



Instructions for New Users

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

Step 1:

The following page is the New User Training Request form you will need to complete to attend the NJIIS Fundamentals Training, or to be reassigned to a new facility.

1. 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 the NJIIS Fundamentals training. 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 fundamental training from the dropdown
4. **Send the required form to your designated NJIIS Trainer and indicate on the cover sheet the date you would like to attend the training or practice reassignment:**

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