

**New Jersey Immunization Information System**  
**USER ENROLLMENT AND TRAINING REQUEST:**  
**EARLY HEARING DETECTION AND INTERVENTION PROGRAM**

*Complete one (1) form per individual attending training.*

*Part 1 should be filled out by the individual attending training.*

*Part 2 should be filled out by a Site Administrator (site manager, health officer, etc.).*

**All personnel to be trained must be pre-registered. Please print legibly or type.**

**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](mailto:EHDI@doh.state.nj.us).**

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**PART 1. USER INFORMATION**

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Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Prior to attending a NJIIS training session, all users should have basic computer skills which include use of the keyboard and mouse and also have a basic understanding of Windows and the Internet.

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**PART 2. YOUR SITE INFORMATION**

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Site Provider Name: \_\_\_\_\_ County: \_\_\_\_\_

Site Administrator Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Site Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Internal Use Only**

**User ID:** \_\_\_\_\_

**Assigned By:** \_\_\_\_\_

**Initial Password:** \_\_\_\_\_

**Date Set Up:** \_\_\_\_\_

**Date Trained:** \_\_\_\_\_

**Other:** \_\_\_\_\_