Completing Your Nevada WebIZ Enrollment

Page 1
Instruction Sheet

Page 2
Provider details
Please complete all fields- if you do not understand any part of the page, please feel free to call or email the Nevada WebIZ Help Desk.

Page 3
Users:
“Login Users”
- Any and all staff members that may need access to Nevada WebIZ must each read and complete a User Confidentiality Agreement form to establish a User Account. Please feel free to make copies as needed. **Signed User Confidentiality Agreements must be received before access will be provided.**
- It is VERY important that each user provide an email address where they can be reached- they will be placed in our User Distribution List and will receive messages regarding Nevada WebIZ and the vaccine world. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from izit@health.nv.gov).

“Shot-Givers Only”
- To document in Nevada WebIZ which staff member administered a vaccination, please list all those “shot-givers” who do not need login access. **“Shot-givers only” do not need to sign a User Confidentiality Agreement and will not be given access.**

Adding Additional Users
- Please retain a blank User Confidentiality Agreement form for use in adding additional users after being established as a Nevada WebIZ provider. Please mail or fax completed user forms to the address/fax listed on the forms.

Expected Nevada WebIZ Start Date: Please indicate a date on which your office plans to begin entering data in Nevada WebIZ. Many offices choose a Monday or the first of the month.

Signature of Provider Contact: Choose an individual to be the official “Nevada WebIZ Contact” in your office and have them sign and date the bottom of Page 3. They will be the first point of contact in any future Nevada WebIZ correspondence.

Submitting the application: Please mail or fax the completed application to the address/fax at the bottom of Page 3. Please allow 10 business days for processing.

**Please note: only the signature page of the User Confidentiality Agreement needs to be submitted. Please retain the “agreement page” for reference.**
Office/Facility Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Nevada WebIZ account for your organization. Please be sure your provider contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the Nevada WebIZ Help Desk at (775) 684-5954.

Provider (Practice) Name: ________________________________

Provider Mailing Address: ________________________________

Street

City ___________________________ State __________ Zip Code ___________

Provider Contact Person: __________________________ Title: ______________________

Business Phone: __________________________ Fax #: __________________________

E-mail address: __________________________________________

Provider Type: (check only one)

☐ Adult Medicine ☐ Behavioral/Mental Health ☐ Child/Day Care ☐ College/University
☐ Correctional Facility ☐ Dialysis Center ☐ Emergency (ER) ☐ Employee Health
☐ General Practice ☐ Health Care Org./Ins. Co. ☐ Home Care Services ☐ Hospital
☐ LHA/County Health ☐ Non-Profit/Free Clinic ☐ Nursing Home/Hospice ☐ Ob/Gyn/Women’s
☐ Pediatrics ☐ Pharmacy ☐ School/School District ☐ Tribal Health Center
☐ Urgent Care ☐ WIC

Provider Type: (check only one)

☐ Adult Medicine ☐ Behavioral/Mental Health ☐ Child/Day Care ☐ College/University
☐ Correctional Facility ☐ Dialysis Center ☐ Emergency (ER) ☐ Employee Health
☐ General Practice ☐ Health Care Org./Ins. Co. ☐ Home Care Services ☐ Hospital
☐ LHA/County Health ☐ Non-Profit/Free Clinic ☐ Nursing Home/Hospice ☐ Ob/Gyn/Women’s
☐ Pediatrics ☐ Pharmacy ☐ School/School District ☐ Tribal Health Center
☐ Urgent Care ☐ WIC

Does your office give immunizations? (check only one)

☐ Y* ☐ N

*If “Y” is checked, please choose either “Type 2” or “Type 3” below (Nevada law requires entry of vaccines into Nevada WebIZ)

Usage Type: (check only one)

☐ View Only (cannot enter data or make changes to data) If checked, skip to page 3 signature, and complete User Confidentiality Agreements

☐ HEDIS (can only upload & retrieve HEDIS data) If checked, skip to page 3 signature, and complete User Confidentiality Agreements

☐ Type 2 – Captures vaccine details (such as lot#, exp. date, etc.)

These providers must specify manufacturers/lot#s for vaccines prior to documenting vaccinations

☐ Type 3 – Full Inventory Management

These providers must specify manufacturers/lot#s for vaccines in the On-Hand screen and manage the quantities of vaccines in stock

Vaccines For Children (VFC) (check only if enrolled in VFC Program)

☐ VFC Provider? If yes...VFC Effective Date? ____________ VFC Pin #? ____________

Vaccine Funding Sources (please check all that apply)

☐ VFC ☐ Private ☐ Other:__________________________
User Accounts

“Login Users”
Any and all staff members that may need access to Nevada WebIZ must each read and complete a User Confidentiality Agreement to establish a User Account. Please make copies as needed.

**Signed User Confidentiality Agreements must be received before access will be provided.**

“Shot-Givers Only”
To document in Nevada WebIZ which staff member administered a vaccination, please list below all those “shot-givers” who do not need login access.

**“Shot-givers only” do not need to sign a User Confidentiality Agreement and will not be given access.**

1) ___________________________ _____________
   Name                                     Title
   Office Name(s)

2) ___________________________ _____________
   Name                                     Title
   Office Name(s)

3) ___________________________ _____________
   Name                                     Title
   Office Name(s)

4) ___________________________ _____________
   Name                                     Title
   Office Name(s)

5) ___________________________ _____________
   Name                                     Title
   Office Name(s)

(If more than 5, attach separate sheet)

*Expected Nevada WebIZ Start Date:________________________
(Enrollment will be processed within 10 days of receipt)

Signature of Provider Contact ___________________________ Date Signed ___________________________

Please complete this form and return to:

Nevada State Health Division – Nevada WebIZ Help Desk
4150 Technology Way Suite 210
Carson City NV 89706
Phone: 775.684.5954
Fax: 775-687-7596
E-mail: iizit@health.nv.gov

For Office Use Only:

Date Received:___________________________ Received By:___________________________

Date Nevada WebIZ Account Est:___________________________ Completed By:___________________________

Date Staff Trained:___________________________