

**New Jersey Immunization Information System**  
**INTERFACE ENROLLMENT REQUEST**

*The following information is required to set you up for Electronic Interface with NJIIS. Please fill out this form completely and fax it to NJIIS Help Desk at Fax # (609) 341-5098.*

PRACTICE INFORMATION		
Practice Name: _____		
Practice VFC PIN (if applicable): _____ Are you currently using NJIIS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____ County: _____		
City: _____ State: _____ Zip: _____ - _____		
Contact Name: _____ Title: _____		
Telephone #: _____ Ext.: _____ Fax #: _____		
Email: _____		
VENDOR INFORMATION		
Software Name: _____		
Contact Name: _____		
Telephone #: _____ Ext.: _____		
Email: _____		
Practice Type: <i>(Check <u>only one</u>)</i>	File Transfer Protocol: <i>(Check <u>only one</u>)</i>	Interface Format: <i>(Check <u>only one</u>)</i>
<input type="checkbox"/> Health Care Provider <input type="checkbox"/> Educational Facility <input type="checkbox"/> Insurance Health Plans	<input type="checkbox"/> SFTP <input type="checkbox"/> HTTPS (manual upload via NJIIS site)	<input type="checkbox"/> XML <input type="checkbox"/> HL7 <input type="checkbox"/> Delimited <input type="checkbox"/> HEDIS XML <input type="checkbox"/> HEDIS CSV <input type="checkbox"/> HEDIS CSV with Provider Info

<b>For Internal Use Only:</b>	
Set Up By: _____	Date Set Up: _____

***This form is for internal use only.***