

WYIR ENROLLMENT OVERVIEW - IMMUNIZATION PROVIDERS

Before WyIR access may be granted, all facilities must enroll by downloading, saving, completing, re-saving and submitting the proper WyIR Provider Enrollment Agreement.

>> Before You Begin: Required Tools

- > A **PDF reader product** is required to open the documents and complete the form. The latest version of Adobe Reader, a free PDF reader product, is available [HERE](#).
- > To download, save, complete, re-save, and submit the form, an internet connection will be needed. **Internet Explorer** is the internet browser that is currently supported by our software vendor. The form may be completed using other Windows-compatible browsers, such as **Google Chrome** or **Mozilla Firefox**. Mac users can access the form through **Safari**.

>> Step 1. Download the Enrollment Agreement for Immunization Providers

- > The WyIR Provider Enrollment Agreement can be downloaded from the [WyIR Enrollment Information](#) page:

Wyoming Department of Health Wyoming Immunization Registry (WyIR) Enrollment Agreement For Immunization Providers			
ORGANIZATION INFORMATION			
Name of Organization:			
Street Address:		City:	ZIP:
Phone:	Extension:	Fax Number:	
WyIR Contact – Person:	Email of WyIR Contact:		
Reporting Method:	--select--	Internet Access Type:	--select--
Organizational Type:	--select--		
FACILITY/CLINIC INFORMATION			
Name of Facility/Clinic:			
Street Address:		City:	ZIP:
Phone:	Extension:	Fax Number:	
Facility Contact – Person:	Email of Facility Contact:		
Facility Type:	--select--		

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>> STEP 2. Complete the Organization Information

For the Organization Information section, required fields are highlighted in red. Specific guidance for certain sections is as follows:

- > For **Name of Organization**, the name supplied must match the legal name of the practice, as the filing name on the [Secretary of State's website](#).
- > Please do not include a state in the **City** line, even if the organization is based outside of Wyoming.
- > The **WyIR Contact** will be the person responsible for coordinating the submission of the WyIR Enrollment Information for all Facilities requesting access within the Organization.
- > For **Reporting Method**, if users will be entering patient vaccination information through a WyIR user login, select **Direct Data Entry**; if the organization is sending data from the EMR electronically to the WyIR, or is attempting to achieve Meaningful Use, select **Realtime HL7**.

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ORGANIZATION INFORMATION			
Name of Organization:			
Street Address:		City:	ZIP:
Phone:	Extension:	Fax Number:	
WyIR Contact – Person:	Email of WyIR Contact:		
Reporting Method:	--select--	Internet Access Type:	--select--
Organizational Type:	--select--		

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>> STEP 3. Complete the Facility/Clinic Information

For the Facility/Clinic Information section, required fields are highlighted in red. Specific guidance for certain sections is as follows:

- > For **Name of Facility/Clinic**, the name supplied must be the facility that provides vaccines to be administered to patients.
- > Be sure to include office or suite numbers in the **Street Address**, if applicable.
- > The **Facility Contact** will be the person responsible for requesting WyIR user permissions for employees within their facility as outlined in the [Facility Contact Guide for Immunization Providers](#).

FACILITY/CLINIC INFORMATION			
Name of Facility/Clinic:			
Street Address:		City:	ZIP:
Phone:	Extension:	Fax Number:	
Facility Contact – Person:	Email of Facility Contact:		
Facility Type:	--select--		

>> STEP 4. Agreement Acceptance

The **Responsible Authority for Organization** must have authority to enter into agreements for your Organization, and will be responsible (and liable) for the conditions outlined in the provider enrollment agreement for the Organization. An electronic/typed Acceptance (by the Responsible Authority) and Date are required to execute the agreement. **Please do not print and sign the document, as it will not be accepted under the currently approved electronic process.**

By typing your name below you certify that you have read, understood, and agreed to the terms and conditions of this Agreement. Email the completed form to the Immunization Unit at wyr@wyo.gov.

Responsible Authority for Organization:

Date:

>> STEP 5. Email the completed agreement

The completed agreement should be emailed to wyr@wyo.gov for processing.