



National Healthcare Safety Network (NHSN)

Enrollment

Training

Registration

Request Dig.Cert.

Install Dig.Cert.

Submit Forms

Fax Consent

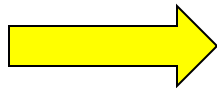
Join NW Group

REGISTRATION

Day 1

- Training for All Users
 - CDC [Required Training for All NHSN Users](#)
 - CDC [User Start-Up Guide](#)
 - CDC [Dialysis Event Protocol](#)

- **Registration**
Webinar Slides
 - CDC [Registration Form](#)
- **Request for Digital Certificate**
Webinar Slides





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Day 1

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CDC Department of Health and Human Services
Centers for Disease Control and Prevention

National Healthcare Safety Network (NHSN)

Facility/Group 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.

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

Purpose

[Print Version](#)
PDF (87KB/13 pages)

WARNING
This is a U.S. Government computer system, which may be accessed only for official government business by authorized personnel. Unauthorized access or use may result in criminal, civil, and/or administrative action. There is no right to privacy on this system. All information on this computer system may be monitored, intercepted, recorded, read, copied, and shared by authorized personnel for purposes including criminal investigations. Access or use of this system, whether authorized or unauthorized, constitutes consent to these terms. (Title 18, U.S.C.)

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REGISTRATION Day 1



Registration Form

Please enter the values for the fields listed below and click on the **Save** button. (*) indicates a required field. For additional information on NHSN Training, please visit the [NHSN Training Website](#).

Personal Information

*Last name:

*First name:

Middle name:

*Email address:

Facility Identifier

*Please select a facility identifier:

CDC ID AHA ID WA Station Code

CDC Registration ID None

*Selected Identifier id:

NHSN Training

Date

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

Contact information of FA

Select CCN & enter 6-digit provider #

Enter the date required training completed

Click Here

