

WYIR — WYIR ENROLLMENT OVERVIEW - HOSPITAL DISTRICTS — WYIR

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

>> 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](#).

Recommendations: If installing the Adobe Reader product, it is recommended that the user carefully review the optional offers that are defaulted to occur prior to clicking the Download Now button, which may prevent undesired toolbars from appearing in your web browser windows.

- > 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, but the form may also be completed by using other Windows-compatible browsers, such as **Google Chrome** or **Mozilla Firefox**. Mac users can access the form through **Safari**.

>> STEP 1. Download Enrollment Agreement Form

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

Wyoming Department of Health Wyoming Immunization Registry (WyIR) Enrollment Agreement For Hospital Districts			
ORGANIZATION INFORMATION			
Name of Organization: <input type="text"/>			
Street Address: <input type="text"/>		City: <input type="text"/>	ZIP: <input type="text"/>
Phone: <input type="text"/>	Extension: <input type="text"/>	Fax Number: <input type="text"/>	
WyIR Contact – Person: <input type="text"/>		Email of WyIR Contact: <input type="text"/>	
Reporting Method: <input type="text" value="--select--"/>		Internet Access Type: <input type="text" value="--select--"/>	
Organizational Type: <input type="text" value="--select--"/>			
FACILITY/CLINIC INFORMATION			
Name of Facility/Clinic: <input type="text"/>			
Street Address: <input type="text"/>		City: <input type="text"/>	ZIP: <input type="text"/>
Phone: <input type="text"/>	Extension: <input type="text"/>	Fax Number: <input type="text"/>	
Facility Contact – Person: <input type="text"/>		Email of Facility Contact: <input type="text"/>	
Facility Type: <input type="text" value="--select--"/>			

WYIR ENROLLMENT OVERVIEW - HOSPITAL DISTRICTS

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

>> STEP 2. 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 [Wyoming Hospital Association](#) 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**.

Wyoming Department of Health Wyoming Immunization Registry (WyIR) Enrollment Agreement For Hospital Districts

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--		

WYIR ENROLLMENT OVERVIEW - HOSPITAL DISTRICTS

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

>> STEP 3. 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 WylR user permissions for employees within their facility as outlined in the [Facility Contact Guide for Hospital Districts](#).

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--			

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 approved electronic enrollment process.**

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

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 wylr@wyo.gov.

Responsible Authority for Organization:

Date:

>> STEP 5. Email the completed agreement