

A. Registering a New Facility

To access the **CIR Facility Manager** application, first visit <u>www.nyc.gov/health/cir</u> and click on the link "<u>register your practice online</u>" to create an account in the **CIR Authentication Server**. Please use Google Chrome while accessing these pages and forms for best results.

Creating CIR Authentication Account

To access the **Facility Manager dashboard**, first time users must create an account through the <u>CIR Authentication Server</u>. Click on **Register** under the **Sign In** button. Enter your first name, last name, email and create a password. Do not submit your personal home email address information or use a general email address, such as "frontdesk@practicename.com". Once finished, click **Register**.

				NYC Health	311 Search all NYC.gov websites
Reporting and Services	Health Topics	Resources	Emergency Prep	Promoting and Protecting the City's Health	Health
NYCMED					
Reporting Diseases and Conditions	Citywide Imm	unization Reg	gistry (CIR)	CIR AUTHEN	TICATION SERVER
	COVID-19 Vaco	ines			
Citywide Immunization	NYC providers who want to par with CIR. If your organization a appropriate staff have access.	ticipate in the city's COVID-19 v Iready has a CIR account, it is ir	accine program should register nportant to confirm the	Sign in '	to your account
Registry (CIR)	For more information about bed	coming a COVID-19 vaccine pro	vider, review:		
eVital	<u>COVID-19 Vaccination Proc</u> <u>NYC COVID-19 Vaccination</u> January 15, 2021) <u>COVID-19 Vaccine Provide</u>	ram Frequently Asked Question Program Enrollment, Vaccine (r Agreement: Enrollment Open (<u>is</u> (PDF, January 5) <u>Ordering and Reporting</u> (PDF, PDF, December 8, 2020)	Password	
Public Health Lab	For questions about CIR, email	cir@health.nyc.gov or call 347-	396-2400.		
<u>Reporting Animal</u> <u>Diseases</u>	For general information about of For more information on using <u>Resources</u> .	listribution in NYC, see our <u>CON</u> CIR for COVID-19 reporting, rev	/ <u>ID-19 Vaccines</u> main page. iew our <u>CIR COVID-19</u>		Forgot Password?
Electronic Case Reporting Web Service	The New York Citywide Immunizi	a vaccine record for you or your	inization	Ne	w user Register
Other Reporting Systems	records for all children and adults immunization information and sha and agencies concerned with put	who live in the city. CIR consol ares it with health care providers blic health.	dates , families Look up records , families Report interactions	Note: If you forgot you	ur password click
f 🔽 🐮 🖾 Share	your practice, see the registration registered and have forgotten you the registration page to get your the	line. For its ructions on how to a restate (PDF). If you think you n ur facility code, enter your inform facility code.	register lay be nation on	Forgot Password? on the will receive a password	he Sign In screen. You reset link via email.
	Reporting Immu	inizations			

Logging in to CIR Authentication Account

Once you have created an account, you may access your Facility Manager dashboard through the <u>CIR Authentication Server</u>, or <u>https://immunize.nyc/prod/cir-facility-manager</u>. You can sign in to the **CIR Authentication Server** by entering your email address and password, then click **Sign In**.



1. Dashboard Overview

		NYC Health		311 Search all NYC.gov we	beltee	
Promoting and Protecting the Ci	ty's Health		Health Welcome to Citywide Immi	inization Registry		[+
The Citywide Immunization Re	egistry (CIR) is a database of patient	immunization records submitted by New York City	(NYC) health care providers since 1995. It is	accessible to health care providers, schools, individuals	, and agencies concerned with public health	to help ensure that NYC residents receive all r
Quick Links	Home 1458Y99 - WEILL Co + START NEW CIR REGISTRATION					± EXPORT (# ■
Registry Vaccines For Children	√ Filters			2		249 results Sort Facilities By System default
Manage Profile		PRACTICE (GROUP, PC	WETESTAGAIN	WIC AT HOSPITAL	WIC NON IMMUNIZE
Contact Us	Facility Code - 5003T01	Facility Code - 1458Y99	Facility Code - 5180K01	4 Facility Code - 1499X99	Facility Code - 8888W02	Facility Code - 3174
	Approved - Active	Approved - Active	Approved - Active	Approved - Active	Approved - Active	Approved - Active
	PRIVATE FOSTER CARE NON-IMMUN	STAND ALONE FQHC SBHC PEDS	TESTFQHC	This registration has been submitted and cannot be edited until CIR completes the review process. For further assistance please contact the CIR Provider Support Team:	E HEALTH SYSTEM	E HEALTH SYSTEM TEST
	â	<u> </u>	<u> </u>	CIR Phone: (347) 396-2400 CIR Fax: (347) 396-2559 Email: <u>cir-facility-manager@health.nyc.gov</u>	<u> </u>	â
	Submitted - In Progress	Submitted - In Progress	Submitted - In Progress	Website: <u>Citywide Immunization Registry (CIR) - NYC</u> <u>Health</u>	Submitted - Pending Review	Submitted - Pending Review

Facility Manager Dashboard Navigation:

- **1** Switch to tile or grid view.
- 2 Filter by submission status: Approved (Active/Inactive site); Not Submitted-Registration in Progress; Submitted -in Progress; Submitted-Pending Review Sort Facilities by Facility name, Facility address, Facility code, Registration status, Last accessed date, or Last modified date.
- Once approved, facility codes are displayed on tiles.
- 4 For other statuses, click on facility name title for a message to be displayed
- 5 Use tabs to view multiple sites simultaneously.
- 6 Quick links can be accessed from the left navigation panel.
- 7 To view the Welcome to Citywide Immunization Registry contents at any time click on the expand button on the top right 🔺

NOTE: The application will time-out if left idle for 30 minutes; a three-minute warning will display before the session ends.



2. Start a New Registration

Once logged in to the **CIR Facility Manager** application, review the **Welcome** message and click or at the bottom. To view this content at anytime, click the

Hide/Show button \bigtriangleup .

ide Immunization Registry (CIR) is a database of patient immunization records submitted by New York City (NYC) health care providers since 1995. It is accessible to health care providers, schools
, and agencies concerned with public health to help ensure that NYC residents receive all recommended immunizations. If you are a health care provider, school, or agency concerned with health, an terested in CIR access and reporting, and/or are an organization that is participating in CMS Promoting Interoperability program, you may register here to obtain a facility code. By registering you are or port immunizations to the CIR as mandated by <u>New York State Public Health Law</u> and the <u>NYC Health Code</u> .
rs are required to report all immunizations administered to children aged 0 to 18 years.
ts and Registered Nurses are required to report immunizations administered to persons 19 years and older in NYC with the patient's verbal or written consent; other providers are strongly encouraged dult immunizations with patient consent.
of all administered COVID-19 vaccine doses to the CIR is required within 24 hours of administration, as specified by the NYS Department of Health and in the COVID-19 Vaccination Provider t. Reporting and access to immunization records is accomplished by either connecting to CIR via your EHR or manually through your Online Registry account, or both.
ing with CIR, upon approval, you will receive a CIR Facility Code and the following: (1) regular reports, including Doses Administered Reports (for immunizing facilities); (2) alerts and notifications ie, you may sign up for access to the <u>Online Registry</u> which allows authorized users to look-up records, print official reports, create and save school health exam forms and generate reminder/recall vitation to COVID 19 vaccine ordering. As part of the registration a valid email address of the provider-in-charge is required.
inate children (0 through 18 years) who are covered by Medicaid or who are uninsured, underinsured, American Indian or Alaska Native, you are encouraged to participate in the <u>Vaccines for</u> VFC) program.
hip with the <u>NYC Healthy Homes Program</u> providers may look up lead test histories, report test results, and refer children with asthma living with pests for a home inspection. If you think you may red and have forgotten your facility code, enter your information on the registration page to get your facility code.
o register, vaccinating practices will need their NPI number of the organization, the individual NPI number of the provider-in-charge and their NYS Professional License number, and contact formation. Practices with multiple locations must register each site. Non-vaccinating agencies or organizations will be prompted to supply the same information on providers who oversee services to ndividuals in their care. Enter work information; do not submit your personal home address information. Do not use a general email address, such as frontdesk@practicename.com.

After the window closes, to start a new registration, click on + START NEW CIR REGISTRATION

()	To register, informatior <u>Registration</u>	r, vaccinating practices will need their NPI number of the organization, the individual NPI number of the provider-in- n. Non-vaccinating agencies or organizations will be prompted to supply the same information on providers who ov ion Guide for detailed instructions.	-charge and their NYS Professional License number, and contact rersee services to individuals in their care. See <u>CIR Facility</u>
CIR Facil Manager	ity 🤇	• home	
Quick Lin	ks	+ START NEW CIR REGISTRATION Q CIR FACILITY LOOKUP	± EXPORT
Cityw Immu Regis	ide nization stry	√ Filters	257 results



3. <u>NPI Lookup (Immunizing Facilities)</u>

Enter your Facility NPI Number and click **SEARCH** to verify the facility. If your facility does not have an NPI, choose **SKIP**. **Non-immunizing facilities**, click **SKIP**. **NOTE**: For immunizing providers, choosing **SKIP** allows you to continue, but you will need to provide the NPI number during the session.

acility NPI number	()	NPI number is us look up and auto number. Click on Facility NPI numbe Hospital, Other Me	ed to verify yo -populate facil Skip if you do er is required if edical Facility o	ur organizati ity informati not have the you are an Im r Private Prac	on. Enter F on. If you a informatic munizing F tice.	Facility NPI nutrice a solo praction. acility and you	mber and cli titioner, use	ck on the Sea your Individu	rch button to al NPI IC Lookalike,
	acility	NPI number				1)			

- 2 After searching, the facility information associated with the NPI will be displayed, as shown in the gray section on the lower half of screen to the right.
- 3 Check the box if the facility you are registering belongs to the organization/group of the NPI number entered but is a separate location or address.
- 4 Make sure all contact information is current. If all information is correct, click **CONTINUE**. The information will be copied into the registration Facility Details fields which may be edited later. If the information is incorrect, click **CANCEL** to proceed with the registration without copying the information, then manually enter your information.

1 Tooltip for Facility NPI Number:

Enter the 10-digit National Provider Identification (NPI) number associated with your organization. If you do not know your organization NPI, you can look it up by clicking on the Facility NPI number link. If you do not have an organization NPI, enter your individual NPI.

(i) NPI number is used to populate facility infor- information. Facility NPI number is Facility or Private Prac	required if you required if you	ur organizatio rou are a solo ou are an Imm	Enter Facility NPI numb actitioner, use your Indi izing Facility and your Fa	er and click or vidual NPI nur cility Type is FQ	the Search I nber. Click or HC, FQHC LC	button to look u Skip if you do bokalike, Hospita	ip and auto- not have the al, Other Medical
cility NPI number							
13	×	SEARCH					
Based on the NPI number pro like to copy it to the registra proceed with the registratic If your location does not ha facility belongs under the o 'Continue' button.	ovided, the fo ation fields, on without o ave an NPI n organization	ollowing inform , click on the s copying the in number and th /group of the	on was retrieved from the intinue' button. If this in mation retrieved from t NPI number you entered PI number entered, but I	e NPI Registry. I formation is in he NPI registry I belongs to yo has a separate	f this informa correct, click our group/org location/add	ation is correct on the 'Cance anization, selecters.' checkboy	and you would I' button to ct the 'This c and click on the
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4. Adding Facility Details

This section collects information about your facility. Based on your answers, you will see different options appear on the screen. Supplying **CIR** with accurate facility classification and funding details will allow the Bureau of Immunization to focus support and services for your organization and to send relevant notices and alerts. . Click on Tool tips ¹ for additional instructions and definitions.

Enter your facility details: Address, Phone and Fax numbers, Email, Funding Source, Ages Served, Facility type, Specialty, and Group/Organization affiliation.
 Answer all questions, then click SAVE & CONTINUE.

CIR Facility Manager 🤇 (h-Home Ner	w Registration								
* New Registration	Facility Regis	tration (Please complete all sections	below to submit regis	stration)						
Facility Details	Eacility Details									
Quick Links										
Citywide Immunization Registry	This set and to s	ction collects information about your send relevant notices and alerts. Ent	facility. Click on Too er work information;	ol tips icon 🕕 for addit ; do not submit your pe	ional instructions and definitions. Sup rsonal home address information. Do	plying CIR with not use a gene	h accurate facility classifi eral email address, such	cation and funding as frontdesk@prac	details will allow BOI to focus support and services tioename.com.	for your organization
Vaccines For Children		an questions and then click SAVE of	CONTINUE							
COVID 19 Vaccination Program		Facility name *				Address line	ie 1 * 🕕		Address line 2	
	1 →						/E		Enter	
Contact Us		Data updated from NPI registr	y 	014*		Data update	ted from NPI registry		Berryth t	
		10011	- 1605	NEW YORK		NEW YOR	зк	× ×	Select	~
Network (HAN) for		Data updated from NPI registr	y	Data updated fro	om NPI registry				Required	
DOHMH News and Alerts		Facility phone number *			Fax number *			Facility email *		
		(212)	Ext		(212			Enter		
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		Facility NPI number * () 1255654091 X	NPI type Individual							
		Funding source * 🕕	v	What age group does	your facility primarily serve? (Age Se	rved) * 🕕 🛛	Facility type * 🕕		Facility sub-type (choose the best choice) '	
		Public	× •	All Ages		× •	FQHC	×	✓ Community Health Center ×	~
		Specialty (choose the best cho	ice) *							
		Select			~					
		Associated with a medical grou	p/organizational ne	twork?*						
rev: d604b64		🔵 Yes 💿 No								
		Administering immunizations in	NYC? * 🕕							
		Yes			× •					
		Would you like to participate in	the federal Vaccine	s for Children (VFC) p	program? * 🕕					
		🔵 Yes 🔵 No								
									Enter required data and fix errors	
									CANCEL RESET SAVE & CONTINUE	



NOTE: For help with registering a Pharmacy (Retail), non-immunizing organization, or if practice is outside NYC, see page 16, Sample Facility Registration Screens

Tooltips for Facility Details screen:

- Address: Do not use your home address to register with CIR. Enter the address of the facility, of the vaccination site.
- **Facility NPI number:** Enter the 10-digit National Provider Identification (NPI) number associated with your organization. If you do not know your organization NPI, you can look it up by clicking on the Facility NPI number link. If you do not have an organization NPI, enter your individual NPI.
- Funding Source: Public = mostly supported by government fund; Private = mostly supported by an individual or group
- What age group does your facility primarily serve? (Age Served): Adult = 19 years or older; Pediatric = Under 19 years; or All ages = Includes both adult and pediatric

• Facility Type:

- **FQHC** Community-based health centers that qualify for funding under section 330 of the Public Health Service (PHS) Act to provide comprehensive services to an underserved area or population.
- **FQHC Look Alike** Community-based health centers that meet eligibility requirements for funding but do not receive grants under section 330 of the Public Health Service (PHS) Act.

Hospital - Includes satellite sites, clinics, and networks.

Private Practice - Independent medical practices where physician is the sole proprietor and is not part of hospital network.

Other Medical Facility - All other facilities (If unsure see subtypes)

Non-Immunizing Facility - Facilities that do not immunize patients but need access to immunization related activities (If unsure, See subtypes). Schools - Schools or facilities part of a school district. Select "Other Medical Facility" for School Based Health Centers. Select "Non-Immunizing facility" for Camps and Early Intervention

• School ATS number:

Enter the School ATS Number, which is the combined district number and school location number, e.g., 01Q125.: [for schools only].

• Specify group/organization:

If your group/network is not listed, please choose "Other". Next, the "Specify 'Other' group/organization" field will appear where you will add group name.

• Would you like to participate in the federal Vaccines for Children (VFC) program? [for Pediatric practices only]

If you selected "Yes" you will be contacted directly by this program. For more information, click here.

VFC is a federally funded program that provides vaccines at no cost to children birth through 18 years who might otherwise not be vaccinated because of inability to pay. To enroll in VFC, providers must serve children who are Medicaid-eligible, uninsured, underinsured and American Indian or Alaska Native. For more information on VFC enrollment requirements, <u>click here</u>.

• Administering Immunizations in NYC?

If you are NOT administering immunizations in NYC but are within NYS click <u>here</u>. If you are NOT administering in NYC and are outside of NYS, click <u>here</u>.



Add registrant information

5. Adding Registrant Information

After the Facility Details are saved, a screen will pop open. The Registrant (person filling out the initial registration) will receive the registration confirmation. In your practice or organization, the Registrant may be the key contact or liaison between the **CIR** and the practice. The Registrant may also be the physician or provider-in-charge of the practice. Additional contacts and providers may be added later in the **CIR** Facility Manager, but only the Registrant and the provider-in-charge (if entered) will receive confirmation of the registration. Click on Tool tips **1** for additional instructions and definitions.

Choose, if you are a provider or a contact.

- 2 If you are a provider, enter the individual provider NPI number and click VERIFY. Click CONTINUE to copy the NPI Registry information or CANCEL. Information may be edited later. For **non-immunizing facilities**, such as schools, it will not require a primary provider or NPI number.
- 3 Select primary provider for the physician or provider-in-charge. For nonimmunizing facility, such as schools, this question will not appear. The primary provider is also the default provider, where immunization reports from the practice that do not have a provider associated with the record, the primary provider information will be used.
- Select ' Copy facility information' if the address and phone number are the same as previously entered in the facility details. If the information is different, manually complete the information.

5 Enter the NYS medical license number and medical license type. For non-immunizing facilities, such as schools, it will not require a NYS medical license number or license type.

Answer all required questions, as noted by the *, then click SAVE & CONTINUE

Faoility name		Faoility address	
S	08M	1 /E, NEW YORK, NY - 100	J11 1605
Faolility phone number		NPI Registry - Provider Information	
(212)		Based on the NPI number provided, the following in information is correct and you would like to co this information is incorrect click on the 'Cancer's provided in the 'Ca	nformation was retrieved from the NPI Registry. If this py it to the provider fields, click on the 'Continue' button. If 4' button.
re you a provider or contact within	this faolility? • 🗲 🚺	Provider NPI number	Provider name
Provider 🔘 Contact		1350794127	ALAN SCHULTZ
		Provider address 3415 BAINBRIDGE AVE, BRONX, NY - 10467 2403	Facility Phone Number (718) 741-2150
		1	
rovider NPI number 🕕			CANCEL
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6. Adding Reporting Details

NOTE: Non-immunizing facilities, including schools and day cares, skip to step 8: Adding Contact Information.

This section collects information about how you will be reporting to the CIR. Based on your answers, you will see different options appear on the screen. Click on Tool tips ¹ for additional instructions and definitions:

- **Practices serving adults only:** Click "Yes" or "No" to indicate if your facility has a consent process in place to report adult immunizations.
- 2 Select which type(s) of providers will be administering immunizations at your facility.
- 3 Select how your facility will report immunizations: HL7 Web Service/EHR, Online Registry, or Both.
 - → If using an EHR, fill in type of EHR and purpose of connecting to CIR. If your EHR is not listed, please select "OTHER". See EHR User Notes below.
 - → For questions related to web service connection, contact: <u>cir interop@health.nyc.gov</u> or more information visit, <u>nyc.gov/health/cir</u>.
 - → For questions related to the Online Registry, contact <u>cir-reset@health.nyc.gov</u> or visit <u>nyc.gov/health/cir</u>.

Once all questions have been answered, click SAVE & CONTINUE

Facility Registration (Please complete all sections below to submit registration)	
Facility Details	✓ Section Complete
Reporting Details	ng Required Information
This section collects information about how you will be reporting to the CIR. Enter your reporting details including immunization administrators, reporting method, EHR being used (if yours is not listed, please select OTHER), and purpose of connecting EHR to CIR. Answer all questions and click SAVE & CONTINUE Proper connectivity and immunization data exchange with the CIR is important if your organization: Administers vaccines within New York City's five boroughs And/or would like to query patient immunization histories within our jurisdiction Or participates in the COVID Vaccine program, VFC program, and/or CMS Promoting Interoperability EHR Incentivized programs for the immunization registry public health measure Or is already connected with the CIR but switching EHR vendor	• E
Consent process in place to report adult vacolnes? * Consent process in place to report adult vacolnes? * No Required Required Required No Required	
Immunization reporting method • • Belect HL7 Web service/EHR Online registry Both	←4
Decuded as Datable	



EHR/HL7 Web Service User Notes

Proper connectivity and immunization data exchange with the CIR is important if your organization administers vaccines within New York City's five boroughs, . and/or would like to query patient immunization histories within our jurisdictions. You can hover over the Tooltips ¹ for assistance.

When choosing your "Immunization reporting method", additional questions about interoperability, connectivity, and your EHR vendor will display:

Consent process in place to report adult vaccines? * 0			
Yes No			
Immunization administered by? *		Specify 'Other' immunization administered by *	
Nurse Practitioner \times Physician \times Other \times	× •	Certified Medical Assistant	
Immunization reporting method * 0		Electronic Health Record (EHR) vendor being used *	
HL7 Web service/EHR Connection	× ~	ECLINICALWORKS	~
Connect EHR to CIR? *		Purpose of connecting EHR to CIR * 🕕	
		Both (Bi-directional) X	- I
Submit immunization data for CMS Promoting Interoperability program?*		Both (Bi-directional) X	
Submit immunization data for CMS Promoting Interoperability program? * 0		Both (Bi-directional) X - Both (Bi-directional) Patient Querying Only	Ť
Submit immunization data for CMS Promoting Interoperability program? * Yes No		Both (Bi-directional) X Both (Bi-directional) Patient Querying Only Vaccination Submission/Reporting Only	Ť

Tooltips in Reporting Details screen:

• Consent Process in place to report adult vaccine?

Immunizations administered to individuals 19 years of age or older may be reported to CIR with the verbal or written consent of the vaccinee. (New York State Public Health Law) See sample consent form.

• Immunization Reporting Method:

For more information on reporting methods, visit <u>How to Report and Online Registry Access</u>. You will receive additional information via email regarding reporting requirements.

• Purpose of connecting EHR to CIR?

Select 'Vaccination Submission/Reporting Only' if your organization is interested in reporting vaccination to the registry only. Select 'Patient Querying Only' if your agency/organization will use the CIR to look up patient immunization history. Your practice must open a ticket with your EHR vendor to add or update your immunization interface. You may add the CIR interop email address <u>cir interop@health.nyc.gov</u> in the ticket so that the vendor can follow-up with our interop team for testing.

• Submit immunization data for CMS Promoting Interoperability program?

If your organization is participating in CMS Promoting Interoperability program and will like to attest to immunization registry reporting measure, please select 'Yes'.



2

Citywide Immunization Registry (CIR): How to Register and Update Facility Information

7. Adding Provider Information

All immunizing and non-immunizing facilities will need to give healthcare provider Information. The primary provider is also the default provider. When immunizations reported from the practice do not have a provider associated with the record, the primary provider information will be used for CIR reporting purposes. NOTE: Schools and day cares, skip to step 8: Adding Contact Information. Enter your work information; do not submit your home address or personal contact information.

Enter the individual NPI Provider information, click	Provider Detalle			() Unsaved Changes
VERIFY . Click CONTINUE to copy the NPI Registry information or CANCEL. Information may be edited.	Enter Provider information and click on Save registration requirements a valid email addres to sign up for access to the Orline Registry. (Enter work information; do not submit your per	Entry to save each provider to the grid. Multiple pro s of the provider-in-charge is required to receive th () invite to COVID 19 vaccine ordering. resonal home address information. Do not use a ger	viders can be added. One Primary Provider is required to be following: (1) regular reports, including Doses Administered F veral ensail address, such as frontdesk@practicename.com.	added and selected to be able to proceed. As part of the leports for reporting facilities, (2) alerts and notifications, (3) invite
NPI Registry - Provider Information Based on the NPI number provided, the following information was retrieved from the NPI Registry. If this information is correct and you would like to copy it to the provider fields, click on the 'Continue' button, If	Provider NPI number			
this information is incorrect click on the 'Cancel' button. Provider NPI number Provider name	Copy facility information	te physiolan-in-oharge) 🔵		
1871666453 JOHN ZHANG	Provider first name *	Provider middle name	Provider last name *	NY8 medical licence number * 🕕
Provider address Facility Phone Number 4 COLUMBUS CIRCLE, SUITE 4TH FLOOR, NEW YORK, NY (212) 517-7676 - 10019	Enter	Enter	Enter	Enter
Provider fax number (123) 456-7898	Medical licence type * Select	Medicald provider number 0 Enter	Provider email * Enter	Office phone number *
011071	Fax number	Cell phone number	Address line 1 *	Address line 2
CANCEL CONTINUE			Enter	Enter
Select ' Conv facility information' if the	Zip oode *	city *	State *	Borough
information is the same as previously entered in the		New York	NEW YORK ×	V Select V
facility details. If different, manually complete the	Subscribe to reports ()			
information.	Select all that apply			
Immunizing providers regularly will be sent Doses Administered-UTD reports. You may subscribe to				RESEI SAVE ENTRY

3 Im Ad receive notices on Electronic Updates.

Answer all required questions, as noted by the *. Click **SAVE ENTRY**.

Example of a saved entry. Click Add Provider to add additional provider contacts if needed:

Provider Details						✓ Section	Complete
G Enter Pr	ovider information and click on Save	Fortry to save each provider to the	arid. Multiple providers can be added	1 One Primary Provider is required.			
0							
Primary Reg	istrant Provider name	Provider NPI #	Medical license #	Medical license type	Provider email		
» ~			123456	MD - Medicine	eliang1	8	
						0	Add Provider



NOTE: One Primary Provider is required for most facilities to be added and selected by checking the box before allowed to proceed (not applicable to schools, day cares). As part of the registration requirements, a valid email address of the provider-in-charge is required to receive the following:

- Regular reports, including Doses Administered
- Reports for reporting facilities
- Alerts and notifications
- o Invite to sign up for access to the Online Registry
- Invite to COVID-19 vaccine ordering.

To assign a Primary provider, select the Primary provider checkbox when adding a provider, as shown above.

To update completed entries or entries missing the primary provider, click the edit *(pencil)* icon to enable the display of primary provider selection check box . for the assignment as the Primary Provider:

Provider Del	tails						Missing Required Information
() Ent	er Provider	information and click on Save En	try to save each provider to	the grid. Multiple providers can be a	added. One Primary Provider is req	uired.	
Primary	Registrant	Provider name	Provider NPI #	Medical license #	Medical license type	Provider email	
~	~	E	1: 9	123456	MD - Medicine	tyc.gov	 Image: A set of the set of the
	Medic	aid provider #	Office	e phone #	Cell phone #		Fax#
			(212)	2222			(646)
		Address	R	eports			
201 [NEW YORK, NY - 10016 8538	DAR_UTD, E	lectronic Updates			
							🕀 Add Provider

U Tooltips in Provider Details screen:

• Primary Provider:

Select if provider is the physician-in-charge, or the supervising pharmacist of pharmacy (independent/retail). Only one provider can be designated as Primary Provider.

• NYS medical license number:

Enter your 6-digit NYS medical license number. NYS professional license numbers look-up: click here

• Medicaid Provider number:

Enter your 8-digit unique ID if you are enrolled to provide services to members of the Medicaid program. NYS Medicaid provider number look-up: <u>click here</u>.

Subscribe to Reports: The DAR_UTD Report will be selected by default for the Primary Provider which cannot be removed.
 DAR-UTD Report = Includes VFC Doses Administered/VFC Doses Received
 Electronic Updates = Includes web service connections, vaccine codes, outages



8. Adding Contact Information

To add a contact(s), complete all fields in the **Contact Details** screen. Sites that do not have a Provider-in-Charge, such as Schools, Day Cares are required to add . at least one contact that is the Principal, Assistant Principal, CEO or Director of the organization. When finished, click **SAVE ENTRY**. Enter your work information; do not submit your home address or personal contact information.

	Contact Details							0.	Insaved Changes
Select ' Copy facility									
information' if the	Enter Contact information and c	lick on Save Entry to save each cont	tact to the grid. Multiple contact	ts can be ad	dded. At least one Contac	t is required.			
information is the same as	Enter work information; do not s	submit your personal home address i	information. Do not use a gener	ral email ado	dress, such as frontdesk@	practicename.com.			
previously entered in the	Any contacts, listed below, who	are no longer employed by this facili	ity should be deleted immediate	ely.					
facility details. If different,									
manually complete the	Copy lacinty mornation	Contrat middle r		6.	at at last same t				
information.	Enter	Enter	lame		Enter		Kole * U		
You may subscribe to receive	Required	La 11001			Linei		Geleben		· · ·
reports on Doses	Title	Email *		Off	fice phone number *		Cell phone nu	mber	
Administered-UTD reports	Enter	Enter			()	Ext			
and/or notices on Electronic	Fax number	Address line 1*		Ad	ldress line 2		Zip code *		
		17 E 102ND S	т				10029	- 5204	
	City *		State *			Borough			
Answer all required	NEWYORK		NEW YORK			QUEENS			~
questions, as noted by the *.	Subscribe to reports								
Click SAVE ENTRY, then	Select all that apply			-	- 2				
SUBMIT when all contacts					-			Enter required data	and fix errors
have been added.									
								RESET	SAVE ENIRT
							P	REVIOUS	SE SUBN

9. Submitting Your Registration

Before submitting, check to make sure all information entered is accurate across all registration screens. The application will not allow you to submit your . registration if there are any incomplete required fields, as noted by the *. Once everything is complete, click **SUBMIT**.

NOTE: If your registration is locked for CIR review and you need to make additional edits, you may contact <u>cir@health.nyc.gov</u>. CIR will reject the submission so you may resume making changes.



Immunizing facilities will have four completed sections – facility details, reporting details, provider details, and contact details:

Facility Registration (Please complete all sections below to submit registration)		
Facility Details	✓ Section Complete	~
Reporting Details	Section Complete	•
Provider Details	Section Complete	~
Contact Details	✓ Section Complete	*

Non-immunizing facilities with providers will have three completed sections – facility details, provider details, and contact details:

Facility Registration (Please complete all sections below to submit registration)	
Facility Details	 ✓ Section Complete
Provider Details	 ✓ Section Complete ✓
Contact Details	✓ Section Complete ^

Non-immunizing facilities without providers (i.e. schools, day care, summer camps) will have two completed sections – facility details and contact details:

Facility Registration (Please complete all sections below to submit registration)							
cliity Details							
Contact Details							
(i) Enter Contact information and click on Save Entry to save each contact to the grid. Multiple contacts can be added. At least one Contact is required.							
Registrant	Contact name	Role	Title	Email			



10. Facility Registration Confirmation

A pop-up window will appear on your screen immediately following successful registration of your facility. See example below, left. You will also receive a . confirmation email containing the same information. Confirmation email will be sent to the Registrant and Primary Provider (if entered). Please allow a few . minutes for the email to reach your inbox. If you do not receive a confirmation email, you can contact **CIR** at <u>cir@health.nyc.gov</u>. Your registration will be . reviewed and subject to approval by **CIR**.

Upon approval, you will receive a **Welcome** letter with your **Facility Code** by email within two business days with further instructions regarding access to the **CIR**. Immunizing facilities receive instructions on reporting methods. After enrolling in **CIR**, facilities will receive notifications by email about COVID-19 vaccine and . other vaccine development, availability, and procedures for obtaining vaccine and reporting doses administered. Visit <u>www.nyc.gov/health/cir</u> for more information . or visit <u>COVID-19 Vaccination Program</u>.

Example of confirmation email:

If you vaccinate children (0 through 18 years) who are covered by Medicaid or who are uninsured, underinsured, American Indian or Alaska Native, you are encouraged to participate in the <u>Vaccines for Children (VFC) program</u>.

Example of confirmation screen:

Walcome to Citywide Immunization Registry	
Confirmation	CIR Facility Registration Confirmation
Registration for:	cir@health.nyc.gov $\otimes \ \ \ \ \ \ \ \ \ \ \ \ \ $
Facility: ABC Test Facility Address: 100 Test Ave, New York, NY - 10001 Facility Phone: (212) 100-1234	Registration for
Facility Fax: (212) 100-1234 Facility Email: <u>test@gmail.com</u>	Facility: ABC Test Facility Address: 100 Test Ave, New York, NY, 10001 Facility Address: 111001324 v
has been successfully submitted by Emily Liang on 5/3/2022 at 4:04:17 PM.	Facility Fax: 2121001234 x Facility Fax: 2121001234 Facility Enail: test@gmail.com
Your Registration ID is R-7928066303078274048.	
The New York Citywide Immunization Registry (CIR) will contact you by email regarding your registration and Facility Code . For any inquiries on the status of your registration, please wait two (2) business days before contacting the CIR and be sure to provide your Registration ID.	has been successfully submitted by Jane Doe on 05-03-2022 at 4:04:17 PM. Your Registration ID is R-7928066303078274048.
Thank you for using CIR Facility Registration Site.	The New York Citywide Immunization Registry (CIR) will contact you by email regarding your registration and Facility Code .
Kindest regards,	for any inquiries on the status of your registration, please wait two (2) business days before contacting the CIR and be sure to provide your Registration ID.
The CIR Provider Support Team CIR Phone: (347) 396-2400	Thank you for using CIR Facility Registration Site.
CIR Fax: (347) 396-2559 Email: <u>cir-facility-manager@health.nyc.gov</u>	Kindest regards,
Website: Citywide Immunization Registry (CIR) - NYC Health	The CIR Provider Support Team
	CIR Phone: 347-396-2400
A confirmation email has been sent to the Registrant, Primary Provider and CIR.	CIR Fax: 347-396-2559
Print this confirmation page for your record Warning: To secure your information, please close the browser after completing the registration	Website: http://www.nyc.gov/health/cir
warning, to secure your information, please close the browser after completing the registration.	
OR	Reply Forward



11. <u>Sample Facility Registration Screens</u>

For CIR classification purposes, you will be asked to select your facility type and sub-type during registration. You can refer to the examples below for guidance . on how to choose the correct facility type and sub-type. If you are not sure what to select, contact CIR at cir@health.nyc.gov.

Facility Details: Public schools

Funding source * 🕕	What age group does your facility primarily serve? (Age Served) * 🕕	Facility type * 🕕	Facility sub-type (choose the best choice) *
Public × v	Pediatric × v	School × V	School - Public 🛛 🗙 🛛 🗸
School ATS number (Enter 99N999 if not applica	ble) * 🕕 School district number *		Chancellor's District
02M288	02		Child Care
			Head Start
Would you like to participate in the federal Vacci	nes for Children (VFC) program? * 🕕		School - Charter
🔵 Yes 🔘 No			School - Public
Administering immunizations in NYC?* 1			School - Special Ed.
No	× ~		Other
		с	ANCEL RESET SAVE & CONTINUE

Facility Details: Non-immunizing College or School, may have an on-campus clinic

Funding source * 🕕	What age group does your facility primarily serve? (Age	Served) * 🕕	Facility type * 🕕		Facility sub-type (cho	oose the best choice) *
Public × V	All Ages	$\times \mid \checkmark$	Other Medical Facility	× •	College	× ~
Associated with a medical group/organizationa	I network? *					
🔵 Yes (No						
Would you like to participate in the federal Vaco	ines for Children (VFC) program? * 🕕					
🔵 Yes (No						
Administering immunizations in NYC?* ()						
No	× •	•				
				c	CANCEL RESET	SAVE & CONTINUE



Facility Details: Non-immunizing school, no on-campus clinic

Funding source * 🕕	What	age group does your facility primari	ly serve? (Age Served) * 🕕	Facility type * 🕕		Facility sub-type (choose the	he best choice) *
Private	× I v Adu	llt	× •	School	$\times \mid$ \checkmark	School - Private	× v
School ATS number (Enter	99N999 if not applicable) * (School district number					
99N999		99					
Administering immunization	ns in NYC? * 🕕						
No			× •				
						Enter required dat	a and fix errors
					c	ANCEL RESET	

<u>Note</u>: If you are registering a school, please skip the Reports section. Schools automatically receive back-to-school correspondences.

Reports 🕕	
Select all that apply	~

Facility Details: Pharmacy (Retail), not affiliated with a hospital

Funding source * 🕕	What age group does your facility primarily serve? (A	ge Served) * 🕕	Facility type * 🕕		Facility sub-type (choose the best choice) *
Private × V	All Ages	× •	Other Medical Facility	$\times \mid \checkmark$	Pharmacy - Retail, not affiliated w \times \sim
Associated with a medical group/organizational	network? *				
🔵 Yes 💿 No					
Would you like to participate in the federal Vacc	ines for Children (VFC) program? * 🕕				
🔵 Yes 🔘 No					
Administering immunizations in NYC? * 🕕					
Yes	×	~			
				C	ANCEL RESET SAVE & CONTINUE



Facility Details: Facility located outside of NYC

Please type in your City and select either OUTSIDE NEW YORK STATE or NEW YORK STATE (OUTSIDE NYC) for your Borough.

Facility name *		Address line 1 * i		Address line 2
OUTSIDE OF NYC FACILITY	123 AMERICA STREET		Enter	
Zip code * +4 C	ity *	State *		Borough *
11580	VALLEY STREAM	NEW YORK	× V	Select 🗸 🗸 🗸
Facility phone number *	Fax number *		Facility email *	MANHATTAN THE BRONX
() Ext	()	Enter		BROOKLYN
Facility NPI number 🕕				QUEENS
Not Entered				STATEN ISLAND
				OUTSIDE NEW YORK STATE
Funding source * () What age	NEW YORK STATE (OUTSIDE NYC)			
Select 🗸 Select		~		

List of Facility Types, Subtypes and Specialties. Choose the best description of your practice or organization.

Facility Type droplist choices:

Specialty droplist choices:

FQHC FQHC Look Alike Hospital	Non-immunizing Facility Other Medical Facility Private Practice	Schools	Adolescent medicine Adult Medicine (GP, Internist) Allergy/ENT/Immunology	Geriatrics Hematology HIV	Otolaryngology Pediatrics Physical / Rehab Medicine
Facility Type droplist cho	pices:		Asthma Audiology Cardiovascular	Infectious Diseases Midwifery Multi-specialty	Podiatry Psychiatry Pulmonology/Thoracic
Clinic – Offsite/Satellite Emergency Room Employee Health	Mobile Units Outpatient POD Unit		Chiropractor Dentistry	Nephrology Neurology	Radiology Rheumatology
Faculty Practice – Medie Hospice	cal Group Retirement/Rehab/ School Based Healt	Nursing Homes h Center	Dermatology Emergency/Critical Care Endocrinology	OB/GYN Occupational/Environmental Oncology	Transplant Urology Other
Inpatient Inpatient Nursery	WIC Other		Family Practice Gastroenterology/Hepatology	Optometry Orthopedics	

If you have any additional questions about registering your facility with the CIR, email <u>cir-reset@health.nyc.gov</u> or call 347-396-2400.



B. How to Find Your Facility Code

To find your facility code, log in to your dashboard. Once logged in, you can see your facility code in multiple places. If you are unable to find your facility code, you can email <u>cir@health.nyc.gov</u> or call 347-396-2400.

\rightarrow In tile view:

\rightarrow In list view:

h Home					
+ START NEW CIR REGISTRATION Q CIR FACILITY LOOKUP				🛃 EXPO	RT 🖁 🗐
√ Filters					264 results
Facility name 🗘 Facility code 🗘	Registration status 🗘	Facility address 🗘	Last modified date 💲	Last accessed date 💲	
> TEST TEXTING PRIVATE PRACTICE 0001X02	Approved - Active	2 LAFAYETTE ST, NEW YORK, NY - 10007	12/4/2020, 2:22:06 PM		SELECT

\rightarrow On top of an open tab:

	Welcome to Citywide Immunizat	ion Registry	
h Home 9999X01 - CIR GUEST			
CIR GUEST			Facility code: 9999X01
Facility Details Missing information		new room	

Last updated 7/20/2022

C. Updating Facility Information, CIR Facility Look-up

Log into your dashboard and click on the facility you wish to edit. (Edits can only be made to approved facilities. If your facility is still pending, edits are unable to be made). If your facility is not listed on your dashboard, click on

Q CIR FACILITY LOOKUP, [CIR FACILITY LOOKUP], to start a search. To search you will need the Facility ZIP code and one of these values: Email, Online Registry username, Facility registration confirmation number, CIR facility code, VFC/Vaccine ordering pin, or School ATS number.

Large facilities should assign one key staff person to be the liaison between the facility and CIR, and responsible for updating information in the **CIR** Facility Registration dashboard when necessary.

Click on <a>EDIT [the EDIT (pencil) button] on the bottom right-hand corner of the screen to edit facility details.
 To edit reporting method, providers or contact details, click on the corresponding tab, and then click <a>EDIT.

Facility zip code *			
10024			
	and at least one of the following		
Email 🕕	Online Registry user name 🕕		
deepa@hin.com	Enter		
Facility registration confirmation number 😗	CIR facility code 🕕		
Enter	Enter		
VFC/ Vaccine ordering pin 🕕	School ATS number 🜖		
Entor	Enter		

▲ Home 10			
zirc	ENTER		Facility code: 10270XR64
G Facility Details	C Reporting	옷 Providers	A Contacts
Facility name	Facility address 4 C	Borough MANHATTAN	Facility phone number (212) 5
Facility fax number (646)	Facility email eliang1@h	Facility NPI number 1	NPI type Organization
Funding source Private	What age group does your facility primarily serve? (Age Served) O Adult	Facility type	Facility sub-type Managed Care Organization
Associated with a medical group/organizational network? No	Administering immunizations in NYC? 0 Yes		1
			CLOSE FEDIT

Some edits will require manual review by CIR. If you need to change the name and/or address of the facility, please send communication with informing CIR about the change, the reason and include your **Facility Code** to: <u>cir@health.nyc.gov</u> with the subject heading: **Change in facility name and/or address**. Providers are associated with the Facility Code of the vaccinating site's address.

NOTE: If your registration is locked for CIR review and you need to make additional edits, you may contact the <u>cir@health.nyc.gov</u>.

Last updated 7/20/2022

3 To edit a provider, click on **PEDIT** to update information.

Facility Details	C Reporting	😤 Providers		
Primary Registrant Provider name	Provider NPI #	Medical license #	Medical license type	Provider email
> 🗸 🗸 Emi	195	123	MD - Medicine	eliang1@l

To add a provider, click on **ZEDIT**, and then 🕂 Add Provider. To delete a provider, click on the trash can icon.

If your facility is changing the provider-in-charge to a different provider, please send communication with a letterhead informing CIR about the change, the reason and include your **Facility Code** to: <u>cir@health.nyc.gov</u> with the subject heading: **Change in provider-in-charge**. No more than one provider-in-charge may be associated with a facility code at a time. The primary provider is also the default provider. If immunizations reported to **CIR** are missing the provider associated with the record, the default provider will be used for CIR reporting purposes.

Facility Details		C Reporting		R Providers	S Contacts	
Enter Prov As part of Online Re Enter work	vider information and click on S the registration requirements a gistry. (4) invite to COVID 19 vi k information; do not submit you	ave Entry to save each provider to the grid. It valid email address of the provider-in-charge scoine ordering, ur personal home address information. Do no	lultiple providers can be added. All changes w is required to receive the following: (1) regula use a general email address, such as frontde	will be saved only when the Submit button is of ar reports, including Doses Administered Reports esk@practicename.com.	icked on. One Primary Provider is required to rts for reporting facilities, (2) alerts and notificat	b be added and selected to be able to proceed. tions. (3) invite to sign up for access to the
Primary Regis	trant Provider name	Provider NPI #	Medical license #	Medical license type	Provider email	
~ ~	En	85		MD - Medicine	eliang	· 0
						EXIT EDIT MODE SUBMIT

5 To edit a contact, click on **PEDIT** to update information.

G Facility D	tails	Reporting	. ⁹ ∉ Providers	A Contacts	
Registrant	Contact name	Role	Title	Email	
•	TEST TEST	MEDICAL		TEST@TEST.COM	5

6 To add a contact, click on **CEDIT**, then 🕂 Add Contact. To delete a contact, click on the trash can icon.

Facility De	tails	C Reporting	A Providers		A Contacts		
Enter perso	Contact information and click on Save Entry to save e nal home address information. Do not use a general e	ach contact to the grid. Multiple contacts can be added. All mail address, such as frontdesk@practicename.com.	I changes will be saved only when the Submit bu	tton is clicked on. At least one Conta	oct is required. Enter wo	rk information; do not submi	t your
Registrant	Contact name	Role Title	le	Email			
>	TEST TEST	MEDICAL		TEST@TEST.COM		Û	
						•	Add Contact
						EXIT EDIT MODE	SUBMIT

7 Click on **SAVE ENTRY** to save new contacts. For changes, save the edits.

t Con	tact name	Role	Title		Email			
ca	thy lew	ADMINISTRATIVE			test@gmail.con	n	e 🗊	
	Contact first name *	Contact middle	e name	Contact last name *		Role * 0		
	TEST	TEST Enter		TEST MEDIC/		MEDICAL	× ~	
	Title	Email *		Office phone number * Cell phone		Cell phone number	ione number	
	Enter	TEST@TES	ST.COM	(212) 100-1234	Ext			
	Fax number	Address line 1	*	Address line 2 Zip co		Zip code *		
	<u> </u>	4 COLUMB		FL.4		10019 - 11	i0:	
	City *		State *		Borough			
	NEW YORK		NEW YORK		✓ MANHATT	5AN	×	
	Reports 🕔							
	DAR UTD Report x Electronic Ur	odates ×	×××					

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Citywide Immunization Registry (CIR): How to Register and Update Facility Information

Click **SUBMIT** to submit all changes

	Reporting		A Providers	A Contacts	
rmation and click on Save Entry to save e dress information. Do not use a general e	ach contact to the grid. Multiple contacts can be add mail address, such as frontdesk@practicename.com	ed. All changes will i	be saved only when the Submit button is clicked on. At least one Conta	act is required. Enter w	rork information; do not submit your
Ided to the grid					
ne	Role	Title	Email		
	ADMINISTRATIVE		test@gmail.com		Û
ST	MEDICAL		TEST@TEST.COM		۵.
					🕂 Add Contact
				All changes	EXIT EDIT MODE
	mation and click on Save Entry to save e dress information. Do not use a general e ded to the grid e ST	Reporting mation and click on Save Entry to save each contact to the grid. Multiple contacts can be add dress information. Do not use a general email address, such as frontdesk@practicename.com ded to the grid e Role ADMINISTRATIVE ST MEDICAL	Reporting Immation and click on Save Entry to save each contact to the grid. Multiple contacts can be added. All changes will the dress information. Do not use a general email address, such as frontdesk@practicename.com. ded to the grid ded to the grid det or the grid add to the grid MEDICAL	Reporting Reporting	Reporting Reporting mation and click on Save Entry to save each contact to the grid. Multiple contacts can be added. All changes will be saved only when the Submit button is clicked on. At least one Contact is required. Enter with the grid ded to the grid e Role ADMINISTRATIVE ST MEDICAL TEST@TEST.COM All changes

Questions about updating your facility registration with CIR? Contact CIR: Email cir@health.nyc.gov or call 347-396-2400.

D. How to Add User (Additional Contacts)

To add yourself as a contact if you are not the registrant of the facility, on your CIR dashboard first click Q CIR FACILITY LOOKUP

- Enter the Facility zip code and at least one other field, such as 1 your Email, Online Registry username, Facility registration confirmation number, CIR facility code, VFC/ Vaccine ordering pin, or School ATS number.
- Click SEARCH 2

3

Once the facility is found, click **SELECT** in the results section.

acility zip code *						
10024						
	and at least one of the fol	lowing				
mail 🕕	Online Registry user name	1				
sł .gov	Enter					
acility registration confirmation number	CIR facility code					
Enter	Enter					
/FC/ Vaccine ordering pin 🕕	School ATS number 🕕					
Enter	Enter					
			CLOSE	CLEAR	SEARCH	-

Choose if you are a provider or contact at the facility.

- 5 Select 'Copy facility information' if the information is the same as previously entered in the facility details. If different, manually complete the information.
- 6 Answer all required questions, as noted by the *. Click **SAVE & CONTINUE** when all contacts have been added.

An email will be sent to the Registrant of the facility and provider-in-charge of any additions.

If your facility is adding a new provider-in-charge, replacing the previous provider, please send communication with a letterhead informing CIR about the change, the reason and include your **Facility Code** to: <u>cir@health.nyc.gov</u> with the subject heading: **Change in provider-in-charge**. No more than one provider-in-charge may be associated with a facility code at a time. The primary provider is also the default provider. If immunizations reported to **CIR** are missing the provider associated with the record, the default provider will be used for CIR reporting purposes.

Facility name		Facility address	
MG		5C	024 5116
Facility phone number (212)			
Are you a provider or contact y	vithin this facility? *		
Provider OContact			
Copy facility information			
Contact first name	Contact middle name	Contact last name *	Data t 🔍
Contact III St Hallie			Role * U
		1000000	
Encounter	Email •	Office phone number *	ADMINISTRATIVE X
Endococco Title Enter	Email • emily.liang95@gmail.com	Office phone number *	Cell phone number
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Questions about updating your facility registration with CIR? Contact CIR: Email cir@health.nyc.gov or call 347-396-2400

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