

# WV Statewide Immunization Information System (WVSIIS)

## New User Enrollment Form

If you have any questions, please call the Help Desk at 877-408-8930 (Toll Free) or 304-356-4047 (Local).

**Each user must complete this form and e-mail it to:**

E-Mail: [WVSIISFORMS@wv.gov](mailto:WVSIISFORMS@wv.gov)

<b>Facility Name</b>	
<b>Facility Address</b>	<b>Point of Contact Phone Number</b>
<b>Facility County, City, State, &amp; Zip</b>	<b>Facility Fax Number</b>
<b>Facility Mailing Address</b> (if different from above)	
<b>By signing this form, I agree to comply with all privacy and confidentiality rules and state laws set forth in the Provider Agreement.</b>	
<b>Name (Print)</b>	<b>Credentials</b>
<b>Signature</b>	
<b>Work Email Address</b>	
<b>WVSIIS Access Level (Check One):</b> <input type="checkbox"/> Facility View <input type="checkbox"/> Facility Client (update information) <input type="checkbox"/> Organization View <input type="checkbox"/> Organization Client (update information)	<b>Permissions Needed:</b> <input type="checkbox"/> Lot # Management Access <input type="checkbox"/> Physician Administration <input type="checkbox"/> Provider Ordering <input type="checkbox"/> Run Reminder/Recall <input type="checkbox"/> Mass Immunizations <input type="checkbox"/> Run Registry Reports <input type="checkbox"/> PHC-Hub Access (EMR Required)
<b>Type of organization (Check One)</b> <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Hospital <input type="checkbox"/> Local Health Department <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Health <input type="checkbox"/> School Other _____	

To be completed by WVSIIS: Username assigned \_\_\_\_\_