# New Jersey Department of Health

**Vaccine Preventable Disease Program**

### P.O. Box 369, Trenton, NJ 08625-0369

### 609-826-4860

### www.njiis.nj.gov

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)**

## REQUEST FOR CHANGE OF USER SECURITY AUTHORIZATION/

## REQUEST FOR PASSWORD RESET

Please use this form for security access level for an authorized user at your NJIIS Site. **Fax the completed form to Central Jersey Family Health Consortium (CJFHC)  - NJIIS QA Unit at 732-659-9180.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AUTHORIZED USER AND NJIIS SITE INFORMATION | | | | | | | | | | | | | | | |
| NJIIS User ID: | | | | |  | | | | |  | | | | | |
| Authorized User Name: | | | | | | |  | | | | Telephone No.: | | |  | |
| Title: |  | | | | | | | | | | Fax Number: | | |  | |
| Site Name: | | |  | | | | | | | | | | | | |
| Site Address: | | | |  | | | | | | | | | | | |
| City, State, Zip Code: | | | | | |  | | | | | | | | | |
| County: | |  | | | | | | | Email Address: | | | |  | | |
| ***To be completed by Site Administrator:***  Please check (✓) the appropriate level of access for above authorized user.  **Password Reset**  **Deactivate** above authorized user.  **Reactivate** 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 NJIIS 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 immunization records, add new students, and perform outreach functions to students for whom the designated agent’s NJIIS site has primary responsibility.  **VFC Data Entry:**  *Access assigned by the VFC Program for vaccine accountability.* | | | | | | | | | | | | | | | |
| Site Administrator Name (Print): | | | | | | | |  | | | | Email Address: | | |  |
| Site Administrator Signature: | | | | | | | |  | | | | Date: | | |  |

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| --- |
| For njiis Use Only |
| User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assigned By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Set Up or Access Changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Deactivated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Password Reset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |