

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

## A. Registering a New Facility

To access the **CIR Facility Manager** application, first visit [www.nyc.gov/health/cir](http://www.nyc.gov/health/cir) and click on the link “[register your practice online](#)” 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 [CIR Authentication Server](#). 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**.

**Note:** If you forgot your password, click [Forgot Password?](#) on the Sign In screen. You will receive a password reset link via email.

### Logging in to CIR Authentication Account

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

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

## 1. Dashboard Overview

### Facility Manager Dashboard Navigation:

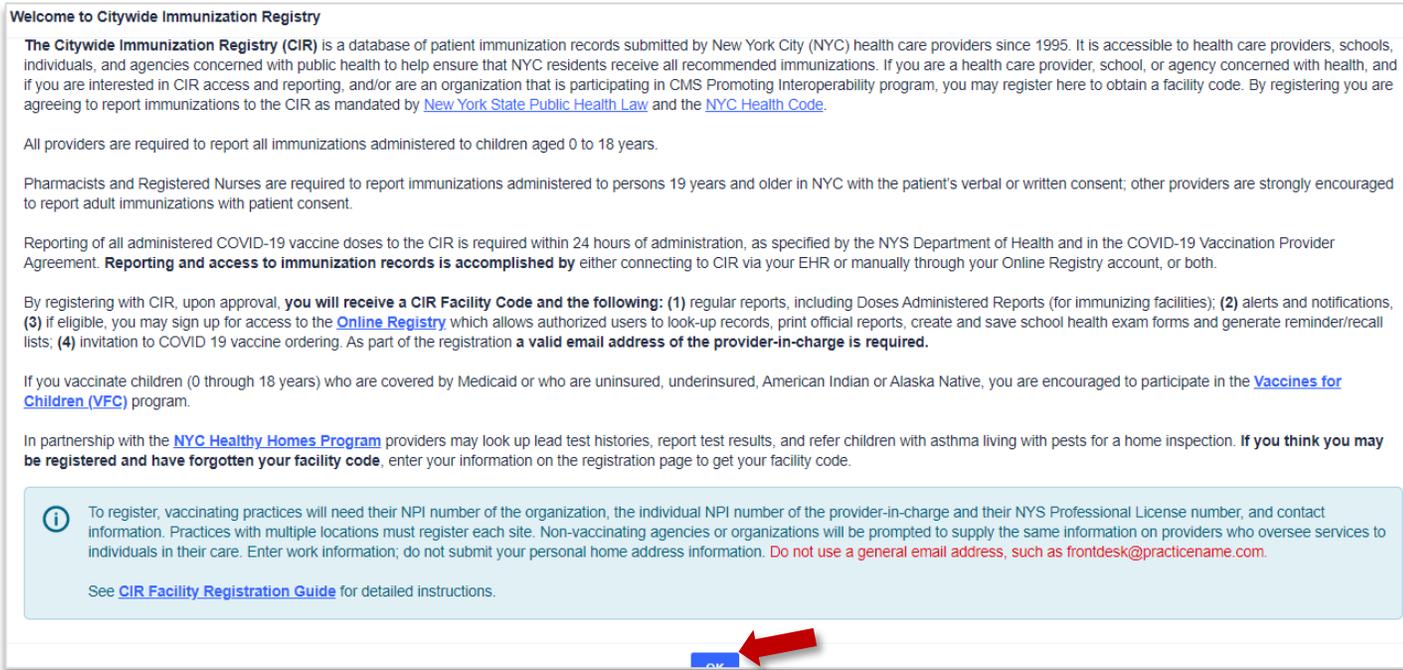
- 1 Switch to tile or grid view.
- 2 Filter by submission status: Approved (Active/Inactive site); Not Submitted-Registration in Progress; Submitted -in Progress; Submitted-Pending Review  
Sort Facilities by Facility name, Facility address, Facility code, Registration status, Last accessed date, or Last modified date.
- 3 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.

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

## 2. Start a New Registration

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



**Welcome to Citywide Immunization Registry**

The **Citywide 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, individuals, 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, and if you are interested 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 agreeing to report immunizations to the CIR as mandated by [New York State Public Health Law](#) and the [NYC Health Code](#).

All providers are required to report all immunizations administered to children aged 0 to 18 years.

Pharmacists 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 to report adult immunizations with patient consent.

Reporting 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 Agreement. **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.

By registering 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, (3) if eligible, you may sign up for access to the [Online Registry](#) which allows authorized users to look-up records, print official reports, create and save school health exam forms and generate reminder/recall lists; (4) invitation to COVID 19 vaccine ordering. As part of the registration **a valid email address of the provider-in-charge is required.**

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 [Vaccines for Children \(VFC\)](#) program.

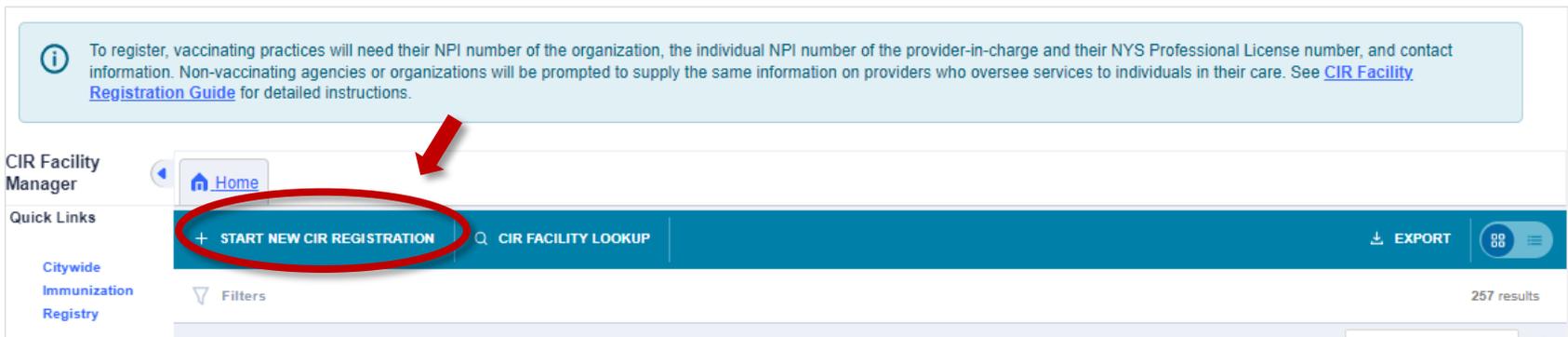
In partnership with the [NYC Healthy Homes Program](#) providers may look up lead test histories, report test results, and refer children with asthma living with pests for a home inspection. **If you think you may be registered and have forgotten your facility code**, enter your information on the registration page to get your facility code.

 To 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 information. 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 individuals 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](#).**

See [CIR Facility Registration Guide](#) for detailed instructions.

**OK**

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



 To 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 information. Non-vaccinating agencies or organizations will be prompted to supply the same information on providers who oversee services to individuals in their care. See [CIR Facility Registration Guide](#) for detailed instructions.

CIR Facility Manager

Home

Quick Links

**+ START NEW CIR REGISTRATION** | CIR FACILITY LOOKUP | EXPORT | 257 results

Citywide Immunization Registry

Filters

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

## 3. NPI Lookup (Immunizing Facilities)

- 1 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.

**Tip 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.

- 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.

Facility NPI number	NPI type
1300000080	Organization
Facility name	Facility address
S...	10..., NEW YORK, NY - 10023
Facility phone number	
(201) 458-...	

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

## 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 for additional instructions and definitions.

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

CIR Facility Manager

Home | New Registration

New Registration

Facility Registration (Please complete all sections below to submit registration)

Facility Details

Quick Links

- Citywide Immunization Registry
- Vaccines For Children
- COVID 19 Vaccination Program
- Manage Profile
- Contact Us
- Subscribe to Health Alert Network (HAN) for DOHMH News and Alerts

rev: r9f04hb54

**1** →

**Facility Details**

This section collects information about your facility. Click on Tool tips icon for additional instructions and definitions. Supplying CIR with accurate facility classification and funding details will allow BOI to focus support and services for your organization and to send relevant notices and alerts. Enter work information; do not submit your personal home address information. Do not use a general email address, such as frontdesk@practicoenname.com.

Answer all questions and then click **SAVE & CONTINUE**.

Facility name \*

Address line 1 \* /E

Address line 2

Zip code \*  +4  City \*

State \*  Borough \*

Facility phone number \*  Ext  Fax number \*  Facility email \*

Facility NPI number \*  NPI type

Funding source \*  What age group does your facility primarily serve? (Age Served) \*  Facility type \*  Facility sub-type (choose the best choice) \*

Specialty (choose the best choice) \*

Associated with a medical group/organizational network? \*  Yes  No

Administering immunizations in NYC? \*

Would you like to participate in the federal Vaccines for Children (VFC) program? \*  Yes  No

Enter required data and fix errors

CANCEL RESET **SAVE & CONTINUE** **2** ↑

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

**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:**

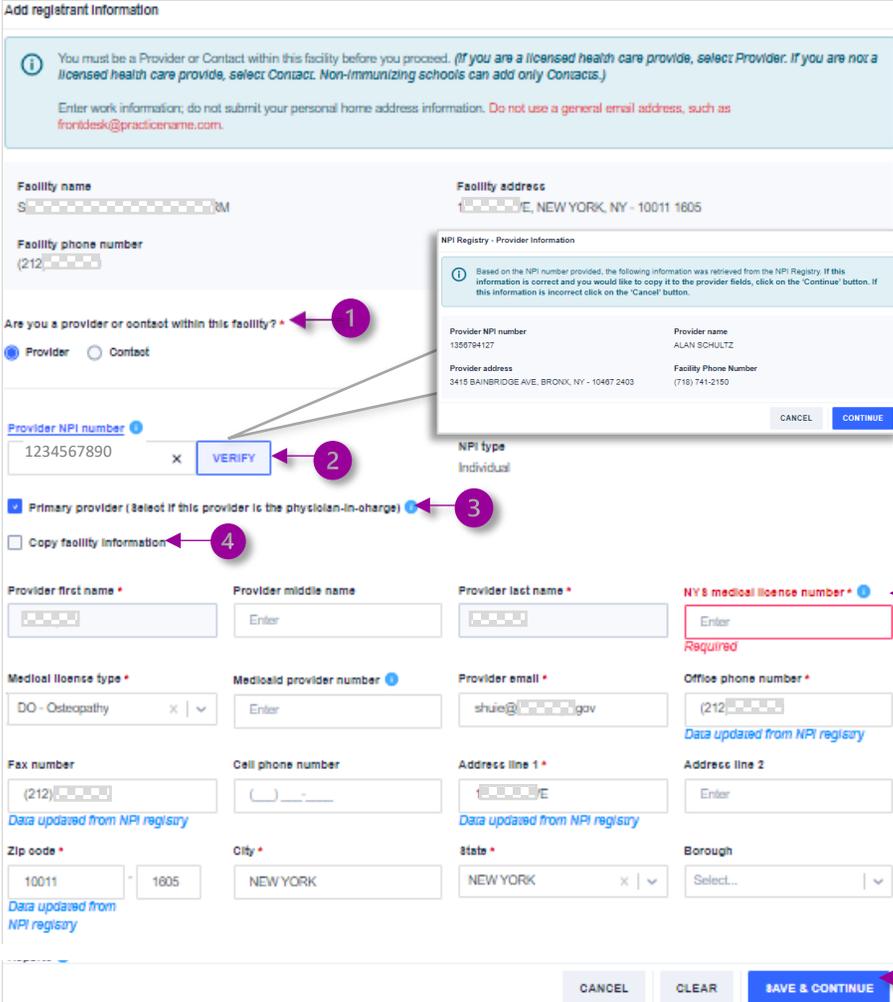
- **Address:** Do not use your home address to register with CIR. Enter the address of the facility, of the vaccination site.
- **Facility NPI number:** Enter the 10-digit National Provider Identification (NPI) number associated with your organization. If you do not know your organization NPI, you can 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, [click here](#).
- **Administering Immunizations in NYC?**  
If you are NOT administering immunizations in NYC but are within NYS click [here](#). If you are NOT administering in NYC and are outside of NYS, click [here](#).

# Citywide Immunization Registry (CIR): How to Register and Update Facility 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  for additional instructions and definitions.

- 1 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 non-immunizing 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.
- 4 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.
- 6 Answer all required questions, as noted by the \*, then click **SAVE & CONTINUE**.



The screenshot shows the 'Add registrant information' form with the following fields and callouts:

- 1** Points to the 'Are you a provider or contact within this facility?' radio buttons (Provider/Contact).
- 2** Points to the 'VERIFY' button next to the 'Provider NPI number' field.
- 3** Points to the 'Primary provider (Select if this provider is the physician-in-charge)' checkbox.
- 4** Points to the 'Copy facility information' checkbox.
- 5** Points to the 'NYS medical license number' field, which is marked as required with a red asterisk.
- 6** Points to the 'SAVE & CONTINUE' button at the bottom right.

An inset window titled 'NPI Registry - Provider Information' shows details for Alan Schultz, including his NPI number (1355794127), address (3415 BAINBRIDGE AVE, BROOKLYN, NY - 10467 2403), and facility phone number (718) 741-2150.

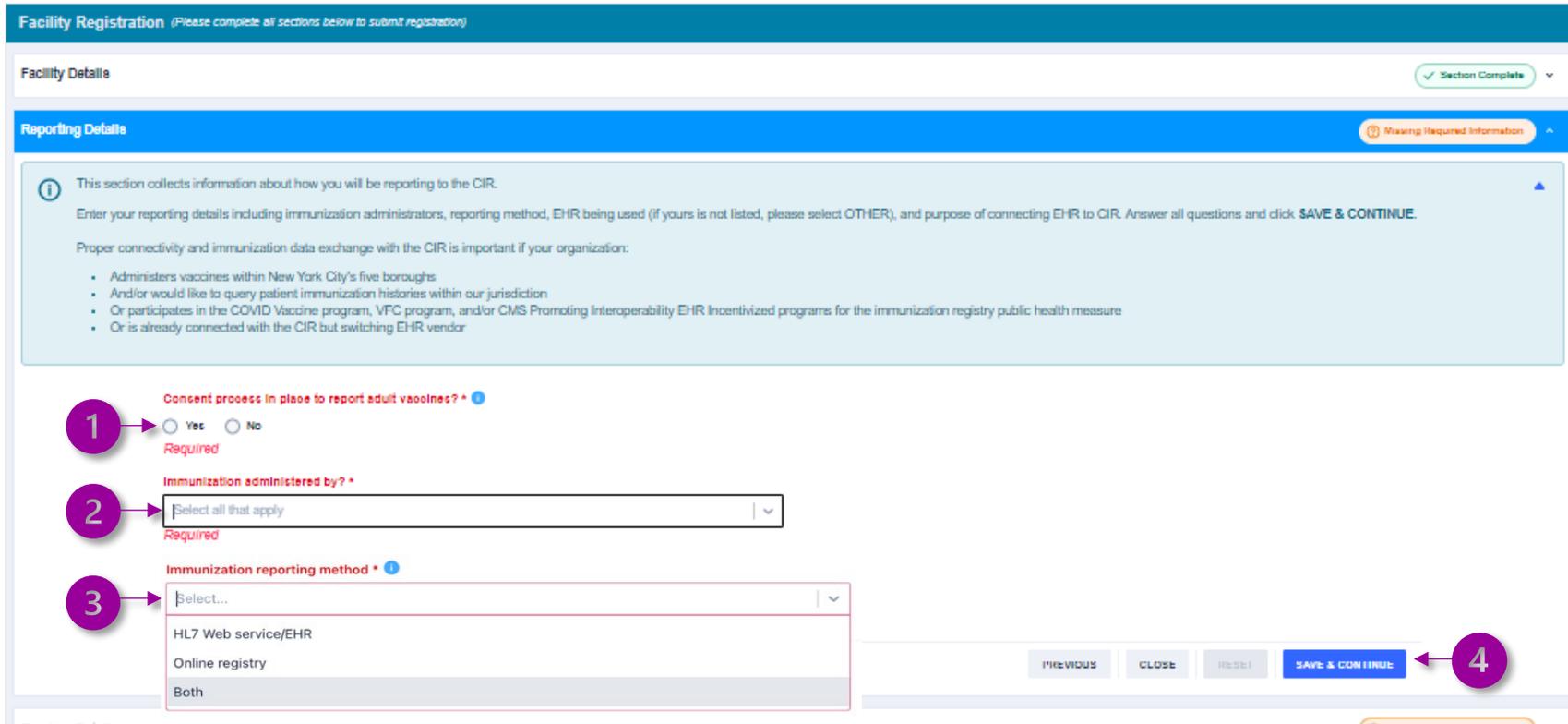
# Citywide Immunization Registry (CIR): How to Register and Update Facility Information

## 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  for additional instructions and definitions:

- 1 **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: [cir\\_interop@health.nyc.gov](mailto:cir_interop@health.nyc.gov) or more information visit, [nyc.gov/health/cir](http://nyc.gov/health/cir).
  - For questions related to the Online Registry, contact [cir-reset@health.nyc.gov](mailto:cir-reset@health.nyc.gov) or visit [nyc.gov/health/cir](http://nyc.gov/health/cir).
- 4 Once all questions have been answered, click **SAVE & CONTINUE**.

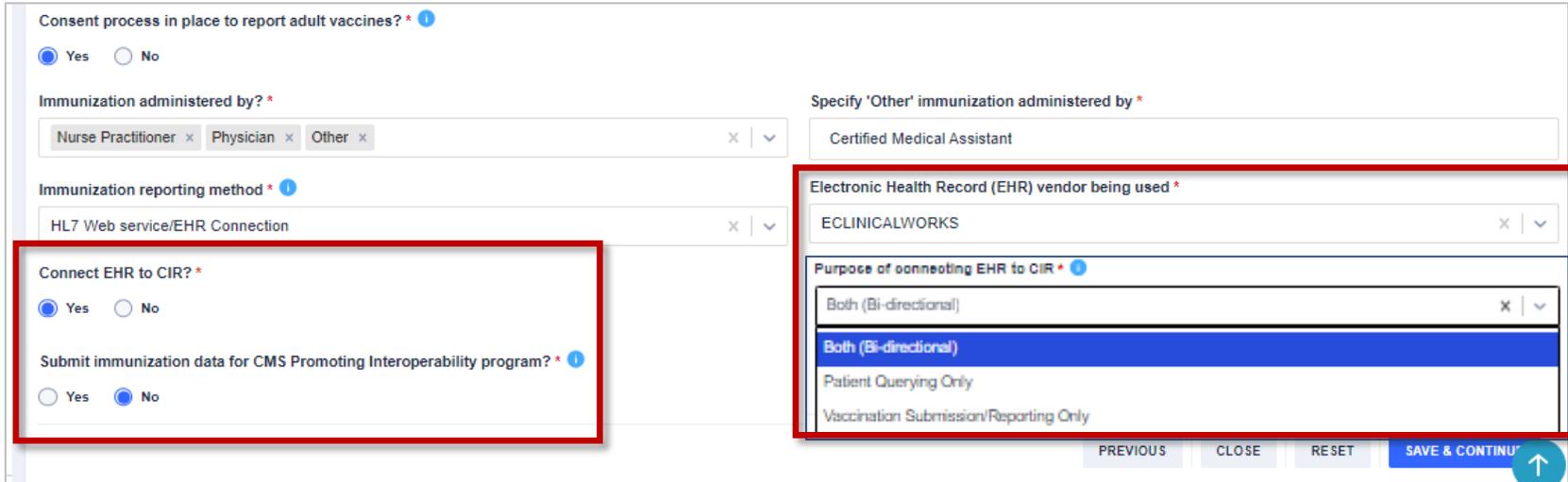


# Citywide Immunization Registry (CIR): How to Register and Update Facility Information

## 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  for assistance.

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



The screenshot shows a web form with several sections. Two sections are highlighted with red boxes:

- Left Red Box:** Contains the "Connect EHR to CIR?" question with a "Yes" radio button selected, and the "Submit immunization data for CMS Promoting Interoperability program?" question with a "No" radio button selected.
- Right Red Box:** Contains the "Electronic Health Record (EHR) vendor being used" dropdown menu (set to "ECLINICALWORKS") and the "Purpose of connecting EHR to CIR" dropdown menu (with "Both (Bi-directional)" selected).

At the bottom of the form are buttons for "PREVIOUS", "CLOSE", "RESET", and "SAVE & CONTINUE" with an upward arrow icon.

### 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 [How to Report and Online Registry Access](#). 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 [cir\\_interop@health.nyc.gov](mailto:cir_interop@health.nyc.gov) 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'.

# 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.

- 1 Enter the individual NPI Provider information, click **VERIFY**. Click CONTINUE to copy the NPI Registry information or CANCEL. Information may be edited.

- 2 Select ' Copy facility information' if the information is the same as previously entered in the facility details. If different, manually complete the information.
- 3 Immunizing providers regularly will be sent Doses Administered-UTD reports. You may subscribe to receive notices on Electronic Updates.
- 4 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:

Primary	Registrant	Provider name	Provider NPI #	Medical license #	Medical license type	Provider email
<input checked="" type="checkbox"/>		[REDACTED]	[REDACTED]	123456	MD - Medicine	eliang@[REDACTED]

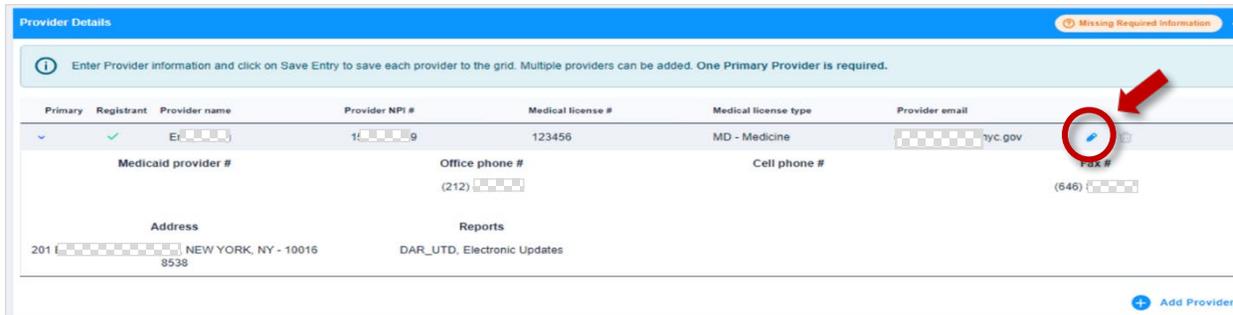
## Citywide Immunization Registry (CIR): How to Register and Update Facility Information

**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
- 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:



The screenshot shows the 'Provider Details' screen. At the top right, there is a 'Missing Required Information' notification. Below it, a message states: 'Enter Provider information and click on Save Entry to save each provider to the grid. Multiple providers can be added. One Primary Provider is required.' The main form contains several fields: 'Primary' (checkbox), 'Registrant' (checkbox), 'Provider name', 'Provider NPI #' (with a dropdown), 'Medical license #' (123456), 'Medical license type' (MD - Medicine), 'Provider email' (example@nyc.gov), 'Medicaid provider #', 'Office phone #' (with area code dropdown), 'Cell phone #' (with area code dropdown), 'Fax #' (with area code dropdown), 'Address' (201 ... NEW YORK, NY - 10016 8538), and 'Reports' (DAR\_UTD, Electronic Updates). A red circle and arrow point to a pencil icon in the top right corner of the form, which is used to edit the provider details.

### 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: [click here](#).
- **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

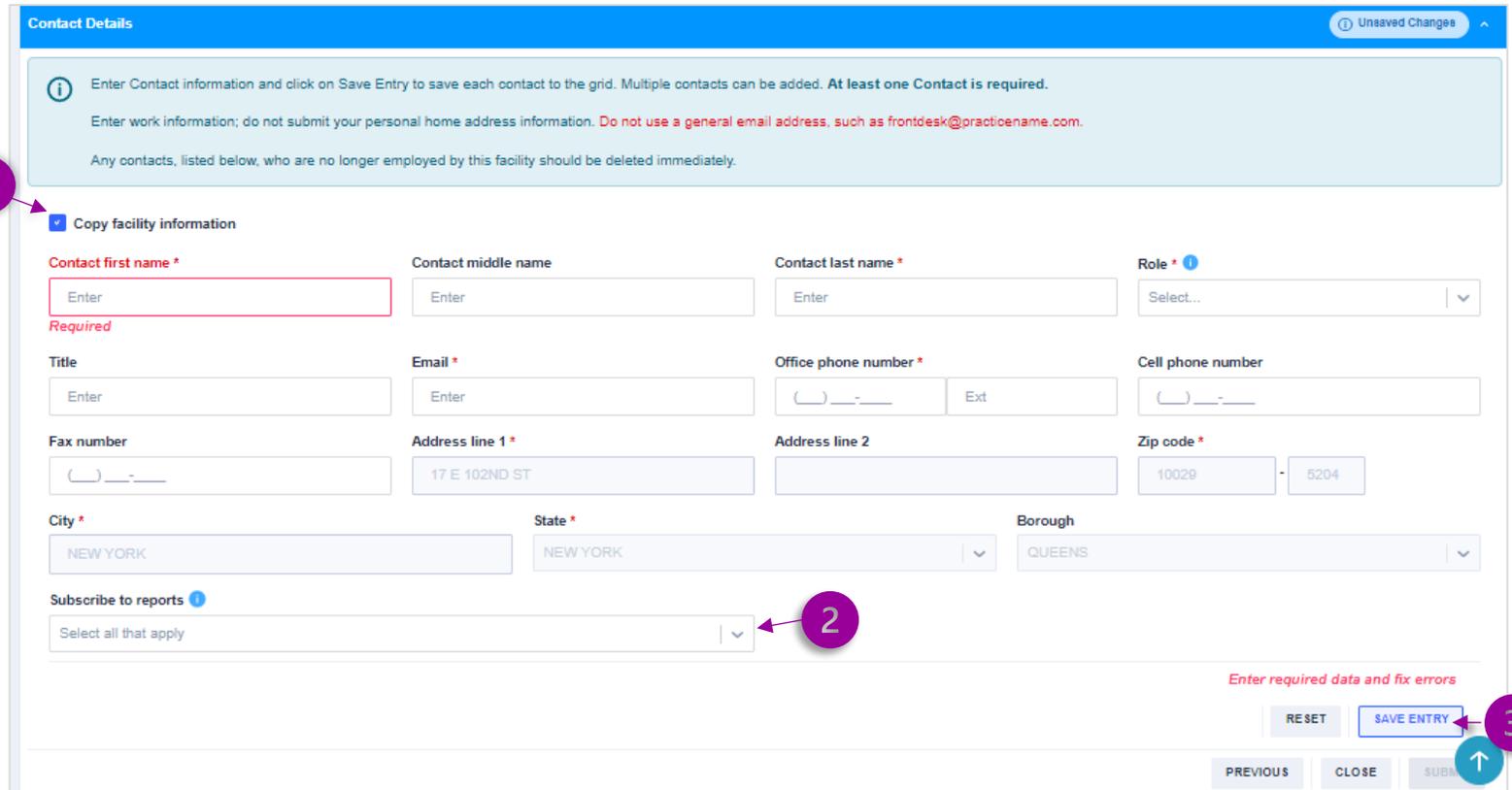
# Citywide Immunization Registry (CIR): How to Register and Update Facility Information

## 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.

- 1 Select ' Copy facility information' if the information is the same as previously entered in the facility details. If different, manually complete the information.
- 2 You may subscribe to receive reports on Doses Administered-UTD reports and/or notices on Electronic Updates.
- 3 Answer all required questions, as noted by the \*. Click **SAVE ENTRY**, then **SUBMIT** when all contacts have been added.



The screenshot shows the 'Contact Details' form with the following fields and callouts:

- Callout 1:** Points to the 'Copy facility information' checkbox, which is checked.
- Callout 2:** Points to the 'Subscribe to reports' dropdown menu.
- Callout 3:** Points to the 'SAVE ENTRY' button.

The form includes the following fields:

- Copy facility information:**
- Contact first name \*** (Required): Enter
- Contact middle name:** Enter
- Contact last name \*** (Required): Enter
- Role \*** (Required): Select...
- Title:** Enter
- Email \*** (Required): Enter
- Office phone number \*** (Required): ( ) - - - Ext
- Cell phone number:** ( ) - - -
- Fax number:** ( ) - - -
- Address line 1 \*** (Required): 17 E 102ND ST
- Address line 2:**
- Zip code \*** (Required): 10029 - 5204
- City \*** (Required): NEW YORK
- State \*** (Required): NEW YORK
- Borough:** QUEENS
- Subscribe to reports:** Select all that apply

Buttons at the bottom: RESET, SAVE ENTRY, PREVIOUS, CLOSE, SUBMIT.

## 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 [cir@health.nyc.gov](mailto:cir@health.nyc.gov). CIR will reject the submission so you may resume making changes.

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

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)

Facility Details	✓ Section Complete ▾
Contact Details	✓ Section Complete ▲

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	
> ✓	Emi [redacted]	ADMINISTRATIVE		eliang1@f [redacted]	✎ 🗑

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

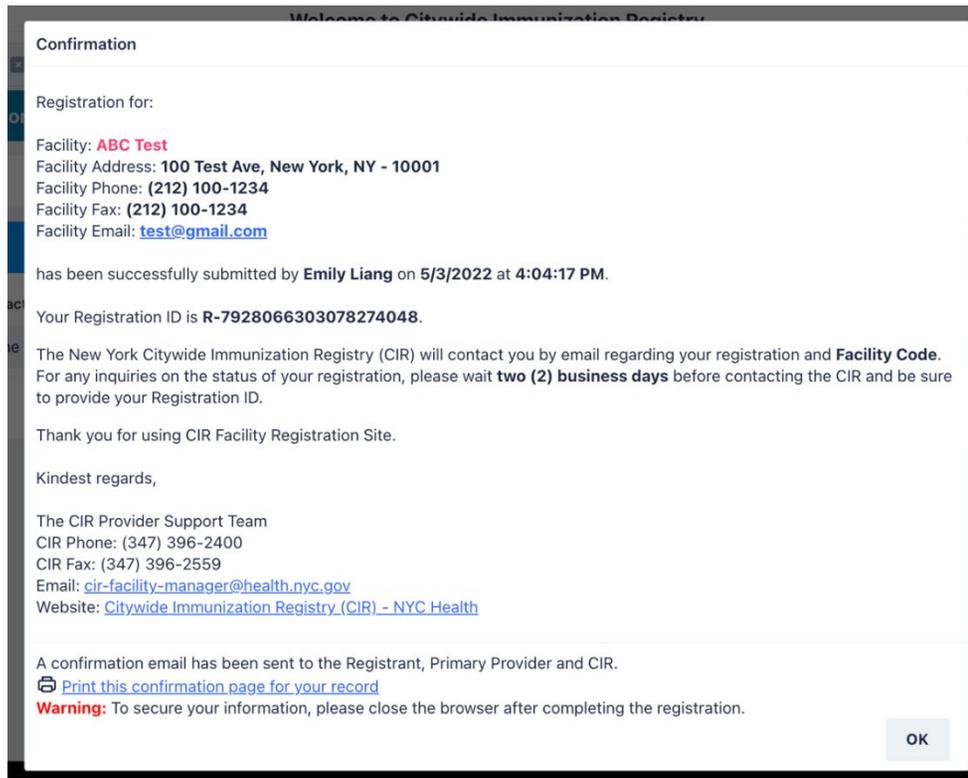
## 10. Facility Registration Confirmation

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 [cir@health.nyc.gov](mailto:cir@health.nyc.gov). Your registration will be reviewed and subject to approval by CIR.

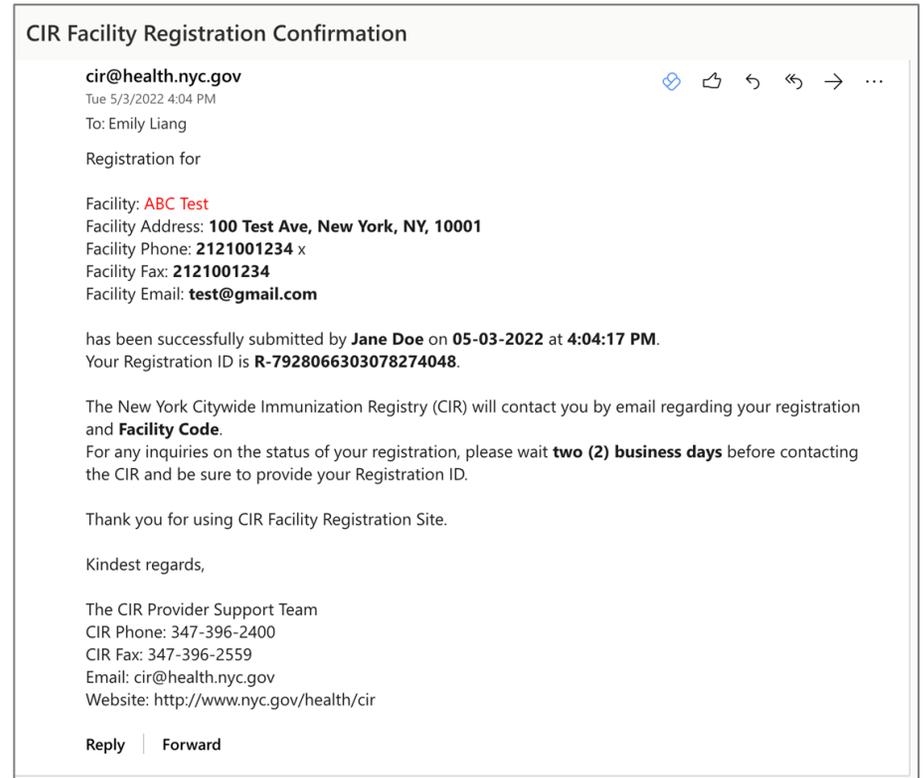
Upon approval, you will receive a **Welcome** letter with your **Facility Code** by email within two business days with further instructions regarding access to the CIR. Immunizing facilities receive instructions on reporting methods. After enrolling in CIR, facilities will receive notifications by email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

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 [Vaccines for Children \(VFC\) program](#).

Example of confirmation screen:



Example of confirmation email:



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

## 11. Sample Facility Registration Screens

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](mailto:cir@health.nyc.gov).

### Facility Details: Public schools

<b>Funding source *</b> ⓘ <input type="text" value="Public"/> x   v	<b>What age group does your facility primarily serve? (Age Served) *</b> ⓘ <input type="text" value="Pediatric"/> x   v	<b>Facility type *</b> ⓘ <input type="text" value="School"/> x   v	<b>Facility sub-type (choose the best choice) *</b> <div style="border: 1px solid black; padding: 2px;"> <input type="text" value="School - Public"/> x   v          Chancellor's District          Child Care          Head Start          School - Charter  <b>School - Public</b>          School - Special Ed.          Other       </div>
<b>School ATS number (Enter 99N999 if not applicable) *</b> ⓘ <b>School district number *</b> <input type="text" value="02M288"/> <input type="text" value="02"/>		<b>Would you like to participate in the federal Vaccines for Children (VFC) program? *</b> ⓘ <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>Administering immunizations in NYC? *</b> ⓘ <input type="text" value="No"/> x   v			
<input type="button" value="CANCEL"/>		<input type="button" value="RESET"/> <input type="button" value="SAVE &amp; CONTINUE"/>	

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

<b>Funding source *</b> ⓘ <input type="text" value="Public"/> x   v	<b>What age group does your facility primarily serve? (Age Served) *</b> ⓘ <input type="text" value="All Ages"/> x   v	<b>Facility type *</b> ⓘ <input type="text" value="Other Medical Facility"/> x   v	<b>Facility sub-type (choose the best choice) *</b> <input type="text" value="College"/> x   v
<b>Associated with a medical group/organizational network? *</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Would you like to participate in the federal Vaccines for Children (VFC) program? *</b> ⓘ <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>Administering immunizations in NYC? *</b> ⓘ <input type="text" value="No"/> x   v			
<input type="button" value="CANCEL"/>		<input type="button" value="RESET"/> <input type="button" value="SAVE &amp; CONTINUE"/>	

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

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

Funding source * <span style="color: blue;">i</span>	What age group does your facility primarily serve? (Age Served) * <span style="color: blue;">i</span>	Facility type * <span style="color: blue;">i</span>	Facility sub-type (choose the best choice) *
Private x   v	Adult x   v	School x   v	School - Private x   v
School ATS number (Enter 99N999 if not applicable) * <span style="color: blue;">i</span>	School district number		
99N999	99		
Administering immunizations in NYC? * <span style="color: blue;">i</span>			
No x   v			
			Enter required data and fix errors
			<span style="border: 1px solid gray; padding: 2px 10px;">CANCEL</span> <span style="border: 1px solid gray; padding: 2px 10px; margin-left: 10px;">RESET</span> <span style="background-color: #0056b3; color: white; padding: 2px 10px; margin-left: 10px;">SAVE &amp; CONTINUE</span>

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

### Reports i

Select all that apply | v

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

Funding source * <span style="color: blue;">i</span>	What age group does your facility primarily serve? (Age Served) * <span style="color: blue;">i</span>	Facility type * <span style="color: blue;">i</span>	Facility sub-type (choose the best choice) *
Private x   v	All Ages x   v	Other Medical Facility x   v	Pharmacy - Retail, not affiliated w... x   v
Associated with a medical group/organizational network? *			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Would you like to participate in the federal Vaccines for Children (VFC) program? * <span style="color: blue;">i</span>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
Administering immunizations in NYC? * <span style="color: blue;">i</span>			
Yes x   v			
			<span style="border: 1px solid gray; padding: 2px 10px;">CANCEL</span> <span style="border: 1px solid gray; padding: 2px 10px; margin-left: 10px;">RESET</span> <span style="background-color: #0056b3; color: white; padding: 2px 10px; margin-left: 10px;">SAVE &amp; CONTINUE</span>

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

## 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.

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

**Facility Type** droplist choices:

FQHC	Non-immunizing Facility	Schools
FQHC Look Alike	Other Medical Facility	
Hospital	Private Practice	

**Facility Type** droplist choices:

Clinic – Offsite/Satellite	Mobile Units
Emergency Room	Outpatient
Employee Health	POD Unit
Faculty Practice – Medical Group	Retirement/Rehab/Nursing Homes
Hospice	School Based Health Center
Inpatient	WIC
Inpatient Nursery	Other

**Specialty** droplist choices:

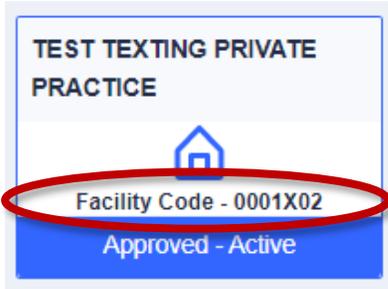
Adolescent medicine	Geriatrics	Otolaryngology
Adult Medicine (GP, Internist)	Hematology	Pediatrics
Allergy/ENT/Immunology	HIV	Physical / Rehab Medicine
Asthma	Infectious Diseases	Podiatry
Audiology	Midwifery	Psychiatry
Cardiovascular	Multi-specialty	Pulmonology/Thoracic
Chiropractor	Nephrology	Radiology
Dentistry	Neurology	Rheumatology
Dermatology	OB/GYN	Transplant
Emergency/Critical Care	Occupational/Environmental	Urology
Endocrinology	Oncology	Other
Family Practice	Optometry	
Gastroenterology/Hepatology	Orthopedics	

If you have any additional questions about registering your facility with the CIR, email [cir-reset@health.nyc.gov](mailto:cir-reset@health.nyc.gov) 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 [cir@health.nyc.gov](mailto:cir@health.nyc.gov) or call 347-396-2400.

→ In tile view:



→ In list view:

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	

→ On top of an open tab:



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

## 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

[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.

**1** Click on [EDIT](#) [the EDIT (pencil) button] on the bottom right-hand corner of the screen to edit facility details.

**2** To edit reporting method, providers or contact details, click on the corresponding tab, and then click [EDIT](#).

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: [cir@health.nyc.gov](mailto:cir@health.nyc.gov) 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 [cir@health.nyc.gov](mailto:cir@health.nyc.gov).

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

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

Primary	Registrant	Provider name	Provider NPI #	Medical license #	Medical license type	Provider email
>	✓	Emi [redacted]	195 [redacted]	123 [redacted]	MD - Medicine	eliang1@[redacted].v

CLOSE **EDIT**

4 To add a provider, click on **EDIT**, 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: [cir@health.nyc.gov](mailto:cir@health.nyc.gov) 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.

**i** Enter Provider information and click on Save Entry to save each provider to the grid. Multiple providers can be added. All changes will be saved only when the Submit button is clicked on. One Primary Provider is required to be added and selected to be able to proceed. As part of the registration requirements a valid email address of the provider-in-charge is required to receive the following: (1) regular reports, including Doses Administered Reports for reporting facilities, (2) alerts and notifications, (3) invite to sign up for access to the Online Registry, (4) invite to COVID 19 vaccine ordering. Enter work information; do not submit your personal home address information. Do not use a general email address, such as frontdesk@practicename.com.

Primary	Registrant	Provider name	Provider NPI #	Medical license #	Medical license type	Provider email
>	✓	Em [redacted]	[redacted]85	[redacted]	MD - Medicine	eliang [redacted].ov

EXIT EDIT MODE SUBMIT **+ Add Provider**

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

Registrant	Contact name	Role	Title	Email
>	TEST TEST	MEDICAL		TEST@TEST.COM

CLOSE **EDIT**

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

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

Facility Details | Reporting | Providers | **Contacts**

Enter Contact information 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 work information; do not submit your personal home address information. Do not use a general email address, such as frontdesk@practice.com.

Registrant	Contact name	Role	Title	Email	
>	TEST TEST	MEDICAL		TEST@TEST.COM	

**+ Add Contact** (circled in red)

EXIT EDIT MODE | SUBMIT

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

Facility Details | Reporting | Providers | **Contacts**

Enter Contact information 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 work information; do not submit your personal home address information. Do not use a general email address, such as frontdesk@practice.com.

Registrant	Contact name	Role	Title	Email	
>	cathy lew	ADMINISTRATIVE		test@gmail.com	

Copy facility information

Contact first name \*  Contact middle name  Contact last name \*  Role \*

Title  Email \*  Office phone number \*  Ext  Cell phone number

Fax number  Address line 1 \*  Address line 2  Zip code \*  -

City \*  State \*  Borough

Reports

CANCEL | RE SET | **SAVE ENTRY** (circled in red)

EXIT EDIT MODE | SUBMIT

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

8 Click **SUBMIT** to submit all changes

Questions about updating your facility registration with CIR? Contact CIR: Email [cir@health.nyc.gov](mailto: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 **CIR FACILITY LOOKUP**.

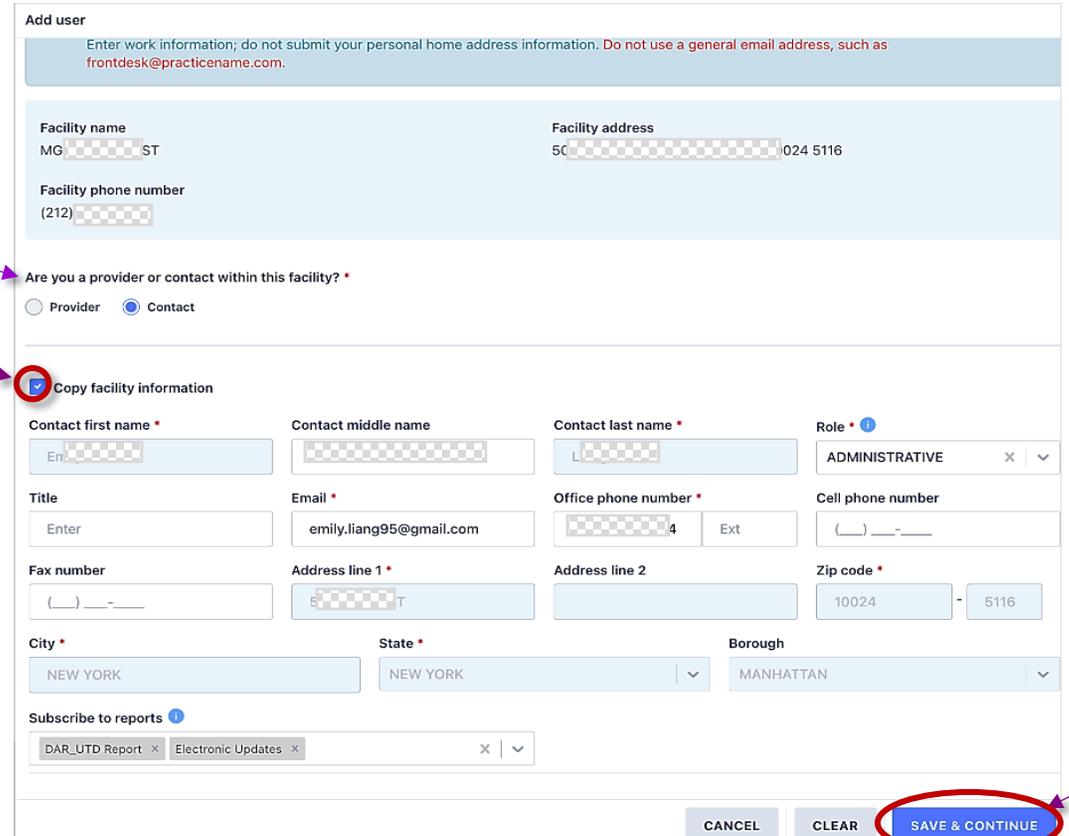
- 1 Enter the Facility zip code and at least one other field, such as your **Email, Online Registry username, Facility registration confirmation number, CIR facility code, VFC/ Vaccine ordering pin,** or **School ATS number.**
- 2 Click **SEARCH**.
- 3 Once the facility is found, click **SELECT** in the results section.

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

- 4 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: [cir@health.nyc.gov](mailto:cir@health.nyc.gov) 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.



**Add user**

Enter work information; do not submit your personal home address information. Do not use a general email address, such as [frontdesk@practicename.com](mailto:frontdesk@practicename.com).

Facility name: MG [ ] ST      Facility address: 5C [ ] 024 5116

Facility phone number: (212) [ ]

Are you a provider or contact within this facility? \*

Provider    Contact

Copy facility information

Contact first name \*: En [ ]      Contact middle name: [ ]      Contact last name \*: L [ ]      Role \*: ADMINISTRATIVE x | v

Title: Enter      Email \*: emily.liang95@gmail.com      Office phone number \*: [ ] 4 Ext      Cell phone number: ( ) \_ - \_

Fax number: ( ) \_ - \_      Address line 1 \*: E [ ] T      Address line 2:      Zip code \*: 10024 - 5116

City \*: NEW YORK      State \*: NEW YORK | v      Borough: MANHATTAN | v

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CANCEL    CLEAR    **SAVE & CONTINUE**

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