

Completing Your Kentucky Immunization Registry Enrollment

Page 1 - Instruction Sheet

- KYIR Enrollment form-complete one per clinic/facility
- KYIR User Confidentiality Agreement-complete one per clinic/facility
- CHFS 219- complete one per log-in user

Page 2 - Provider details

Please complete all fields- if you do not understand any part of the form, please feel free to call or email the Kentucky Immunization Registry Help Desk.

Page 3 – User Accounts

“Login Users”

- **Signed CHFS 219’s must be received before access will be provided.**
Any and all staff members that may need access to Kentucky Immunization Registry (KYIR) must each read and complete a CHFS219 form to establish a User Account. Please feel free to make copies as needed.
 - ✓ **Please note: only the signature pages of the User Confidentiality Agreement needs to be submitted. Please retain the “agreement page” for reference.**
- **It is VERY important that each user provide an email address where they can be reached-** they will be placed in our User Distribution List and will receive messages regarding KYIR and the vaccine world. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from KYIRHelpdesk@ky.gov).

Adding Additional Users

- Please retain a blank CHFS219 form and the user accounts page of this form for use in adding additional users after being established as a KYIR provider. Please mail or fax completed user forms to the address/fax listed on the forms.

Signature of Provider Contact: Choose an individual to be the official “KYIR Contact” in your office and have them sign and date the bottom of Page 3. They will be the first point of contact in any future KYIR correspondence.

Submitting the application: Please mail or fax the completed application to the address/fax at the bottom of Page 3. Please allow 10 business days for processing.

Office/Facility Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Kentucky Immunization Registry account for your organization. Please be sure your provider contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the KYIR Help Desk at (502)564-0038 or KYIRHelpdesk@ky.gov.

Provider (Practice) Name: _____

Provider Mailing Address: _____

Street

City

County

State

Zip Code

Provider Contact Person: _____

Title: _____

Business Phone _____

Fax #: _____

E-mail address: _____

Provider Type:

(check only one)

Correctional Facility

Dialysis Center

Emergency (ER)

Employee Health

General Practice

Health Care Org./Ins. Co.

Home Care Services

Hospital

LHA/County Health

Non-Profit/Free Clinic

Nursing Home/Hospice

Ob/Gyn/Women's

Pediatrics

Pharmacy

School/School District

Tribal Health Center

Urgent Care

WIC

Does your office give immunizations? (check only one)

Y* N

*If "Y" is checked, please choose either "Type 2" or "Type 3" under Usage Type below

HL7 Status (check all that apply)

Have an EMR in the Clinic EMR is on-board with KHIE Note: _____

Usage Type: (check only one)

School Nurse / Board of Education If checked, skip to page 3 signature, and complete User Confidentiality Agreement and CHFS219's

Managed Care / HEDIS (can only upload & retrieve HEDIS data) If checked, skip to page 3 signature, and complete User Confidentiality Agreements

Type 2 – Captures vaccine details (such as lot number, expiration date, etc.)

Type 3 – Full Inventory Management-for Vaccines for Children Program (VFC) providers only

These providers must specify manufacturers/lot numbers for vaccines in the On-Hand screen and manage the quantities of vaccines in stock

Vaccines For Children (VFC) (check only if enrolled in VFC Program)

VFC Provider? If yes...VFC Effective Date? _____ VFC Pin #? _____

Vaccine Funding Sources (please check all that apply)

VFC Private Other: _____



User Accounts

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Log In Users

Name	Title	E-mail Address	Associated Clinics*	Do they give immunizations?

**Associated Clinics are clinics that the individual works at beyond the clinic that has filled out this enrollment form.*

Signature of Provider Contact

Date Signed

Please complete this form and return to:
Kentucky Immunization Program-KYIR Helpdesk
275 East Main Street, HS2E-B Frankfort, KY 40621
Phone: 502-564-0038
Fax: 502-564-4760

<u>For Office Use Only:</u>	
Date Received:	Received By:
Date KYIR Account Est:	Completed By:

