

WV Statewide Immunization Information System (WVSIIS)

New User Enrollment Form

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	Facility Phone Number
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): <input type="checkbox"/> View Only (cannot edit records) <input type="checkbox"/> Web Access (view and edit records) Permissions Needed: <input type="checkbox"/> VFC Vaccine Ordering <input type="checkbox"/> PHC-HUB Access	Reporting Method (Check One): <input type="checkbox"/> Web entry <input type="checkbox"/> Data export from another electronic system <input type="checkbox"/> Paper reporting by fax or mail
Type of organization (Check One) <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Hospital <input type="checkbox"/> Local Health Department <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Health <input type="checkbox"/> School <input type="checkbox"/> Other _____	

To be completed by WVSIIS: User name assigned _____