



# 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](http://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://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/WebIZ/Docs/WebIZ%20Enrollment%20Form201408.pdf>

**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.

Check this box to *Declare Your Intent* to electronically retrieve 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.)

<u>EP Name</u>	<u>NPI</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

<u>Practice Name</u>	<u>NPI</u>
_____	_____
_____	_____
_____	_____
_____	_____

### ***If attesting as an Eligible Hospital...***

List hospital name and NPI, registering intent.

<u>EH Name</u>	<u>NPI</u>
_____	_____
_____	_____

Please submit form by fax: (775) 687-7596 or email: [izit@health.nv.gov](mailto:izit@health.nv.gov)