



Check. Change. Control. Cholesterol™

Registration and Award Application Full Text

The following document is a text preview of our online application tool. All website logic has been moved for readability. All registrations and award applications must be completed online through our website www.heart.org/changecholesterol. No paper applications will be accepted.

Welcome to 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. In this form, you will be able to register your health care organization for the Check. Change. Control. Cholesterol initiative and gain access to our data platform for reporting and recognition opportunities. Entry to our data platform for recognition opportunities is not required, but recommended.

Health Care Organization Registration

Register for Check. Change. Control. Cholesterol™ and join the initiative to improve awareness, detection, and management of Cholesterol. As a registered health care organization, you will be able to:

- Access the cholesterol 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

A full preview of the registration process is available for [download](#) (opens in new window); however all registrations must be completed online.

To register, you will need to know:

- Your organization's total adult (21-75 years) patient population count
- The total number of clinical providers in your organization
- Your organization's total adult number of patients that are a race other than white and/or identify as Latino or Hispanic ethnicity
- The total number of clinic locations in your health system.
 - *Hint:* you can register each of your clinic locations individually or as a system overall.

Beginning February 2nd, 2019, the data submission platform will open and be available year-round; however, for the purposes of recognition, all data must be received by 11:59 ET on May 31, 2019 for the 2018 calendar year's recognition cycle. Our [Data Collection Worksheet](#) (opens



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in new window) is available to help registrants prepare for recognition submission.

Note: Beginning February 2nd, 2019, all registered participants will receive access to our new data submission platform via email to begin entry for 2019 recognition. **If your organization has previously registered with the program, a new registration is not necessary.** All registrations received prior to February 2nd will be migrated automatically. Please contact changecholesterol@heart.org for additional assistance.

Fields denoted with an asterisk (*) are required. You may close this form and return to it later by clicking on the link within the heart.org/changecholesterol web page and continuing where you left off. This only applies to forms which have not been finalized. You will need to use the same cookie-enabled computer and browser in order to re-access your information.



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Q1. Health Care Organization Information

Please type the Published Health Care Organization Name as it should appear on recognition/promotional opportunities. At this time, only U.S.-based care settings may register for the Check. Change. *Control.* Cholesterol Program.

- Published Name of Health Care Organization*
- Legal Name of Health Care Organization*
- Address*
- Address 2
- City* State / Territory (Two-Letter Abbreviation)*
- US Postal Code*

Q2. Primary Contact Information

The email address will be used to share important updates, new resources, and recognition submission time lines. The Primary Contact will also be granted access to the data submission platform, if requested in Question 10. If your organization needs additional access, please request additional user accounts through changecholesterol@heart.org.

- First Name*
- Last Name*
- Professional Credentials (MD, RN, etc)
- Email Address*
- Phone Number (XXX-XXX-XXXX)*



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Q3. Primary Contact Job Function:*

- Administration / Leadership
- Quality Improvement
- Data Analyst
- Provider (MD, DO, NP, APN, PA, PharmD)
- Clinical Staff (RN, MA, CNA, etc.)
- Other

Q4. 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 platform account will not be created for this person.

- First Name
- Last Name
- Professional Credentials (MD, RN, etc.)
- Email Address
- Phone Number (XXX-XXX-XXXX)

Q5. What is the total adult (21-75 years) patient population count for your health care organization? *

Q6. How many of your patients are a race other than white and/or identify as Latino or Hispanic ethnicity?* Estimations are acceptable.

Q7. How many providers are in the health care organization? Include physicians and mid-level providers.*



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Q8. Do you intend to submit data for multiple entities within a larger system?*

Hint: You may choose to register your overall health system or you may register each health center location individually for personalized recognition. If you would like to receive recognition for each health center location, please complete the registration/submission process for each health center location. If you have a larger number of location (10 or more) email ChangeCholesterol@heart.org for additional assistance.

- Yes How many sites? _____
- No. Just one location.

Q9. My Health Care Organization is a:*(select all that apply)

- Federally Qualified Health Center (FQHC) or a designated FQHC Look-Alike
- Community Health Center, Non-FQHC
- Multi-Specialty Practice
- Primary Care Practice
- Specialty Practice (enter type): _____
- Residency Practice
- Academic Medical Center
- Health Care System
- Department of Health



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Other (enter type below): _____

Q10. Do you want access to the cholesterol data platform and recognition opportunities?

* Selecting this option will allow program staff to proceed with account creation for access to the data platform.

Yes (Recommended)

No

Q11. Do you want to receive Check. Change. *Control.* Cholesterol program emails on topics such as webinars, news, resources, and helpful reminders? *

Yes (Recommended)

No

The following questions are displayed only when Q10 is answered as “Yes”

Q12. 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 "[<auto-filled as Published Name of Health Care Organization>](#)" 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.



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Q13. Acknowledgments By typing my name below, I agree and accept on behalf of myself and my organization the terms and conditions set out in the [Check. Change. Control. Cholesterol Data Use Agreement](#) (opens in a new window).

Typed Signature: * _____

Final Statement:

Please take a moment to review your submission before selecting "Submit".

After selecting the "Submit" button, you will receive a confirmation email at <auto-filled as [Primary Contact's email address](#)>. Please check your spam folders if you do not receive confirmation. Registrants who have requested access to our data platform will receive login credentials via the above email address beginning February 2, 2019.

If you have any questions or concerns, please contact: ChangeCholesterol@heart.org.