

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 asterisk (*) 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 and/or billing contact:
 - 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-32 survey license
 - BASIS-24 survey license
 - BASIS-24 WebScore 2.0
 - BASIS-24 analysis and reporting
 - Perceptions of Care patient satisfaction survey
 - Administrative Indicators non-core psychiatric measures
 - HBIPS 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
- Number of geographic locations (unique street addresses) using the BASIS-24 or BASIS-32 survey