

Note: Form must be copied onto hospital letterhead



## REQUEST A SURVEY SECURITY CODE AND/OR DELEGATE AUTHORIZATION

### 2025 LEAPFROG HOSPITAL SURVEY

The hospital CEO must complete and sign this form to request a security code and/or delegate authorization to submit a Leapfrog Hospital survey. If delegating authorization, a copy of the security code will also be emailed to the CEO.

#### Instructions:

Print this form onto hospital letterhead. Once completed and signed, upload the form as an attachment in a ticket to the Leapfrog Help Desk: <https://leapfroghelpdesk.zendesk.com>.

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.

#### Only Check One Box:

- ☐ **CEO Request for a Security Code:** I am the CEO and I authorize The Leapfrog Group to send me the confidential security code via email now and in the future. I do not wish to delegate my authority to complete the survey.
- ☐ **CEO Request for a Security Code and Delegate Authorization:** I am the CEO and 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 Hospital Survey for this hospital on my behalf.

Signature of CEO: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

Hospital Information (All fields are required)	
Hospital Name	
Street Address	
City, State, Zip Code	
CMS Certification Number (looks like nn-nnnn)	
CEO Information (All fields are required)	
CEO Name	
CEO Email Address	
Delegate Information (All fields are required <u>if</u> delegating authorization; otherwise leave blank)	
Delegate Name	
Title	
Phone Number	
Email Address	