

New User Enrollment Form

Attention Users: Please include your direct phone number rather than your organization's phone number, so we can reach you in a timely manner. 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 either mail or fax to:

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|--|---|
| Mail: WVDHHR/BPH/OEPS Division of Immunization Services 350 Capitol Street, Room 125 Charleston, WV 25301 | Fax: 877-408-8927 (Toll Free) 304-558-1899 (Local) |
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| Facility Name | |
| Facility Address | Contact Number for User |
| Facility County, City, State & Zip | Facility Fax Number |
| Facility Mailing Address (if different from above) | |
| By Signing this enrollment form, I agree to comply with all privacy and confidentiality rules and state laws set forth in the Provider Agreement. | |
| Name (please print) | Credentials |
| Signature | |
| Email Address (only if accessible at facility) | |
| WVSIIS Access (Check One): <input type="checkbox"/> View Only (cannot edit records) <input type="checkbox"/> Web Access (view and edit records) Permissions Needed: <input type="checkbox"/> VFC Vaccine Ordering <input type="checkbox"/> PHC-HUB Access | Reporting Method (Check One): <input type="checkbox"/> Web entry <input type="checkbox"/> Data export from another electronic system <input type="checkbox"/> Paper reporting by fax or mail |
| Type of organization (Check One) <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 <input type="checkbox"/> Other _____ | |

To be completed by WVSIIS: User name assigned _____