



Instructions for New Sites and New Users

All new sites are required to complete the following two steps.

Step 1:

1. New Sites are required to fill out a NJIIS Enrollment Request for New Sites (IMM-42) Form (pages 2-3 in this packet).
2. The following page (4) is the form you will need to complete to attend the NJIIS Fundamentals Training, or to be reassigned to a new facility.
 - A. User Enrollment and Training Request (IMM-41)
 - a. Part 1 is the users’ information (staff member)
 - b. Part 2 is the facility information.
 - c. The doctor will sign as Site Administrator.

Step 2:

New NJIIS users are required to attend a one day training session at available training locations. To register for a NJIIS Fundamentals Training (if not an existing user):

1. Visit www.njiis.nj.gov
2. Click on **Enrollment & Training** to view training schedule
3. Select NJIIS fundamentals from the dropdown menu
4. Fax required forms to your designated NJIIS Trainer and indicate on the cover sheet the date you would like to attend the training or practice reassignment.

NJIIS Forms (IMM 41 and IMM 42) must be submitted via fax to the regional trainer for your county (list below):

Contact Person	Contact Information	Counties Served:
Teresa Rowe Partnership for MCHNJ	Fax: 866-894-9183	Essex, Morris, Union, Warren
Leanne Loewanthal Partnership for MCHNJ	Fax: 866-894-9183	Bergen, Hudson, Passaic, Sussex
Patricia Kaiser Central Jersey Family Health Consortium	Email: pkaiser@cjfhc.org	Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset
Barbara Alston Southern MCHC	Fax: 856-665-7711	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem
HEDIS/Interface Webinar Melanie Griffen Central Jersey Family Health Consortium	Email: mgriffen@cjfhc.org	All Counties

For more information about enrolling as a new site or user, please submit an NJIIS online Intake form by visiting NJIIS online at www.njiis.nj.gov. This form can be found on the NJIIS website, under the “Submit a Request.”

**New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369
Trenton, NJ 08625-0369**

**INSTRUCTIONS TO COMPLETE THE
NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)
ENROLLMENT REQUEST FOR NEW NJIIS SITE**

FIELD	LENGTH AND FORMAT	INSTRUCTIONS
County	Maximum of 30 characters	Full county name where site is located (required).
Date	Maximum of 40 characters	Enrollment required date mm/dd/yyyy
Name of Entity/ Institution (Facility Name)	Maximum of 40 characters	Full facility name. Individual physician or medical practitioner. Enter Last name, First name, i.e., Jackson, Bonnie, MD. Clinics and Hospitals should enter their facility name, i.e., Atlantic Medical Center.
VFC	Maximum of 30 characters	Provider's VFC ID if provider participates in the NJ Vaccine for Children Program.
TAX ID (EIN)	Maximum of 10 characters	Provider's Tax ID (Employer Identification Number) in format as 22-1234567. REQUIRED
NPI		National Provider Identifier number.
Telephone Number	Maximum of 10 digits	Site telephone number including area code.
Site Administrator	Maximum of 100 characters	First and last name of individual primarily responsible for the New Jersey Immunization Information System at this site, i.e., Health Officer, LINCIS Coordinator, Physician's Head Nurse, Office Manager, etc.
Email Address		Enter email address for designated site administrator.
Site Address	Maximum of 100 characters	Site address including street name, city, state and zip code (physical location).
Reason for Enrolling		
Vaccine Inventory	Check-box	Check one of the boxes if this site is using the Registry's optional Inventory module. Public Stock – provider receives vaccine supplies from New Jersey Department of Health and Senior Services or other public supplier. Private Stock – provider purchases vaccine supplies from a private company or distributor directly. Both – for private and public stocks.
Type of Facility	Check-box	Check one of the boxes that best describe site/provider type (private health care provider includes coordinator and group facilities).
Primary Health Provider Site	Check-box	Check box if this site will be listed as a "Primary Provider" for children in the Registry.
Does your Entity/ Institution Administer Immunizations?	Check-box	Check appropriate box.
User Access	List	List names of the users, who are designated at the site
Name or Facility for Reminder Recall		Print the name of the person or facility which should appear on the provider's Reminder/Recall letters.
Site Administrator Signature		Signature of person who is primarily responsible for NJIIS at this site.

New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369, Trenton, NJ 08625-0369
609-826-4860 (Fax 609-826-4866)
www.njiis.nj.gov

NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)
ENROLLMENT REQUEST FOR NEW NJIIS SITE

The following information is required to enroll as a new NJIIS Site. Please complete all information requested on this form.

Fax or mail the completed form to your local Maternal and Child Health Consortia (MCHC) office or the Vaccine Preventable Disease Program, at the address listed above. Information for the local MCHC for your county can be found at <https://www.njiis.nj.gov/njiis/jsp/trainingschedule.jsp>.

County: _____ Date: _____

Name of entity/institution (Site Name): _____

VFC ID: _____ Tax ID (EIN): _____ NPI: _____ Tel. No.: _____

Designated Site Administrator: _____

Email Address: _____

Site Address: _____

City, State, Zip Code: _____

Describe entity/institution interest in NJIIS enrollment:

Vaccine Inventory (Check (✓) if you will be using the following):

Public Stock Private Stock Both Will Not Use

Type of Facility (Check (✓) only one):

- | | |
|---|---|
| <input type="checkbox"/> Public Health Department | <input type="checkbox"/> Federally Qualified Health Center (FQHC) |
| <input type="checkbox"/> Public Hospital | <input type="checkbox"/> Other Immunization Project |
| <input type="checkbox"/> Other Public | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Private Health Care Provider | <input type="checkbox"/> Licensed Child Care Center |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Health Insurance Company |
| <input type="checkbox"/> Private School | <input type="checkbox"/> Practice Management Vendor |
| <input type="checkbox"/> Private Hospital | <input type="checkbox"/> Billing Vendor |
| <input type="checkbox"/> Other Private | |

Primary Health Care Provider Site? Yes No

Does your entity/institution administer immunizations? Yes No

List the names of all the users from your entity/institution who would be designated as NJIIS authorized users:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Name or Facility for Reminder/Recall Notices (Print)* _____

Administrator Signature: _____ Date: _____

(*PRINT the name you would like to appear as this provider's signature on the reminder/recall notices i.e. Dr. Bonnie Smith, MD, etc.)

FOR NJIIS USE ONLY	
Date Received: _____	Date Site Enrolled: _____
Name: _____	Signature: _____

New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369, Trenton, NJ 08625-0369
609-826-4860 (Fax 609-826-4866)
www.njiis.nj.gov

NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIS)
USER ENROLLMENT AND TRAINING REQUEST

Complete one (1) form per individual attending training.

Part 1 should be filled out by the individual attending training; Part 2 should be filled out by a Site Administrator.

All personnel to be trained must be pre-registered. Please print legibly or type.

Fax or mail the completed form to your local Maternal and Child Health Consortia (MCHC) office or the Vaccine Preventable Disease Program, at the address listed above. Information for the local MCHC for your county can be found at www.njiis.nj.gov/njiis/jsp/trainingschedule.

PART 1. USER INFORMATION

Name: _____ Telephone No.: _____

Title: _____ Email Address: _____

Address: _____

City, State, Zip Code: _____

How do this user's job tasks relate to NJIS?

NOTE: Prior to attending a NJIS training session, all users should have basic computer skills which include use of the keyboard and mouse and also have a basic understanding of Windows and the Internet.

PART 2. NJIS SITE INFORMATION

Site Name: _____ County: _____

Site Address: _____

Site City, State, Zip: _____

Telephone No.: _____ Fax: _____

To be completed by Site Administrator:

Please check (✓) the appropriate level of access for above authorized user.

General Reader:

Access to view patient information and to run standard reports.

General User:

General Reader access and access to modify or add information to existing patient records, add new patients, perform inventory and perform outreach functions to patients for whom the designated agent's NJIS site has primary responsibility.

Site Manager:

General User access and access to modify critical fields and maintain inventory control records.

School/College General Reader:

Access to view student information and to run standard reports.

School/College General User:

General Reader access and access to modify or add information to existing student's records, add new students, and perform outreach functions to students for whom the designated agent's NJIS site has primary responsibility.

VFC Data Entry Only:

Access assigned by VFC Program only for vaccine accountability.

Site Administrator Name (Print): _____ Email Address: _____

Site Administrator Signature: _____ Date: _____

FOR NJIS USE ONLY

User ID: _____

Assigned By: _____

Initial Password: _____

Date Set Up: _____

Date Trained: _____

Other: _____