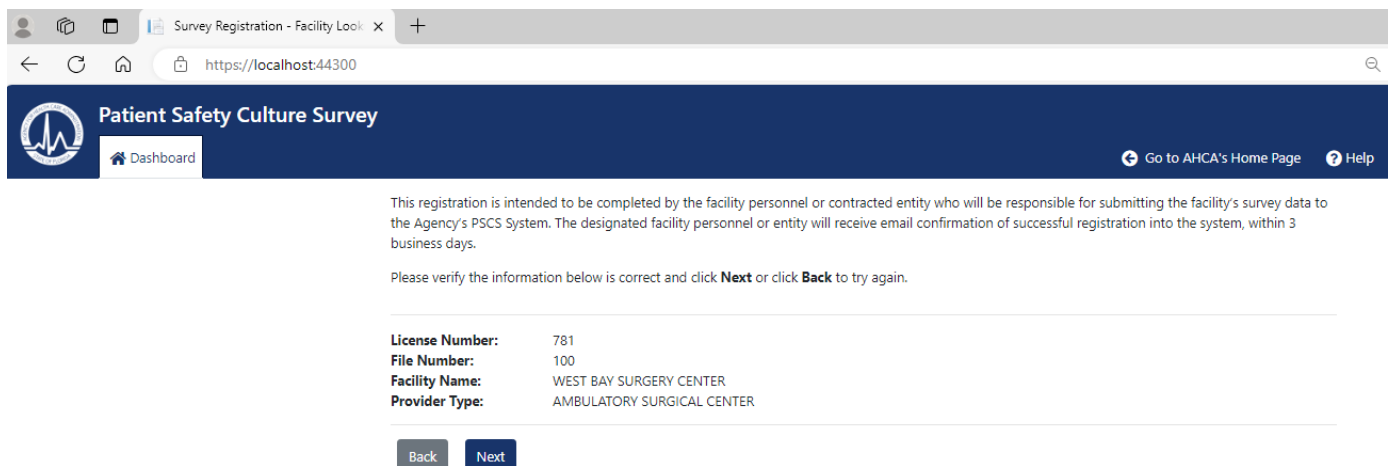
License Number \*

File Number \*

I'm not a robot 

**Find**

## Next, you will see your facilities information:



Survey Registration - Facility Look X +

https://localhost:44300

**Patient Safety Culture Survey**

Dashboard Go to AHCA's Home Page Help

This registration is intended to be completed by the facility personnel or contracted entity who will be responsible for submitting the facility's survey data to the Agency's PSCS System. The designated facility personnel or entity will receive email confirmation of successful registration into the system, within 3 business days.

Please verify the information below is correct and click **Next** or click **Back** to try again.


**License Number:** 781  
**File Number:** 100  
**Facility Name:** WEST BAY SURGERY CENTER  
**Provider Type:** AMBULATORY SURGICAL CENTER

**Back** **Next**

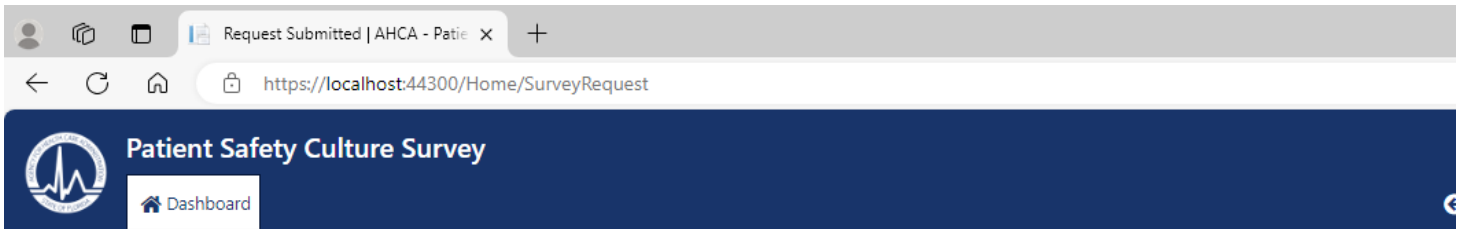
Enter your information. You will have the option to choose Request Administrator Access. Please make sure that at least 1 person at your facility has Administrator access in order to approve additional users. Click Submit.

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.

<b>License Number:</b>	874	<b>File Number:</b>	165
<b>Facility Name:</b>	FLAGLER ASC	<b>Provider Type:</b>	AMBULATORY SURGICAL CENTER ;
Title/Position *	<input type="text"/>		
First Name *	<input type="text"/>	Middle Name/Initial	<input type="text"/>
		Last Name *	<input type="text"/>
Email Address *	slappey3@comcast.net		
Phone Number *	<input type="text"/>	Extension	<input type="text"/>
		Request Administrator Access	<input type="checkbox"/>

I'm not a robot
 

You will then see that your request was submitted.



## 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:

[pscс@ahca.myflorida.com](mailto: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.



### Facilities

Facility Name	License Number	File Number	Provider Type	
WEST BAY SURGERY CENTER	781	100	AMBULATORY SURGICAL CENTER	<input type="button" value="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.**