

Ambulatory Programs Combined Registration – Full Text

The following document is a full text version of our combined online registration tool. The document is available to assist in preparing for the registration process; however all registrations must be completed online. For additional assistance, please [contact us](http://bit.ly/AQContactUs) (<http://bit.ly/AQContactUs>).

Ambulatory Quality Improvement Programs Registration

We are pleased to offer opportunities for organizations to participate in the following ambulatory quality improvement programs -- Target: BP, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes.

Target: BP™

Target: BP™ is a national initiative formed by the American Heart Association (AHA) and American Medical Association (AMA) to improve blood pressure control rates and change the trajectory of cardiovascular health in the U.S. Joining Target: BP signifies your commitment to help reduce the number of Americans living with uncontrolled blood pressure.

As a registered health care organization, you will be able to:

- ♦ Access the data platform for submitting blood pressure related data for tracking, benchmarking and receive national recognition
- ♦ Receive timely heart health news & publications
- ♦ Share best practices from leading health care organizations nationwide
- ♦ Participate in free CME/CE opportunities translating the latest evidence into practice

Check. Change. Control. Cholesterol™

Check. Change. Control. Cholesterol™ is a national initiative of the American Heart Association (AHA) to reduce the number of Americans who have heart attacks and strokes by urging medical practices, health service organizations and patients to prioritize Cholesterol management. Register to join the initiative to improve awareness,

detection, and management of cholesterol.

As a registered health care organization, you will be able to:

- Access the data platform for tracking, benchmarking and recognition
- Receive e-newsletters providing the latest information on Check. Change. Control. Cholesterol
- Engage with AHA staff to understand best practices and improvement strategies
- Receive information on webinars, support sessions, and learning from other participants

Target: Type 2 DiabetesSM

Target: Type 2 DiabetesSM is a national initiative of the American Heart Association (AHA) to that aims to prioritize type 2 diabetes and cardiovascular risk factors in clinical care. Register to tackle comorbidities in CVD and type 2 diabetes as part of the Know Diabetes by HeartTM initiative.

As a registered health care organization, you will be able to:

- Access the data platform for tracking, benchmarking and recognition
- Receive e-newsletters providing the latest information on Target: Type 2 Diabetes
- Engage with AHA staff to understand best practices and improvement strategies
- Receive information on webinars, support sessions, and learning from other participants

All registrations must be completed online. To register, you will need to know the following:

- Your organization's contact information
- Your organization's total adult (18-85 years) patient population count
- Your organization's total adult patients (18-85 years) that are a race other than white and/or identify as Hispanic or Latino ethnicity
- The total number of clinic locations in your health system. Note: You may register each of your health center locations individually or as a system overall.
- Your organization's characteristics, such as multi-specialty, Federally Qualified

Health Center, etc.

Fields denoted with a red asterisk (*) are required. You may close this form and return to it later by clicking on the website browser link (using the same computer and browser) and continuing where you left off. This only applies to forms which have not been finalized.

*Q1. To help us better support your organization please tell us in which programs your organization participates and has data platform access. My organization already participates in: (check all that apply)**

- ☐ Target: BP
- ☐ Check. Change. Control. Cholesterol
- ☐ Target: Type 2 Diabetes
- ☐ None of the above
- ☐ I am not sure

*Q2. My organization would like to register for: (check all that apply)**

- ☐ Target: BP
- ☐ Check. Change. Control. Cholesterol
- ☐ Target: Type 2 Diabetes

Q3. Health Care Organization Information

Please type the Published Health Care Organization Name as it should appear on recognition/promotional opportunities.

Published Name of Health Care Organization *

Legal Name of Health Care Organization *

Address *

Address 2

City *

State/Territory (Two-Letter Abbreviation)

* US Postal code *

Q4. Primary Contact Information

The Primary User will be granted access to the data submission platform. If your organization needs additional access, please request additional user accounts through our [Contact Us](#) form.

First Name

* Last

Name *

Professional Credentials (MD, RN, etc.)

Email Address *

Phone Number (xxx-xxx-xxxx) *

*Q5. Primary Contact Job Function: **

Q6. Secondary Contact Information

The secondary contact is used in the event we are unable to contact the primary user for any recognition or technical related issues. A data submission platform user account will not be created for this person.

First Name

Last Name

Professional Credentials (MD, RN, etc.) Email

Address

Phone Number (xxx-xxx-xxxx)

*Q7. What is the total adult (18-85 years) patient population for your health care organization?**

Please do not include commas.

*Q8. How many of your adult patients (18-85 years) are a race other than white and/or identify as Latino or Hispanic ethnicity? **

Estimations are acceptable. Responses should be in whole numbers and NOT a percentage of population. Please do not include commas.

*Q9. How many providers are in the health care organization? Include physician and mid-level providers. **

*Q10. Does your registration represent multiple care delivery sites? **

Note: You may register your overall health system or each health center location individually for personalized recognition. To receive recognition for each health center

location,

please complete the registration/submission process for each location. If you have a large number of sites (10 or more), use our [Contact Us](#) form for additional assistance.

- ☐ Yes. How many sites?
- ☐ No

*Q11. My Health Care Organization is a: **

(select all that apply)

- | | |
|---|--|
| ☐ Federally Qualified Health Center (FQHC) or a designated FQHC Look-Alike | ☐ Residency Practice |
| ☐ Community Health Center, Non-FQHC | ☐ Academic Medical Center |
| ☐ Multi-Specialty Practice | ☐ Health Care System |
| ☐ Primary Care Practice | ☐ Department of Health |
| ☐ Specialty Practice (enter type below):
<input type="text"/> | ☐ Other (enter type below):
<input type="text"/> |

*Q12. I would like to receive program emails on topics such as webinars, news resources, and helpful reminders for the following programs: (check all that apply) **

- ☐ Target: BP - By clicking this box, I agree to AHA's [Terms of Service](#) and [AHA](#) and [AMA](#) privacy policies
- ☐ Check. Change. Control. Cholesterol - By clicking this box, I agree to the AHA's [Terms and Conditions](#) and [privacy](#) policies
- ☐ Target: Type 2 Diabetes - By clicking this box, I agree to the AHA's [Terms and Conditions](#) and [privacy](#) policies

Q13. Select the programs where you would like platform access

- ☐ Target: BP (recommended)
- ☐ Check. Change. Control. Cholesterol (recommended)
- ☐ Target: Type 2 Diabetes (recommended)

Recognition Permissions

Target: BP Recognition

I agree to give the American Heart Association and the American Medical Association permission to use our name for: Recognition Events, Advertisements (may include:

AHA's Circulation, etc.), Conference banners/signage, website, digital media and mobile apps. I have authority to sign on behalf of my institution. *

If you need to update your organization's name, click the back button and update the name within the "Health Care Organization Information" section.

- ☐ Yes, I agree and confirm my organization wishes to be listed as "{published name}" for all Target: BP recognition purposes.
- ☐ No, my organization does not wish to be listed in published recognition opportunities for Target: BP. I wish to only submit data for improvement and benchmarking purposes.

Check. Change. Control. Cholesterol Recognition

I agree to give the American Heart Association permission to use our name for: Recognition Events, Advertisements (may include: AHA's Circulation, etc.), Conference banners/signage, website, digital media and mobile apps. I have authority to sign on behalf of my institution. *

If you need to update your organization's name, click the back button and update the name within the "Health Care Organization Information" section.

- ☐ Yes, I agree and confirm my organization wishes to be listed as "{published name}" for all recognition purposes.
- ☐ No, my organization does not wish to be listed in published recognition opportunities. I wish to only submit data for improvement and benchmarking purposes.

Target: Type 2 Diabetes Recognition

I agree to give the American Heart Association permission to use our name for: Recognition Events, Advertisements (may include: AHA's Circulation, etc.), Conference banners/signage, website, digital media and mobile apps. I have authority to sign on behalf of my institution. *

If you need to update your organization's name, click the back button and update the name within the "Health Care Organization Information" section.

- ☐ Yes, I agree and confirm my organization wishes to be listed as "{published name}" for all recognition purposes.
- ☐ No, my organization does not wish to be listed in published recognition opportunities. I wish to only submit data for improvement and benchmarking purposes.

Acknowledgements

Target: BP Acknowledgments

I acknowledge and agree to the [Target: BP Data Use Agreement](#). The DUA is an agreement between your organization and the AHA/AMA that allows AHA/AMA to use the reported aggregate data for analytic and messaging purposes.

I acknowledge and agree that the information I submit regarding myself and my organization to the Target: BP website is hosted by the American Heart Association, and will be subject to the terms of the [American Heart Association's Privacy Policy](#). I further acknowledge and agree that this information may be shared with the American Medical Association and, in such event, is subject to the [American Medical Association's Privacy Policy](#).

Check. Change. Control. Cholesterol Acknowledgment

I agree and accept on behalf of myself and my organization the terms and conditions set out in the [Check. Change. Control. Cholesterol Participation Agreement](#) (opens in a new window).

Target: Type 2 Diabetes Acknowledgment

I agree and accept on behalf of myself and my organization the terms and conditions set out in the [Target: Type 2 Diabetes Participation Agreement](#) (opens in a new window).

By typing my name below, I agree to the above statements.

Typed Signature: *

After selecting the "Submit" button, you will receive a confirmation email. Please check your spam folders if you do not receive confirmation.