

SECURITY CODE REQUEST FORM

2026 LEAPFROG ASC PROGRAM

In order to ensure that only authorized individuals have access to the Leapfrog ASC Dashboard for each facility, a Security Code Request Form (on page 2 below) must be completed.

There are two options for requesting a security code:

Option 1: Submit Your Business License	Option 2: NHSN Administrator Submits the Request
<ul style="list-style-type: none">✓ Obtain a copy of the facility’s national accreditation letter or certificate, or the facility’s county or state business license✓ Have the Facility Administrator complete and sign the Security Code Request Form✓ Print the Security Code Request Form on letterhead✓ Submit a request to the Help Desk with the required documentation in the Attachments field	<ul style="list-style-type: none">✓ Join Leapfrog’s NHSN Group✓ Have the individual listed as the “NHSN Administrator” complete and sign the Security Code Request Form✓ Print the Security Code Request Form on letterhead✓ Submit a request to the Help Desk with the required documentation in the Attachments field

Note: If your facility does not have a Facility Administrator as referenced above, the Nurse Manager, Medical Director, or CEO may also submit a Security Code Request Form on behalf of their facility.

Please scroll down to page 2 to complete the Security Code Request Form.

You will receive a confirmation email and response from support@leapfroghelpdesk.zendesk.com. **To ensure that you receive our emails, ask your organization’s IT department to add the following to your safe sender list:** @leapfroghelpdesk.zendesk.com, @leapfrog-group.org, @em8434.leapfrog-group.org, and IP address 159.183.167.150.

Note: Form MUST be copied onto facility letterhead



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2026 LEAPFROG ASC PUBLIC REPORTING PROGRAM & SURVEY 2.0

Step 1: Verify the Facility (Check one)

- Option 1: I am the Facility Administrator**, and I authorize The Leapfrog Group to send me the confidential Security Code via email now and in the future. My facility is attaching a copy of our accreditation letter or certificate, or our state or county business license with this form.
- Option 2: I am the NHSN Administrator**, and I authorize The Leapfrog Group to send me the confidential Security Code via email now and in the future. My facility has enrolled in the NHSN Outpatient Procedure Component **and** joined Leapfrog's NHSN Group.

Step 2: Delegate Authority (Optional)

- As the NHSN or Facility Administrator, I authorize The Leapfrog Group to send the confidential Security Code to the contact listed below via email, and by doing so I delegate responsibility to this individual to submit a Leapfrog ASC Survey for this facility on my behalf.

Signature of Administrator: _____ Date Authorized: _____

Step 3: Provide Facility Information

Administrator Information (All fields are required)	
Administrator Name	
Administrator Email Address	
Facility Information (All fields are required; *NHSN ID only required for Option 1 above)	
Facility Name	
Street Address	
City, State, Zip Code	
CMS Certification Number (nnCnnnnnnn)	
National Provider Identifier (10-digit number)	
NHSN ID* (5-digit number)	
Delegate Information (All fields are required <u>if</u> delegating authorization; otherwise leave blank)	
Delegate Name	
Title	
Phone Number	
Email Address	