

WYIR ENROLLMENT OVERVIEW - SCHOOL NURSES

Before WyIR access may be granted, all School Nurses 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 for School Nurses

- > 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 School Nurses			
SCHOOL INFORMATION			
Name of School:			
Street Address:		City:	ZIP:
Phone:	Extension:	Fax Number:	
School Principal:	Email of School Principal:		
School District:	--select--		
School Type:	--select--	Internet Access Type:	--select--
Name of School Nurse:	Email of School Nurse:		

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>> STEP 2. Complete School Information

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

- > For the **Name of School**, enter the information as presented on [Department of Education page](#).
- > The **School District** options present in a drop-down format; make the proper selection from the options provided.
- > The **School Type** options include the following: School Higher Learning—Private; School Higher Learning—Public; School—Private; and School—Public.
- > For **Name of School Nurse**, provide the name of the RN that is actively licensed as an RN at the [Wyoming State Board of Nursing website](#).

Wyoming Department of Health Wyoming Immunization Registry (WyIR) Enrollment Agreement For School Nurses			
SCHOOL INFORMATION			
Name of School:			
Street Address:		City:	ZIP:
Phone:	Extension:	Fax Number:	
School Principal:	Email of School Principal:		
School District:	--select--		
School Type:	--select--	Internet Access Type:	--select--
Name of School Nurse:	Email of School Nurse:		

>> STEP 3. Agreement Acceptance

The **School Principal** must enter into the agreement for your School, and will be responsible (and liable) for the conditions outlined in the provider enrollment agreement for the School. An electronic/typed Acceptance (by the School Principal) 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.**

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 wyir@wyo.gov.

School Principal:

Date:

>> STEP 4. Email the completed agreement

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