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 (NJIIS)
ENROLLMENT REQUEST FOR NEW NJIIS SITE

The following information is required to enroll as a new NJIIS Site. Please complete all information requested on this form.

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 https://www.njiis.nj.gov/njiis/jsp/trainingschedule.jsp.

County: _____ Date: _____

Name of entity/institution (Site Name): _____

VFC ID: _____ Tax ID (EIN): _____ NPI: _____ Tel. No.: _____

Designated Site Administrator: _____

Email Address: _____

Site Address: _____

City, State, Zip Code: _____

Describe entity/institution interest in NJIIS enrollment:

_____

_____

Vaccine Inventory (*Check (✓) if you will be using the following)*:

☐ Public Stock ☐ Private Stock ☐ Both ☐ Will Not Use

Type of Facility *(Check (✓) only one)*:

☐ Public Health Department
☐ Public Hospital
☐ Other Public
☐ Private Health Care Provider
☐ Public School
☐ Private School
☐ Private Hospital
☐ Other Private
☐ Federally Qualified Health Center (FQHC)
☐ Other Immunization Project
☐ College/University
☐ Licensed Child Care Center
☐ Health Insurance Company
☐ Practice Management Vendor
☐ Billing Vendor

Primary Health Care Provider Site? ☐ Yes ☐ No

Does your entity/institution administer immunizations? ☐ Yes ☐ No

List the names of all the users from your entity/institution who would be designated as NJIIS authorized users:

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Name or Facility for Reminder/Recall Notices (Print)* _____

Administrator Signature: _____ Date: _____

*(*PRINT the name you would like to appear as this provider's signature on the reminder/recall notices i.e. Dr. Bonnie Smith, MD, etc.)*

FOR NJIIS USE ONLY

Date Received: _____ Date Site Enrolled: _____

Name: _____ Signature: _____