



HL7 Application Form

Please note: **This form should only be completed if your office administers immunizations.** If your office does **not** administer immunizations, you do not need to report any data to Nevada WebIZ and you are exempt from the Meaningful Use IIS menu item. Visit the Center for Medicare & Medicaid EHR Incentive Program website at www.cms.gov/EHRIncentivePrograms for more information.

If your office administers immunizations, are you enrolled in Nevada WebIZ? (*circle one*) **YES** or **NO**

If "**NO**" please complete the [Nevada WebIZ Enrollment Form](#), located at:
http://health.nv.gov/Immunization_WebIZ_Policies_Forms.htm

PRACTICE INFORMATION (*please print clearly*)

Practice Name: _____

Type of Practice: (*circle one*) **General Practice** **Hospital** **Pediatrics**
 Pharmacy **Urgent Care** **Other:** _____

Number of practice locations offering vaccines: _____ Number of vaccines given annually: _____

Names of all practice locations that offer vaccines (*attach separate sheet if necessary*):

CONTACT INFORMATION (*please print clearly*)

Contact Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____



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Electronic Medical/Health Record (EMR/EHR) System

Name of EMR/EHR software used by your practice: _____

Name of EMR/EHR vendor (software company): _____

Is your EMR/EHR equipped to use HL7 version 2.5.1? (circle one) **YES** or **NO**
(If unsure, contact your EMR/EHR vendor)

Who will build your HL7 interface? (circle one) **Onsite IT Personnel** or **EMR/EHR Vendor**

EHR Incentive Program (“Meaningful Use”)

Check this box to *Declare Your Intent* to electronically submit immunization data to Nevada WebIZ (statewide IIS) via HL7 messages.

If attesting as an Eligible Professional...

List all Eligible Professionals, including NPI, registering their intent at this/these location(s). (If there are more than 4 professionals, we will collect this information later.)

EP Name

NPI

List the NPI for each practice location. (If there are more than 4 locations we will collect this information later)

Practice Name

NPI

If attesting as an Eligible Hospital...

List hospital name and NPI, registering intent.

EH Name

NPI

Please submit form by fax: (775) 687-7596 or email: vlawrence@health.nv.gov.