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. User accounts may NOT be shared amongst employees.
  - ✓ **Please note:** ***Please retain a copy of the CHFS219 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 notifications regarding KYIR. 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. The CHFS219 form can also be found on our website. 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 email, mail or fax the completed application to the email/address/ fax at the bottom of Page 3. **Please allow 7-10 business days for processing.**

WEBIZ Kentucky Immunization Registry

Revised 01/2022

Office/Facility Enrollment Form

Please fill out this form in its entirety. 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/ Facility) Name:

National Provider Identifier (NPI):

Provider Mailing Address:

City County State Zip Code

Provider Contact Person: **Title:**

Business Phone **Fax #:**

E-mail address:

Provider Type: ***(check only one)***

☐ Hospital	☐ Correctional Facility	☐ Community Health Center	☐ School/School District
☐ Pharmacy	☐ General Practice	☐ Health Care Org./Ins. Co.	☐ FQHC
☐ Local Health Dept	☐ Urgent Care	☐ Non-Profit/Free Clinic	☐ Nursing Home/Hospice
☐ Pediatrics	☐ Rural Health Clinic	☐ Child and Family Services	☐ Other: _____

Does your office give immunizations? ☐ **Y** ☐ **N**

HL7 Status ***(check all that apply)***

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

Usage Type: ***(check all that apply)***

☐ **Managed Care / HEDIS** *(can only upload & retrieve data for HEDIS reporting)*

☐ **Research Immunization Records** (view only)

☐ **Manually Enter Newly Administered and/or Historical Immunizations** *(requires parental consent for Department of Education)*

☐ **Vaccines for Children Program (VFC), 317 adult program, and COVID providers only- Full Inventory Management**
These providers must track manufacturers/lot numbers for vaccines in KYIR and manage the quantities of vaccines in stock

Does your provider/facility participate in any of the following programs? *(check only if enrolled or currently enrolling)*

VFC Provider?	If yes…VFC Effective Date?_____	VFC Pin #? _____
317 Provider?	If yes…317 Effective Date?_____	317 Pin #? _____
COVID Provider?	If yes…COVID Effective Date?_____	COVID Pin #? _____

What Vaccine Funding Sources Does your Clinic Administer? *(please check all that apply)*

☐ VFC ☐ 317 ☐ State ☐ Private ☐ COVID ☐ Other:_____

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User Accounts

Any and all staff members that may need access to KYIR must each read and complete a CHFS 219 to establish a User Account.

Please make copies as needed.

Signed CHFS 219's must be received before access will be provided. *

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
Email: KYIRHelpdesk@ky.gov

For KDPH Use Only:

Date Received: Received By:

Date KYIR Account Est: Completed By:

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