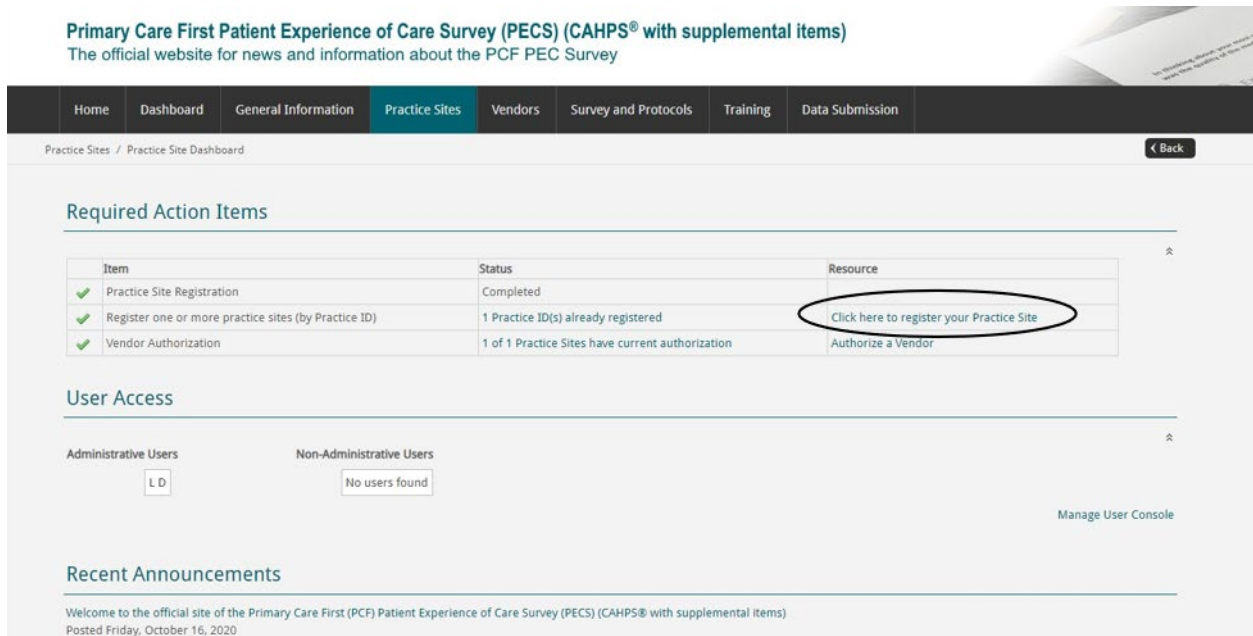


How to Register a Practice Site

1. Log in to your practice site account.



2. Navigate to “Dashboard” in the top menu bar.
3. Click “Click here to register your Practice Site.”



4. Enter the PCF practice site ID numbers of all practice sites you would like to register.

Note: If you are the Survey Administrator or Point of Contact for multiple practice sites, you can register multiple sites at a time by separating each practice site id with a comma.

Primary Care First Patient Experience of Care Survey (PECS) (CAHPS® with supplemental items)
The official website for news and information about the PCF PEC Survey

Home Dashboard General Information **Practice Sites** Vendors Survey and Protocols Training Data Submission

Practice Sites / Practice Site ID Registration [Back](#)

Practice Site ID Registration

Each user must complete the following steps to register their Primary Care First (PCF) Patient Experience of Care Survey (PECS) practice site.

1. In the form below, type in your practice site's ID. Click the **Lookup Practice Site Names** button to confirm the information you entered.
2. After you submit this form, your dashboard will be updated to reflect the registered practice sites.

If you have multiple practice site ID numbers, please enter them as a comma separated list, as shown in the example below. After entering your practice site ID number(s), click on the **Lookup Practice Site Names** button. Do not include dashes in the practice site ID number.
Example: AA1111,BB2222,CC3333

ID Numbers

5. When all practice site IDs have been entered, click the box, “Lookup Practice Site Names.”
6. A table including the practice site ID numbers and names entered will appear. Please double check that the practice sites listed are correct. If not, you can edit the practice sites by going back to Step 3 of this section.

The following practice site ID number(s) will be registered when you click the **Submit** button below. Please verify that the list is correct. If it is not correct, please edit your practice site ID number(s) above and click the lookup button again.

ID #	Practice Site Name
ZZ9910	Good Practice

PCF PEC Survey Practice Site Survey Administrator Consent Form

The Primary Care First (PCF) Patient Experience of Care Survey (PEC) Survey Administrator, L D, has the following **Roles and Responsibilities** on PCF PECS:

- Designating another individual within the organization as the backup PCF PEC Survey Administrator.
- Removing access or approving the removal of access for users who are no longer authorized to access the private side of the PCF PECS website.
- Serving as the main point of contact with the PCF PECS Team.
- Notifying the PCF PECS Team if your role as the PCF PEC Survey Administrator will no longer be valid and identifying a successor.
- Authorizing the PCF PECS Team to give your name and e-mail address to individuals requesting access to your organization's account on the PCF PECS website.

By checking the two boxes below and clicking the **SUBMIT** button, you acknowledge and consent that you are the PCF PEC Survey Administrator for the practice site ID(s) listed above and you accept the PCF PEC Survey Administrator roles and responsibilities.

I am the PCF PEC Survey Administrator for the practice site ID(s) listed above.

I agree to the terms specified above.

7. Please review the PCF PEC Survey Practice Site Survey Administrator Consent Form. Once reviewed, check the two boxes and click “Submit.”