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:
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)

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):
☐ View Only (cannot edit records)
☐ Web Access (view and edit records)

Permissions Needed:
☐ VFC Vaccine Ordering
☐ PHC-HUB Access

Reporting Method (Check One):
☐ Web entry
☐ Data export from another electronic system
☐ Paper reporting by fax or mail

Type of organization (Check One)
☐ Federally Qualified Health Center (FQHC)
☐ Hospital
☐ Local Health Department
☐ OB/GYN
☐ Pharmacy
☐ Private Health
☐ School
☐ Other

To be completed by WVSIIS: User name assigned