



# **NHSN Facility Administrator Enrollment Guide**



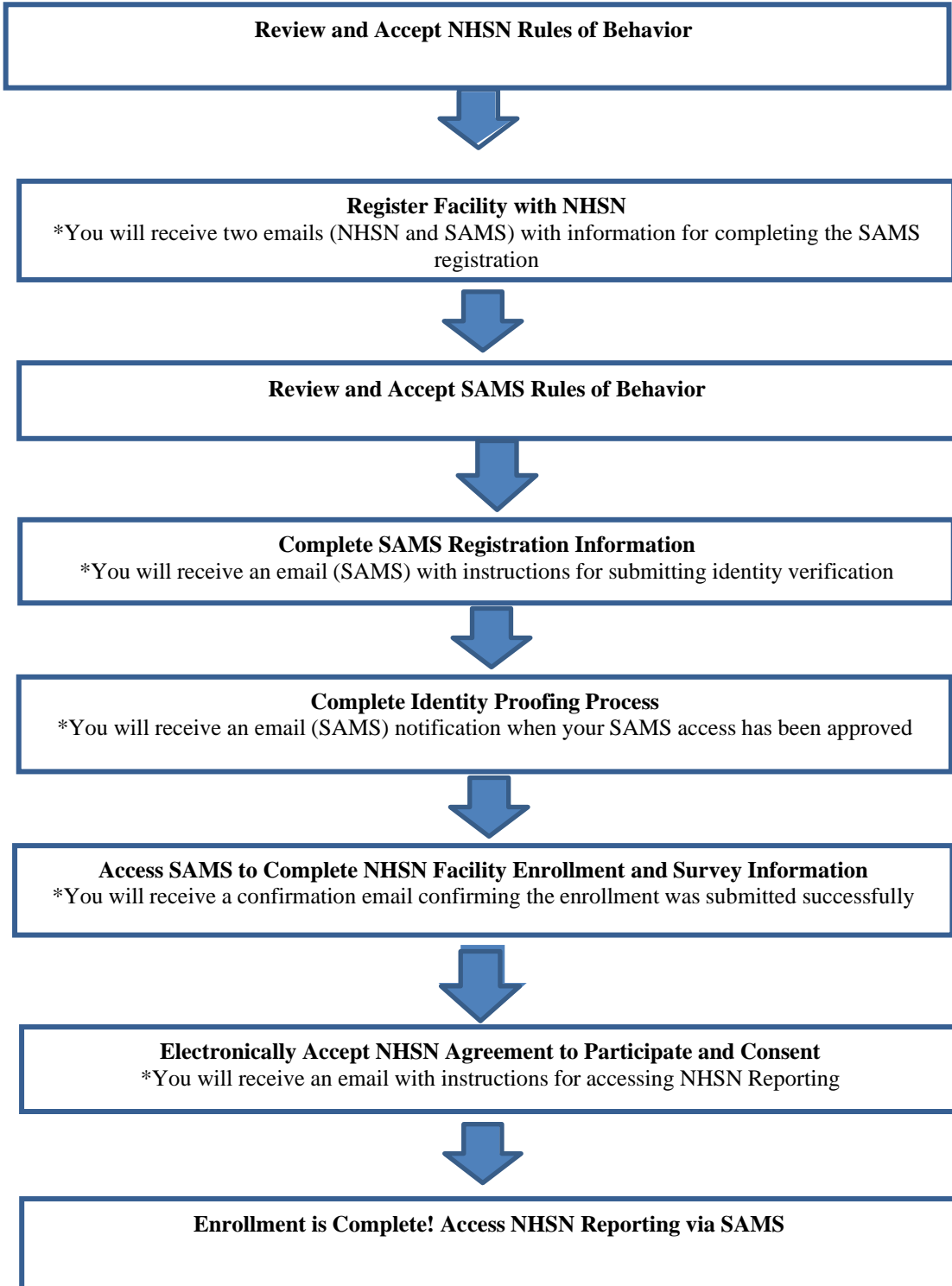
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## How Does a NHSN Facility Get Started?

After completing training, you're ready to enroll your facility following these steps.





## Step 1. Read the NHSN Rules of Behavior

The first step to NHSN Enrollment is for the person who will serve as the NHSN Facility Administrator to access and read the NHSN Rules of Behavior from <https://www.cdc.gov/nhsn/enrollment/index.html>.


### Facility/Group User & Administrator Rules of Behavior

In order to participate in the NHSN , you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

**INTRODUCTION**

The National Healthcare Safety Network (NHSN) is a surveillance system that is developed, maintained, and used by the Centers for Disease Control and Prevention (CDC). NHSN enables participating healthcare facilities to submit and analyze data on patient and healthcare worker safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, blood safety incidents, dialysis incidents, and healthcare worker vaccinations. It provides analysis tools that enable NHSN Users to generate a variety of reports, many of which use data aggregated by NHSN for benchmarking purposes. Healthcare facilities, state and local health departments, and other NHSN Users use these resources to identify prevention and quality improvement opportunities and track progress in efforts to prevent adverse healthcare events and enhance patient and healthcare worker safety. NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN collects, processes, stores, and makes accessible to authorized users a large volume of sensitive patient and healthcare facility data. These data must be protected from unauthorized access, disclosure, or modification in accordance with a comprehensive set of confidentiality,

 **NHSN Fac GpUser and Admin ROB**  
PDF (87KB/13 pages)

A copy of the NHSN Rules of Behavior may be printed by clicking the **Print** link at the bottom of the screen.

To indicate agreement with the terms and conditions as stated in the NHSN Rules of Behavior, click **Agree** and you will be guided to the NHSN Registration page.



## Step 2. Register with NHSN

At the Registration Form page, you will be asked to provide a few key pieces of information, including:

- The name of the NHSN Facility Administrator
- Email address for the NHSN Facility Administrator
- Facility identifier
  - You will need your hospital's American Hospital Association (AHA) ID#, CMS Certification Number (CCN), or VA Station Code to proceed. If you do not have one of these identifiers or if it is not accepted during registration, you may contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for a Temporary NHSN Enrollment Number. You will need your hospital's American Hospital Association (AHA) ID#, CMS Certification Number
  - Please use a CDC temporary Enrollment number if your CCN # does not validate.
  - **NOTE:** Each newly enrolled facility must have a unique enrollment number. There is a one-to-one relationship between a CDC enrollment number and a facility. This number will expire within 30 days from the day it is generated if not used.
- Training completion date
  - Enter the date you completed the suggested training sessions.
  - **NOTE:** If you have participated in a face-to-face NHSN training session endorsed by the CDC (i.e., from State groups or CDC day training), we recommend that you also review our training sessions, especially for the protocols and topics which may not have been covered during CDC-endorsed trainings. When registering as a user of NHSN, you may enter the date of the CDC-endorsed training you attended as the training completion date.
- Enter the correct information and click **Submit:** see below



Personal Information

\*First name:

\*Last name:

Middle name:

\*Email address:

Facility Identifier

\*Please select a facility identifier:

CCN

AHA

VA

CDC Registration ID

NONE

\*Selected identifier ID:

\*Facility Type:

HOSP-REHAB - Rehabilitation Hospital

HOSP-SURG - Surgical Hospital

HOSP-VA - Veteran's Hospital

NHSN Training Date

\*I certify that I have completed all of the appropriate, required NHSN trainings on:

Submit

**NOTE: To ensure that information sent by email is not blocked by your organization's anti-spam program, please contact your IT department and request that they specifically allow emails from [sams-no- reply@cdc.gov](mailto:sams-no-reply@cdc.gov), [phintech@cdc.gov](mailto:phintech@cdc.gov), and [nhsn@cdc.gov](mailto:nhsn@cdc.gov) .**



### Step 3. Register with SAMS

After CDC receives your completed registration, you will receive an email similar to the following:

Hello

You have been invited to register with the U.S. CDC's Secure Access Management Service (SAMS). Registration with SAMS will allow you to access selected CDC Extranet applications specifically designed and implemented for the Public Health community. A registration account has already been created for you. A link to this account and a temporary password word are provided below. This invitation is valid for 30 days.

Should you have questions with the SAMS registration process, please contact our Help Desk for assistance.

Thank you,

The SAMS Team

---

SAMS basic registration process includes the following steps:

1. **Online Registration** - Follow the link below and use the included temporary password to log into SAMS' user registration pages. During registration, you will be asked to supply some basic information about yourself. This information will help CDC Program Administrators provide you with the application access most appropriate for your role in Public Health. You will also choose your personal SAMS password to help keep your account private and secure.
2. **Identity Verification** - Once you complete your online registration, you will receive an email with instructions for completing Identity Verification. In order to provide individuals with access to non-public information, U.S. law **requires** that the identity of potential users is first verified - this step is critical in helping to protect people's private data and in helping to prevent information misuse. Please be assured that CDC and its Programs have made every effort to keep this necessary process as simple and non-intrusive as possible. Also be assured that your registration materials will only be used to help determine your suitability for information access and that these materials will not be shared outside of CDC programs.
3. **Access Approval** - Once your Identity Verification is complete, CDC Program Administrators will determine the access level most appropriate for your role and will activate your SAMS account. SAMS will send you an account activation email with a link to the SAMS portal page where you can begin using your extranet applications.

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To register with SAMS, please click the following link or cut and paste it into your browser:

<https://sams.cdc.gov/idm/SAMS/ca/index.jsp?task.tag=SAMSRegistration>

When prompted, please enter:

- Your Username:
- Temporary Password:

and click the Login button.

**\*\*\*Note:** In order to access SAMS, your browser **must** be configured to use TLS 1.0 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.









- Change your password. Ensure that your password meets the requirements displayed on the screen.
- In the *Question* section, select a question from the list displayed in line 1.
- In the *Answer* section in line 1, type your answer to the question you selected.
- Repeat steps 6 and 7 until all five questions are answered.

*Note: Be sure to remember the answers to the preferred question.*

- Click the **Submit** button to complete your registration.

## **After registering your information with SAMS begin the verification process.**

Thank you for registering with CDC's SAMS. Your registration information has been received. Your next step is to verify your identity through a process called "identity proofing".

SAMS supports two options to identity proof. Please review each option below and select what works best for you.

### **OPTION 1 - Experian Precise ID Check (preferred method)**

Using a secure interface, you will provide Experian your social security number (SSN) and Date-Of-Birth (DOB). This information is sent directly to Experian and NOT stored by SAMS or CDC. Experian will validate this information and may ask you a series of questions derived from details contained in your credit report. This option will not impact your credit score or credit worthiness.

This process takes less than a minute and is the fastest way to complete the SAMS identity proofing process. If Experian is unable to validate your identity, you can still complete the identity verification process using Option 2.

To initiate the Experian Precise ID check select the link below and log into SAMS using the 'SAMS Credentials' option You will login using your SAMS username (email address) and recently established password.

<https://sams.cdc.gov/samsidproofing/idusers/edit/4743>

If Experian successfully validates your identity, **no further action** is required until you are notified via email that your SAMS account has been activated.

*If selecting Option 1, stop reading. You can disregard all additional instructions.*

### **OPTION 2 - Document Submission/Validation**

The document submission/validation process requires you to collect, copy, and submit required documentation to CDC for review and validation. To complete this process please print the form included at the bottom of this email message and follow the instructions provided below. The required steps are as follows:

1. Complete the Applicant Section in the included form - part of the information has been pre-filled for you based on the information you supplied during registration.
2. Take the printed form, along with appropriate photo identity documentation to a Proofing Agent: a Notary Public or person specifically designated by CDC to conduct identity verification, or a CDC employee. Have them verify your identity and complete the '**Proofing Agent - Notary**' Section. Acceptable forms of identification are listed in the table below:



## Experian questions and approval

### Please answer the following questions:

1). According to your credit profile, you may have opened an auto loan in or around March 2018. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- WELLS FARGO
- CHRYSLER CAPITAL CORP
- 1ST CHOICE CREDIT UNIO
- NISSAN MOTOR ACCEPTANCE
- NONE OF THE ABOVE/DOES NOT APPLY

2). You may have opened an auto loan or auto lease in or around March 2018. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- \$455 - \$554
- \$555 - \$654
- \$655 - \$754
- \$755 - \$854
- NONE OF THE ABOVE/DOES NOT APPLY



Welcome

Hi,

Congratulations, your identity proofing has been successfully completed. No further action is required. You will receive additional instructions in email once access has been finalized by your Program.

Please click Logout at the top of this screen or close the browser window.

Thanks,  
SAMS Team



## Step 4: Access Approval and Account Activation

Once your information is received and approved, you will receive your approval by email from [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov). The subject will be “**U.S. Centers for Disease Control: SAMS Partner Portal – SAMS Activity Authorization.**” This email will contain web links to the SAMS Partner Portal and to the application. If you are approved for two or more applications, you will receive a separate email for each one. You will also receive a welcome email confirming the activation of your SAMS Partner Portal account.

You are now ready to access your applications and the SAMS Partner Portal.

The NHSN application require users to be strongly authenticated. This means users must have an additional ‘token’, along with their password, to login. The **first option** is a soft token that requires the installation of an Entrust Authenticator application on your phone, tablet, or computer. The **second option** is a hard token which is a physical Entrust grid card mailed to your home address. SAMS will communicate this authentication requirement to you in email along with instructions on how to complete the setup after account activation.

**Note:** Your SAMS grid card should be delivered to your home address via U.S. mail **within 2 weeks after you receive your SAMS approval email**. If you do not receive your SAMS grid card within two weeks, contact [samshelp@cdc.gov](mailto:samshelp@cdc.gov) for assistance.



## Step 5. Enroll in NHSN

To initiate the Enrollment process, login through the SAMS portal: (<https://sams.cdc.gov>). After setting up your credential device (via token or receiving your SAMS grid card), log into [SAMS](#). Under the **SAMS Multi-factor Login** picture, click **Login**. On the SAMS home page, select ‘**NHSN Enrollment**’ to complete electronic enrollment into the desired **NHSN Component**.

**SAMS**  
secure access management services

**Warning:** This warning banner provides privacy and security notices consistent with applicable f includes all devices/storage media attached to this system. This system is provided for Govern result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful G intercept, search and seize any communication or data transiting or stored on this system. The stored on this system may be disclosed or used for any lawful Government purpose.

Choose a login option

**External Partners**

**SAMS Credentials**

**SAMS Multi-factor Login**

OR

Sign on with a SAMS Grid Card or Mobile Soft Token

Login

For External Partners who login with only a SAMS issued UserID and Password.

For External Partners who have been issued a SAMS Multi-factor token(s).

### 5.1 Download and Print Enrollment Forms for a Copy

Updated 11/18/2021

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- From the **Facility Enrollment Forms** page, print the forms needed for the Component into which you are enrolling. Note: **The actual enrollment process is begun electronically.**
- Shortly after successfully submitting the forms, the Facility Administrator and Primary Contact will receive a “**NHSN Facility Enrollment Submitted**” email.



- Click on the **NHSN Enrollment** link to go to the **NHSN Enrollment** page.

**NOTE:** Do not use the browser’s Back button. Always use the buttons provided on a page or use the navigation bar on the left to move around within the NHSN web pages.



## Step 5.2 Electronically Begin the Enrollment process

**Warning:** This is a U.S. Federal Government system and shall be used only by authorized persons for authorized purposes. Users do not have a right to privacy in their use of this government system. System access, activity, and information stored or transmitted may be monitored for adherence to acceptable use policy. Users of this system hereby consent to such monitoring. Improper or illegal use detected may result in further investigation for possible disciplinary action, civil penalties, or referral to law enforcement for criminal prosecution. This system contains non-public information that must be protected from unauthorized access, disclosure, sharing, and transmission, violation of which can result in disciplinary action, fines, and/or criminal prosecution.

**Links**

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

**My Applications**

**National Healthcare Safety Network System**

- NHSN Reporting \*
- NHSN Enrollment

\* Strong credentials required.

**Enroll Facility**

Has this facility been previously enrolled, for any component, in NHSN?

Yes

No

Unknown

Additional Information:

1. If you select Yes, or Unknown, you will be asked to contact NHSN User Support at [NHSN@cdc.gov](mailto:NHSN@cdc.gov). NHSN User Support will assist you with the best option to move forward with either enroll a new facility or reactivating and updating an existing facility
2. If your facility is already enrolled and you just want to update the facility administrator or a component contact, select Yes and you will be directed to contact NHSN User Support at [NHSN@cdc.gov](mailto:NHSN@cdc.gov). NHSN User Support will assist you about how to make these types of updates.

If the facility has not previously enrolled in NHSN then select **No**. If the facility has previously enrolled in NHSN or you are unsure, submit an email to [NHSN@cdc.gov](mailto:NHSN@cdc.gov). Subject line “Check Facility enrollment status”. Provide the name of the facility, full address, and ORG ID (if known).



Mandatory fields marked with \*

### NHSN Facility Information

Facility Name \* :

Address, Line 1\*:

Address, Line 2:

Address, Line 3:

City\*:

State\*:

County\*:

Zip Code\*:  
 -

Main Telephone Number\*:

For each identifier listed below, enter the number/code, or check Not Applicable. If your facility does NOT have that identifier.

AHA ID\*:  
  Not Applicable

CMS Certification Number (CCN)\*:  
  Not Applicable

CCN Effective Date\*:

VA Station Code\*:  
  Not Applicable

Enrollment Number\* :

Object Identifier:

[Continue](#)

Please use a CDC temporary Enrollment number if your CCN # does not validate.

**NOTE:** Each newly enrolled facility must have a unique enrollment number. There is a one-to-one relationship between a CDC enrollment number and a facility.

This number will expire within 30 days from the day it is generated if not used.





### NHSN Facility Administrator

First name\*:

Middle name:

Last name\*:

Title:



Click to copy mailing address from the facility given above

Address, line 1\*:  Facility Address

Address, line 2:

Address, line 3:

City\*:

State\*:

Zip Code\*:  -

Phone\*:  Ext:

Fax:

Pager:

E-mail\*:  Use same e-mail address entered during SAMS registration

User ID\*:  Up to 32 letters or digits

NHSN user ID, cannot include special characters  
Example: AAnttila

### Next Screen

Copy from Facility Administrator

First Name\*:

Middle Name:

Last Name\*:

Title:

Copy Address from Facility

Address, Line 1\*:

Address, Line 2:

Address, Line 3:

City\*:

State\*:

Zip Code\*:  -

- The Facility Administrator should also be listed as the Primary Contact person during the enrollment process. Select the blue tab to copy the FA’s information
- Select the “Submit” tab on the bottom of the screen and proceed to complete the Facility Survey.



After successfully completing the survey, an email will be sent confirming completion:

The following facility has been submitted for enrollment in the NHSN:

**Facility Name:** Tiffany Test  
**Component:** Healthcare Personnel Safety  
**Tracking Number:** 15108



**NHSN Facility Administrator:** Tiffany Dozier [XXXX@CDC.GOV](mailto:XXXX@CDC.GOV)  
**Component Primary Contact:** David Jordan [XXXX@CDC.GOV](mailto:XXXX@CDC.GOV)

To activate this facility and component, the component's primary contact must accept the consent form within 60 days.

If you are listed above as the primary contact for this component, please log in to NHSN at <https://sams.cdc.gov> and select NHSN Reporting to accept the Agreement to Participate and Consent form. The deadline to activate the component is 04/10/2018.

The facility will be withdrawn if none of the primary contacts accept the consent form by 04/10/2018.

If you have questions, please contact us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). For information on the NHSN, please visit the member's web site at <http://www.cdc.gov/nhsn>.

- Log back in through the SAMS portal to enter NHSN. On the next screen select “**NHSN Reporting**” to enter the NHSN Landing page. Select the correct component and facility in the drop-down menu.

Select component:

Biovigilance  
Dialysis  
Healthcare Personnel Safety  
Long Term Care Facility  
Outpatient Procedure  
Patient Safety



## Step 5.2 Electronically Accept Agreement to Participate and Consent

The screenshot displays the SAMS portal interface. On the left is a navigation menu with sections: Menu (SAMS Admin, My Profile, Logout), Links (SAMS User Guide, SAMS User FAQ, Identity Verification Overview), and My Applications. The My Applications section lists three categories: CDC TRAIN (with CDC TRAIN), CITI\_Single\_SignOn (with CDC Single Point Sign On - CITI Courses), and National Healthcare Safety Network System (with NHSN Reporting \* and NHSN Enrollment \*). A blue arrow points to the 'NHSN Reporting \*' link.

Log into the SAMS portal at <https://sams.cdc.gov> and select the NHSN Reporting option. Once you have logged in successfully you will receive an alert detailing the requirements for accepting the Agreement to Participate and Consent form:



**Alert**

In order to activate this component, the component's primary contact must accept the Agreement to Participate and Consent form. If you are a primary contact for this component, please view and accept the Agreement to Participate and Consent form.

**Consent**

Tracking #: 14918

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The National Health Safety Network (NHSN) is a program of the Centers for Disease Control and Prevention (CDC) that collects data on healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance with the scope of their reporting mandates. CDC also will disclose data to state or local health departments that are outside the scope of federal or state reporting mandates provided the state or local health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as a fine or licensure action. These data disclosures to state or local health departments will be made to the extent permissible by federal law.

**Purposes of NHSN**

The purposes of NHSN are to:

- Collect data from healthcare facilities in the United States to permit valid estimation of adverse events among patients or residents and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the prevalence of healthcare-associated infections.

**OK**

The person listed as a Primary Contact of the component or the Facility Administrator must “Accept” the Agreement to Participate.

\*NOTE: The Facility Administrator or Primary Contact Person must accept the agreement for each component.

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...providing facility identifiers to federal agencies and peer-reviewed, CDC-approved research projects for potential participation in studies, including comparative effectiveness assessments.

- Comply with legal requirements – including but not limited to state or federal laws, regulations, or other requirements – for mandatory reporting of facility-specific adverse event, prevention practice adherence, and other public health data.
- Enable healthcare facilities to report data via NHSN to the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (DHHS) in fulfillment of CMS’s quality measurement reporting requirements for those data.

OMB number - pending OMB approval

**NHSN**  
National Health Safety Network

**Agreement to Participate and Consent**

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- Provide patient-level data and annual facility survey data to CMS that are deemed required data in CMS rule-making and that are used by CMS for its program administration, monitoring and evaluation activities, including validation, appeals review, program impact evaluation, and development of quality measure specifications.
- Provide patient- and healthcare facility-level data, including annual facility survey data, to CMS for use by CMS programs in the design, operations, and evaluation of quality improvement

Contact Type	Contact Name	Phone Number	Email	Accept
Patient Safety Primary Contact	Tiffany Dozier	404-555-1212	HGY7@CDC.GOV	<input checked="" type="checkbox"/>

**Submit**

For each component accepted, the Primary Contact or Facility Administrator will receive an additional alert confirming this action:



## Step 6. Begin Using the NHSN Reporting Application

Once the Agreement to Participate and Consent form has been completed, an email will be received similar to below:

The following facility's component has completed the NHSN Agreement to Participate and Consent Form:

**Facility Name:** Tiffany Test  
**Component:** Patient Safety  
**Consent Date:** 02/09/2018  
**Facility ID:** 15108

**NHSN Facility Administrator:** Tiffany Dozier [XXXX@CDC.GOV](mailto:XXXX@CDC.GOV)  
**Component Primary Contact:** David Jordan [XXXX@CDC.GOV](mailto:XXXX@CDC.GOV)

The component has been activated and users may now log into NHSN and report data.

If you have questions about NHSN, please contact us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). For information on the NHSN, please visit the member's web site at <http://www.cdc.gov/nhsn>.

The enrollment process is now complete. Go to the SAMS portal (<https://sams.cdc.gov>), enter your password and grid card/mobile soft token information to login. Select the **NHSN Reporting** activity to access the NHSN application. You can now add users, set up location codes, surgeon codes, and enter a Monthly Reporting Plan etc. within the application.

### NHSN Contact Information

If you have any questions, please contact NHSN at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

Website: <http://www.cdc.gov/nhsn>.