A logo of a health care company: Texas Health Care Safety Network

Description automatically generated

User Profile Information: FACILITY USER (HAI)

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| --- | --- | --- |
|  | HAI Contact 1 | HAI Contact 2 |
| \*Email Address: | Click or tap here to enter text. | Click or tap here to enter text. |
| \*First Name: |  |  |
| \*Last Name: |  |  |
| Salutation: |  |  |
| Credentials: |  |  |
| \*Job Title: |  |  |
| \*Facility Name: |  |  |
| \*Physical Address: |  |  |
| \*City: |  |  |
| \*State: |  |  |
| \*Zip Code: |  |  |
| Phone: |  |  |
| Extension: |  |  |
| Cell Phone: |  |  |
| \*CEO/Other “C” Suite Administrator Signature:  (print name and sign) |  |  |

**\*Please return the form to** [HAITexas@dshs.texas.gov](mailto:HAITexas@dshs.texas.gov) **for processing.**

\* = Required Fields