

## Page 1

### *Instruction Sheet*

## Page 2

### *Clinic details (e.g. practice, office, school/daycare location)*

Please complete all fields- – if you have questions about any part of this form, please feel free to contact the Help Desk at 775-684-5954 (or toll-free in NV: 1-877-NV-WEBIZ) or [izit@health.nv.gov](mailto:izit@health.nv.gov).

## Page 3

### *Users:*

#### *“Login Users”*

- All staff members that may need View Only access to Nevada WebIZ must each read and complete a View Only *User Confidentiality Agreement* form to establish a User Account. Staff needing edit/add access must attend a Data Entry class to obtain an account. Please feel free to make copies as needed. **Signed User Confidentiality Agreements must be received before access will be provided.\***
- It is **VERY important that each user provide an email address where they can be reached**- they will be placed in our User Distribution List and will receive messages regarding Nevada WebIZ and the vaccine world. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from [izit@health.nv.gov](mailto:izit@health.nv.gov)).

#### *“Shot-Givers Only”*

- To document in Nevada WebIZ which staff member administered a vaccination, please list all those “shot-givers” who do not need login access. **“Shot-givers only” do not need to sign a User Confidentiality Agreement and will not be given access.**

#### *Adding Additional Users*

- You may retain a blank View Only UCA form for use in adding View Only users for your organization. Please mail or fax completed user forms to the address/fax listed on the forms. Staff that will edit/add information must attend a Data Entry class before gaining access.

**Immunization Start Date:** Please indicate the date on which your office began or plans to begin administering immunizations. If your organization does not administer immunizations, the space may be left blank.

**Signature of Clinic Contact:** Choose an individual to be the official “Nevada WebIZ Contact” in your office and have them sign and date the bottom of Page 3. They will be the first point of contact in any future Nevada WebIZ correspondence. Please remember to contact the Help Desk if this contact changes in the future.

**Submitting the application:** Please mail or fax the completed application to the address/fax at the bottom of Page 3. Please allow 10 business days for processing (once training has been completed, if required).

**Register for FREE User Training!:** Visit [www.eventbrite.com](http://www.eventbrite.com) and search for “WebIZ” to find and register for an upcoming training class near you.

**\*Please note: only the signature page of the User Confidentiality Agreement needs to be submitted. Please retain the “agreement page” for reference.**



# Office/Facility Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Nevada WebIZ account for your organization. Please be sure your clinic contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the Nevada WebIZ Help Desk at (775) 684-5954.

Clinic Name:

Clinic Physical Address:

Street

City

State

Zip Code

Clinic Mailing Address:

Street

City

State

Zip Code

Clinic Contact Person:

Title:

Business Phone:

Fax #:

E-mail address:

**Clinic Type:**

(check only one)

- Adult Medicine
- Behavioral/Mental Health
- Child/Day Care
- College/University
- Correctional Facility
- Dialysis Center
- Emergency (ER)
- Employee Health
- General Practice
- Health Care Org./Ins. Co.
- Home Care Services
- Hospital
- LHA/County Health
- Non-Profit/Free Clinic
- Nursing Home/Hospice
- Ob/Gyn/Women's
- Pediatrics
- Pharmacy
- School/School District
- Tribal Health Center
- Urgent Care
- WIC

**Does your office give immunizations?** (check only one)

Y\*  N \*If "Y" is checked, please choose either "Type 2" or "Type 3" below (Nevada law requires entry of vaccines into Nevada WebIZ)

**Usage Type:** (check only one)

View Only (cannot enter data or make changes to data) If checked, skip to page 3 signature, and complete View Only User Confidentiality Agreements

HEDIS (For insurers to retrieve immunization data to support the Healthcare Effectiveness Data and Information Set) If checked, skip to page 3 signature, and complete User Confidentiality Agreements

Type 2 – Administers only privately-funded vaccine

These clinics must enter into Nevada WebIZ all vaccine lot details for privately-funded vaccines prior to documenting vaccinations

Type 3 – Enrolled/enrolling to receive publicly-funded vaccine

Providers enrolled or enrolling to receive publicly-funded vaccines must manage all vaccine inventory quantities (both publicly-funded & privately-funded vaccines) in NV WebIZ, and must reconcile all vaccine inventory in NV WebIZ monthly.

**Vaccines For Children (VFC)** (check only if enrolled in VFC Program or other publicly-funded vaccine program)

VFC Clinic? If yes...VFC Effective Date: \_\_\_\_\_ VFC Pin #: \_\_\_\_\_

Enrollment Form (cont)

**Vaccine Funding Sources** (how are your vaccines purchased/obtained?) (please check all that apply)

Publicly Funded (VFC, etc.)     Private     Other: \_\_\_\_\_

**User Accounts**

**“Login Users”**

All staff members that need View Only access to Nevada WebIZ (and will not be entering/changing data) must each read and complete a View Only User Confidentiality Agreement to establish a User Account. Please make copies as needed.

**\*\*Signed User Confidentiality Agreements must be received before access will be provided.\*\***

**“Shot-Givers Only”**

To document in Nevada WebIZ which staff member administered a vaccination, please list below all those “shot-givers” who do not need login access.

**\*\*“Shot-givers only” do not need to sign a User Confidentiality Agreement and will not be given access.\*\***

1) _____ Name	_____ Title
2) _____ Name	_____ Title
3) _____ Name	_____ Title
4) _____ Name	_____ Title
5) _____ Name	_____ Title

(If more than 5, attach separate sheet)

\*Immunization Start Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Office Manager

\_\_\_\_\_  
Date Signed

Please complete this form and return to:

Nevada Division of Public & Behavioral Health – Nevada WebIZ Help Desk  
 4150 Technology Way Suite 210  
 Carson City NV 89706  
 Phone: 775.684.5954  
 Fax: 775-687-7596  
 E-mail: [izit@health.nv.gov](mailto:izit@health.nv.gov)

**For Office Use Only:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Date Nevada WebIZ Account Est: \_\_\_\_\_ Completed By: \_\_\_\_\_  
 Date Staff Trained: \_\_\_\_\_