



# Completing Your Nevada WebIZ Enrollment

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## 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](mailto: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

**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: [izit@health.nv.gov](mailto:izit@health.nv.gov)

**For Office Use Only:**

Date Received: _____	Received By: _____
Date Nevada WebIZ Account Est: _____	Completed By: _____
Date Staff Trained: _____	