

COVID-19 Vaccine Provider Enrollment Checklist

Please use the following checklist to assist in completing all the sections of the COVID-19 Provider Enrollment. Review the checklist to make sure your location has completed all the required steps. This checklist does not need to be completed, only viewed as a guide.

Prior to completing the Enrollment

- All provider locations must be enrolled in the Kentucky Immunization Registry (KYIR) in order to receive COVID-19 vaccines. If your location isn't enrolled, KYIR Enrollment forms can be found at <https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/kyir.aspx>
- Make sure that the Primary and Backup Vaccine Coordinators have an active user account in KYIR.
 - If access is needed, please visit https://kyir.chfs.ky.gov/webiznet_kyir/Login.aspx and click on "Need Access to KYIR? Click Here to Enroll" and complete the KYIR User Account Form (CHFS219). The completed and signed form can be submitted via email to KYIRHelpdesk@ky.gov or via fax to 502-564-4760.
- Confirm that the Primary and Backup Vaccine Coordinators have completed the needed training:
 - Training modules are found on TRAIN at https://www.train.org/ky/training_plan/4809
 - CDC You Call the Shots – Module Ten – Storage and Handling
 - KYIR Inventory Module Training
- You will need the following patient and population information for each provider location on-hand in order to complete the enrollment:
 - Approximate number of children 18 years and younger _____
 - Approximate number of adults 19 to 64 years of age _____
 - Approximate number of adults 65 years and older _____
 - Approximate number of unique patients seen per week on average _____
 - Approximate number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season _____
 - How many full-time equivalent providers at your location can administer immunizations? _____
 - What is the maximum number of immunizations your clinic can administer in a single day? _____
 - How many days per week does your location offer immunizations?

Things to Remember While Completing the Enrollment

- Both the Chief Medical Officer and Chief Executive Officer (or equivalent) for the organization must electronically sign and date the agreement (Section A) for each location that is enrolling.
- Each location under the organization will need to submit a completed Section A and Section B
 - A completed enrollment for each enrolling location will include a Section A (completed by the enrolling Organization) and a Section B (completed by the enrolling Location)

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- If you cannot finish the enrollment in one sitting, scroll to the very bottom of the form and click on the Save & Return button.
 - Everything that you have entered will be saved and you will be given a Return Code. This code will be used to log back in to your survey to finish the submission. Write down the code given, it is specific to your survey response and will not be included in the email of the link you will use to return.
 - Enter an email for the return link to be sent to and click on the button Send Survey Link.
 - If you decide that you don't want to return later to submit but want to continue in the same session, click on the Continue Survey Now button.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code
A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code

* The return code will NOT be included in the email below.

2.) Survey link for returning
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

* Your email address will not be stored

Or if you wish, you may continue with this survey again now.

- Once you have completed the entire survey (both Section A and B for each administering location) click on the Submit button at the bottom of the screen.
 - If you have another location to submit enrollment for under the same organization, click on the Add Another Location button
 - If the additional location to be submitted should be completed by someone else within your organization, click on Save & Return Later. On the next screen enter their email for the “Survey Link for Returning” and send the Return Code to them.

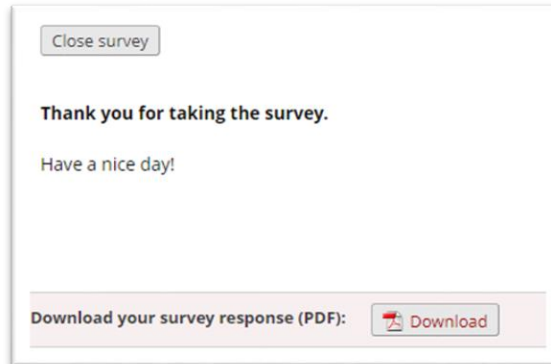
Submit and

- or -

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You will see the following screen once your Enrollment Survey is submitted.

- A confirmation letter will be emailed to the applicant emails within three (3) business days of submission.



Questions about the Enrollment?

Contact us via email at COVID19VaccineHelp@ky.gov