



The following pages are the forms you will need to complete in order register for the School Nurse Webinar, or to be reassigned to a new or additional Schools.

The first is the User Enrollment form. This form in part 1 is the users' information (**YOUR information**) part 2 is the School information. The Principal will sign as Site Administrator.

The second page is the Confidentiality Agreement. After reading the form, you will sign as the User and have the Principal sign as Administrator.

Once the forms are complete, fax them to Linda Apgar, School Nurse Training Coordinator 609-826-4866. The School Nurse Webinars are scheduled monthly throughout the Year. The schedule of webinars can be found by going to <https://njiis.nj.gov/core/web/index.html#/training>.

The NJIIS Website is:

<https://njiis.nj.gov>

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: _____

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

**USER CONFIDENTIALITY STATEMENT
FOR ACCESS TO THE NEW JERSEY IMMUNIZATION INFORMATION SYSTEM**

The New Jersey Immunization Information System (NJIS Registry) is a Statewide automated and electronic immunization registry and the single repository of immunization records in the State. N.J.S.A. 26:4-131 et seq. authorizes the Department of Health and Senior Services to operate an immunization information system and allows authorized users to exchange information electronically. The information in the NJIS Registry is confidential personal preventive health information and other demographic information. The purposes of the NJIS are to coordinate and promote effective and cost-efficient disease screening, prevention, and control efforts throughout the State; provide access to a registrant's immunization and preventive health screening information to promote health maintenance; provide a mechanism to facilitate notice to registrants of an upcoming or overdue vaccination; and assist in identifying registrants that require immediate vaccination in the event of a vaccine preventable disease outbreak or other health emergency. Access to the NJIS Registry shall be limited to authorized users who sign the user confidentiality agreement.

USER CONFIDENTIALITY AGREEMENT

I have read and understood the User Confidentiality Statement and the obligations and responsibilities listed below. I agree that:

1. I shall keep strictly confidential all information, in any format, that I receive or have access to as an authorized user of the NJIS Registry.
2. I understand I am authorized access to the NJIS Registry at the following level and agree to keep my password secure and will not permit use of my access privileges or password by any other person or entity:

<input type="checkbox"/> General Reader Access	<input type="checkbox"/> School/College General Reader Access
<input type="checkbox"/> General User Access	<input type="checkbox"/> School/College General User Access
<input type="checkbox"/> Site Manager Access	<input type="checkbox"/> VFC Data Entry Only
3. I will only access the NJIS Registry to access or submit information and to generate documentation in the official course of my duties and responsibilities.
4. I agree that I shall strive to provide timely, accurate and complete data into the NJIS Registry.
5. I will not divulge, disclose, use, transfer, copy, remove, or otherwise furnish personally identifiable information or documentation obtained from the NJIS Registry to any individual or organization for any use not authorized by the Department of Health and Senior Services or to any person or entity not directly involved with the conduct of my official duties as they relate to immunizations, except as permitted or authorized by NJIS policy, State administrative code, State or federal law.
6. I will not copy all or part of the database or software used to access the NJIS.
7. I understand that the Department may audit any record, electronic or written, that is part of the NJIS Registry or pertains to the health information entered into the NJIS Registry by an authorized user.
8. I agree to immediately report to the NJIS Site Administrator at this NJIS Site and the NJIS Help Desk any breach of confidentiality.
9. I understand that any violation of the above provisions may result in suspension or termination of user privileges, disciplinary action, and the imposition of any and all penalties as prescribed by applicable State and Federal laws.

I have read and understood the User Confidentiality Statement for Access to the New Jersey Immunization Information System and the User Confidentiality Agreement. I agree to abide by the User Confidentiality Agreement. I understand the consequences to me if I disclose confidential information without necessary authorization.

User Name (Print): _____

User Signature: _____

Date: _____

As a registered NJIS site, I will ensure that my employees/agents/assignees granted access privileges adhere to the confidentiality provisions of the NJIS in the performance of their official duties. I will promptly notify the NJIS Help Desk to deactivate their access privileges when an authorized user departs my practice/organization in order to maintain system security.

I acknowledge that as an NJIS site, this site is subject to review of immunization documentation by the Department's Vaccine Preventable Disease Program or its designated agent.

Administrator Name (Print): _____

Administrator Signature: _____

Date: _