

New Jersey Immunization Information System
SITE ENROLLMENT REQUEST:
EARLY HEARING DETECTION AND INTERVENTION PROGRAM

The following information is required to set you up as an NJIIS Site and Provider; please fill out this form completely.

Fax the completed form to the Early Hearing Detection and Intervention Program at 609-633-7820 or send via email to EHDI@doh.state.nj.us.

County: _____ Provider Name: _____

Site Name: _____

Site Administrator: _____ Telephone No.: _____

Site Address: _____

City, State, Zip Code: _____

Signature: _____

(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.)

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

- Hospital Audiology Facility
- Other Audiology Facility
- ENT Office
- Other: _____

List the names of all the users from your site who will need access to this provider:

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

For Internal Use Only

Faxed: _____

Received: _____

NJIIS Admin Done: _____

Signature: _____