

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.

- **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.

Provider Contact: Choose an individual to be the official “KYIR Contact” in your office. They will be the first point of contact in any future KYIR correspondence.

Submitting the application: Please email the completed application to KYIRHelpdesk@ky.gov or fax to 502-564-4760. **Please allow 7-10 business days for processing.**



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. 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)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Community Health Center | <input type="checkbox"/> School/School District |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> General Practice | <input type="checkbox"/> Health Care Org./Ins. Co. | <input type="checkbox"/> FQHC |
| <input type="checkbox"/> Local Health Dept | <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Non-Profit/Free Clinic | <input type="checkbox"/> Nursing Home/Hospice |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Rural Health Clinic | <input type="checkbox"/> Child and Family Services | <input type="checkbox"/> 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
- 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: _____

