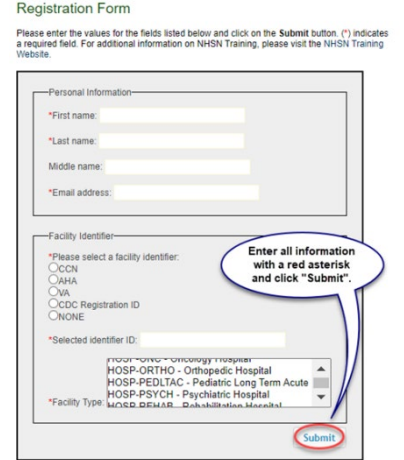
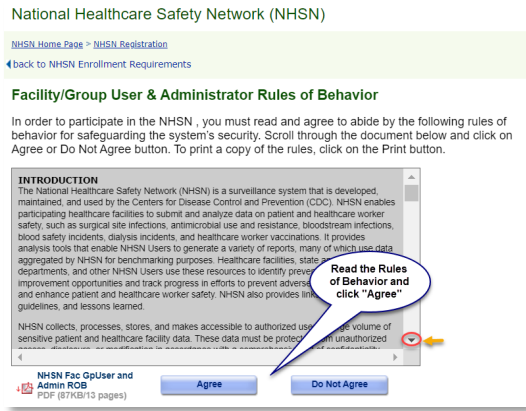


Step 1: Register your facility with NHSN.

Click this link to access the NHSN Rules of Behavior: <https://nhsn.cdc.gov/RegistrationForm/index>



Step 2: Register with Secure Access Management Services (SAMS) with SAMS-NO-REPLY (After NHSN receives your completed registration) and accept SAMS Rules of Behavior.

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

<https://im.cdc.gov/sam/sm/SAMS3/vw/index.jsp?task=acceptSAMSRegistration>

When prompted, please enter:

- Your Email/User Name: test@gmail.com (example email)
- Temporary Password: IT_x5Nbu (example temporary pw)

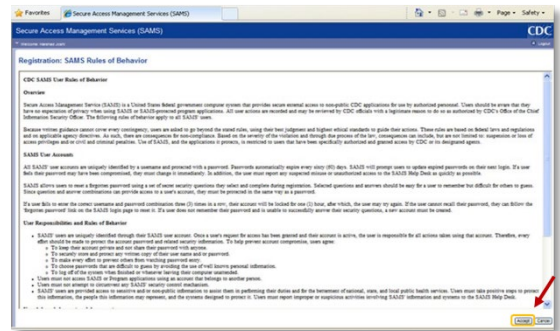
and click the Login button.

****Note:** In order to access the SAMS Partner Portal, your browser **must** be configured to use TLS 1.2 encryption. If your computer is not configured for TLS, or if you are unsure, please contact your local IT System Administrator for assistance.

For more information and assistance, please see the SAMS FAQ located [here](#), or contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following:

Toll Free: (877) 681.2901
Email: samshelp@cdc.gov

*****Note: This email has been sent from an unmonitored mailbox. DO NOT REPLY TO THIS EMAIL. Please direct all inquiries to the Help Desk as listed above.**

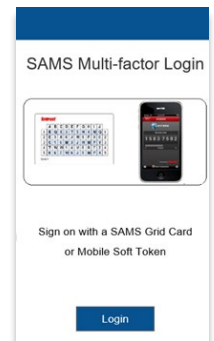


Step 3: Access Approval and Account Activation

Provide proof of identity: Click link in email: (<https://sams.cdc.gov/samsidproofing/>)

Option 1 - Experian Precise ID Check (preferred method)

Option 2 - Document Submission/Validation



Step 4: Complete NHSN Enrollment

National Healthcare Safety Network System


- NHSN Reporting *
- NHSN Enrollment ***



Please Select Desired Option

[Access and print hardcopy version of enrollment forms](#)

Enroll a Facility

 [Get Adobe Reader for PDF files](#)

Step 5: Complete NHSN Enrollment

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.

Tracking #: 14918

Consent

The National Health and Human Services Administration (HHS) and the Centers for Disease Control and Prevention (CDC) are seeking to improve the quality of patient care and reduce the risk of 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