

Completing Your Kentucky Immunization Registry Enrollment

Page 1 - Instruction Sheet

- KYIR Enrollment form-complete one per clinic/facility
- KYIR User Confidentiality Agreement-complete one per clinic/facility
- CHFS 219- complete one per log-in user

Page 2 - Provider details

Please complete all fields- if you do not understand any part of the form, please feel free to call or email the Kentucky Immunization Registry Help Desk.

- **Signed CHFS 219's must be received before access will be provided.**
Any and all staff members that may need access to Kentucky Immunization Registry (KYIR) must each read and complete a CHFS219 form to establish a User Account. User accounts may NOT be shared amongst employees.
 - ✓ Please note: *Please retain a copy of the CHFS219 for reference.*
- **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 notifications regarding KYIR. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from KYIRHelpdesk@ky.gov).

Adding Additional Users

- Please retain a blank CHFS219 form and the user accounts page of this form for use in adding additional users after being established as a KYIR provider. The CHFS219 form can also be found on our website. Please mail or fax completed user forms to the address/fax listed on the forms.

Provider Contact: Choose an individual to be the official “KYIR Contact” in your office. They will be the first point of contact in any future KYIR correspondence.

Submitting the application: Please email the completed application to KYIRHelpdesk@ky.gov or fax to 502-564-4760. **Please allow 7-10 business days for processing.**



School Site Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Kentucky Immunization Registry account for your organization. Please be sure your school site immunization contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the KYIR Help Desk at (502)564-0038 or KYIRHelpdesk@ky.gov.

School Name: _____

School District (if applicable): _____

School Mailing Address: _____

Street

City County State Zip Code

School Immunization Contact Person: _____

Title: _____

Business Phone _____

Fax #: _____

E-mail address: _____

Is your school public or private? Public Private

Usage Type: (check only one)

- Research Immunization Records Only
 Manually Enter Immunizations (requires parental consent per FERPA)

Do you give immunizations? Y N

If yes, what Vaccine Funding Sources Does your Clinic Administer? (Please check all that apply.)

- VFC 317 State Private Other: _____

Is your school site associated with a private clinic? Y N

If yes, do you participate in Vaccines For Children (VFC) Y N If yes, VFC Pin #? _____

HL7 Status (check all that apply)

- Have an EMR in the Clinic EMR is on-board with KHIE Note: _____

