North Carolina COVID-19 Vaccine Management System (CVMS)

Provider Enrollment Portal

Vaccine Coordinator User Guide

Version 7

April 13, 2021

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you have any questions, issues or requests, please go to the

CVMS Help Desk Portal* at https://ncgov.servicenowservices.com/csm_vaccine

You can also call the COVID-19 Vaccine Provider Help Center at (877) 873-6247 and select option 1. The COVID-19 Vaccine Provider Help Center is available during the following hours:

Monday – Friday: 7:00 AM – 7:00 PM ET

Saturday – Sunday: 10:00 AM – 6:00 PM ET

* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code

   NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add "NCA" to the front of the six-digit PIN#)

   For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021
3. You will receive an e-mail with your username and temporary password to log into the portal

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Overview

Section B

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, **you must complete this section for each respective location**. To complete this section, you will be asked for:

- Location details
- Primary and Back-up Vaccine Coordinator contact information
- Shipment availability
- Provider type and setting
- Population(s) served
- Storage capacity and storage unit specifications (including brand, model, type, and interior and exterior pictures)
- List of providers, including license numbers, with prescriptive authority

If you also serve as CEO and/or CMO for your organization, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section B to review the conditions for enrollment and provide your signature.

Don't Show this Again ☐ Close

In this user guide, we will discuss how the Vaccine Coordinator will be able to complete Section B of the Provider Enrollment process in the CVMS Provider Enrollment Portal.

The content included in this user guide is for the following role: **Primary Vaccine Coordinator, or Organization Administrator.**

Additionally, you will need to:

- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal at https://covid-enroll.ncdhhs.gov/

Now, let's get started!

Provider Enrollment Process Overview

CVMS Provider Enrollment Process Overview

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL**. The CVMS Provider Enrollment Portal is a cloud-based solution.

Start
- Provider Enrollment

→

Section A
(Organization Administrator)
- Organization Details
- Location(s) Contact Information
- Responsible Officer

→

Section B
(Vaccine Coordinator)
- Location Details
- Practicing Provider Details
- Vaccine Shipping/Storage Details

→

End
- Responsible Officer E-signs

Additional Resources

- Provider Enrollment Portal https://covid-enroll.ncdhhs.gov/
- Provider Enrollment Checklist - https://covid19.ncdhhs.gov/covid-19-vaccine-readiness-checklist-download/download

Relevant Roles

- Organization Administrator
- Vaccine Coordinator
- Responsible Officer (CEO and CMO)

Provider Enrollment Roles

A provider is anyone who provides and administers healthcare services.

Providers

- Pharmacies
- Community health centers
- Hospitals
- Clinics
- Long-term care facilities
- Acute care hospitals
- Urgent care clinics
- Other medical care facilities

Organization Administrator	• Completes Section A for the entire organization. • Can also complete all actions a Vaccine Coordinator, CEO or CMO is completing
Vaccine Coordinator	• Completes Section B for their assigned location(s) • On-site at the location
Chief Executive Officer (CEO)	• Reviews and signs on behalf of all locations within the organization
Chief Medical Officer (CMO)	• Reviews and signs on behalf of all locations within the organization

Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator

- ❑ **Register** for a Provider Enrollment account
- ❑ Mark if your organization is a **Redistribution Participant**
- ❑ **Add** all locations
- ❑ Add your organization's **CMO**
- ❑ Add your organization's **CEO**

Vaccine Coordinator

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ **Upload pictures** of the interior and exterior of your **storage units**
- ❑ **Input all practicing providers** at your location
- ❑ **Add initial HCP Location Managers**
- ❑ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ Review and sign the **Storage and Handling Attestation**

For locations with at least 25 practicing providers, return completed **Practicing Provider Bulk Upload Template** to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Chief Executive Officer (CEO)

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Chief Medical Officer (CMO)

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ Review and sign **the CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Completing Section B

Provider Enrollment Workflow – Section B

1. Primary Vaccine Coordinator will receive email notifying they have been added for a location
2. Primary Vaccine Coordinator will log in and enter information regarding location and contact info
3. Primary Vaccine Coordinator will enter details regarding vaccine shipment availability and serviced population
4. Primary Vaccine Coordinator will provide information regarding storage units and providers
5. If a location has 25+ practicing providers, the Primary Vaccine Coordinator can coordinate with the CVMS Help Desk to bulk upload the practicing providers
6. Review, finalize, and submit all information

You will receive an email when you have been added as Vaccine Coordinator. If you don't receive an email, please submit a ticket to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine.

Audience

- Organization Administrator
- Vaccine Coordinator

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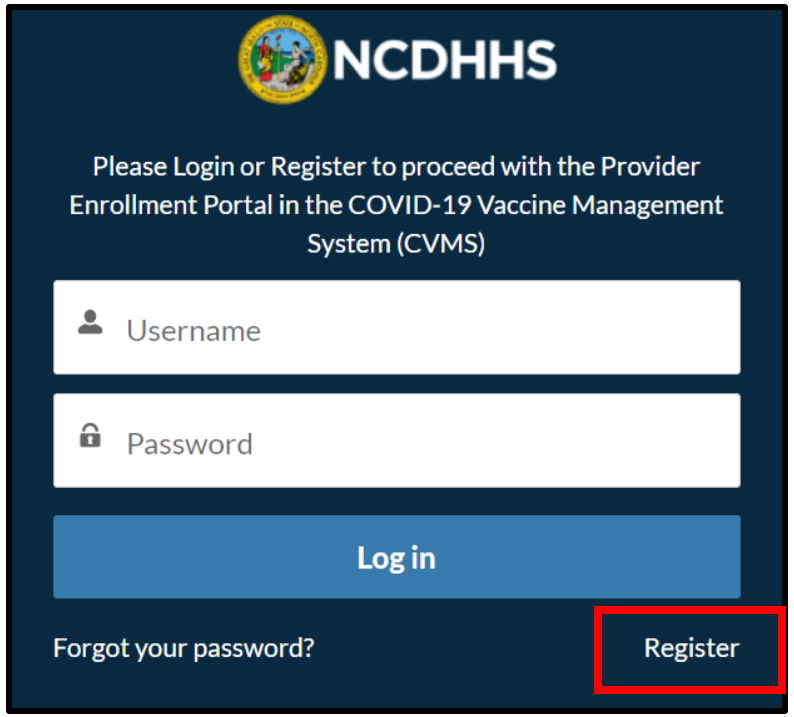
Step 1 of 13: Log into the CVMS Provider Enrollment Portal



When you are ready to begin the CVMS Provider Enrollment process, navigate to the CVMS Provider Enrollment Portal at https://covid-enroll.ncdhhs.gov/.

1. Click **REGISTER**
2. Enter your **NAME AND EMAIL**
3. Create your **PASSWORD**
4. Click **SIGN UP**
5. You will be directed to **COMPLETE SECTION B**

Audience

Organization Administrator

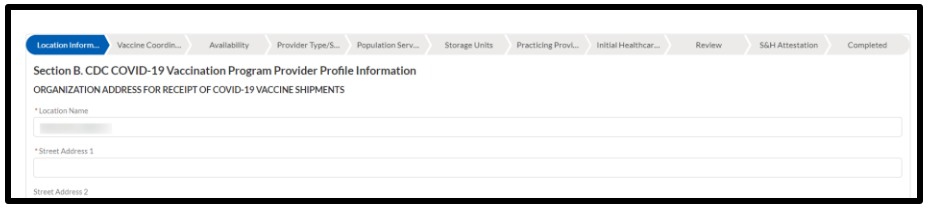
Vaccine Coordinator

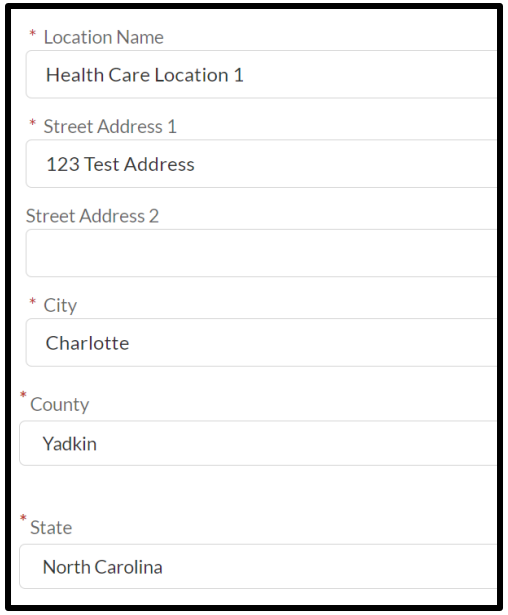
Tips

Link to the portal included in the email inviting you to register.

Reference the **CVMS Provider Enrollment Account Registration and Password Reset Training Guide** for more information about account creation, which is available on the NC Immunization Branch website: https://covid19.ncdhhs.gov/cvms-provider-enrollment-account-registration-and-password-reset-user-guide/download

Step 2 of 13: Provider Location Information





You will be directed to complete the **LOCATION INFORMATION** page. On this page, you will be able to provide additional details for your location.

1. Enter the address where your location will receive COVID-19 vaccine shipments
2. Please indicate if the address for vaccine shipments differs from the vaccine administration locations
3. Please indicate if another organization will order COVID-19 vaccine for this location
4. Click **NEXT** once all information is complete

Audience

Organization Administrator

Vaccine Coordinator

Tips

The Location Name field will be populated from details entered in Section A.

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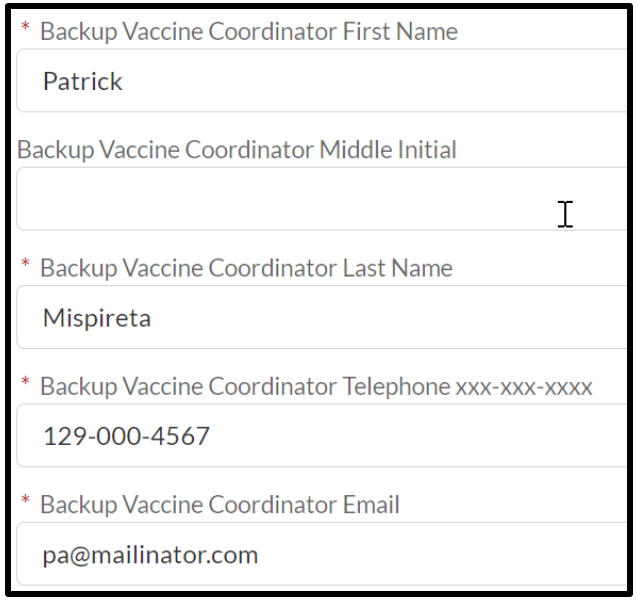
Step 3 of 13: Provide Vaccine Coordinator Details



After providing the location details, you will be prompted to enter additional Vaccine Coordinator Details. As the **PRIMARY VACCINE COORDINATOR**, your information will be **PREPOPULATED** for you.

You will be asked to provide **BACKUP VACCINE COORDINATOR** contact details. The Backup Vaccine Coordinator is typically the **LEAD PHYSICIAN** signing the agreement on behalf of your organization.

1. Enter the **BACKUP VACCINE COORDINATOR DETAILS**
2. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Tips

The Backup Vaccine Coordinator can be any representative from your location.

The Backup Vaccine Coordinator will not have access to the CVMS Provider Enrollment Portal.

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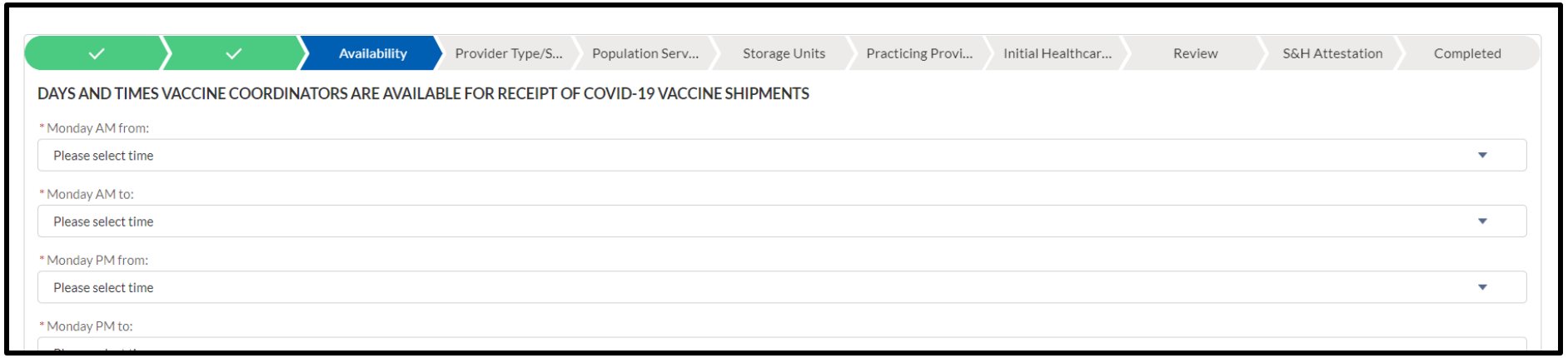
Step 4 of 13: Enter Availability to Receive COVID-19 Vaccine Shipments

You will be asked to provide your **AVAILABILITY TO RECEIVE COVID-19 VACCINE SHIPMENTS.** You have the option specify when you can receive shipments during a **MORNING AND EVENING TIMESLOT FOR EACH DAY** of the traditional work week.

1. Provide the **AVAILABILITY TO RECEIVE** COVID-19 vaccine shipments
2. If you are **NOT AVAILABLE TO RECEIVE** shipments during a timeslot, select **NA** for both the **FROM AND TO FIELDS**
3. Click **NEXT**

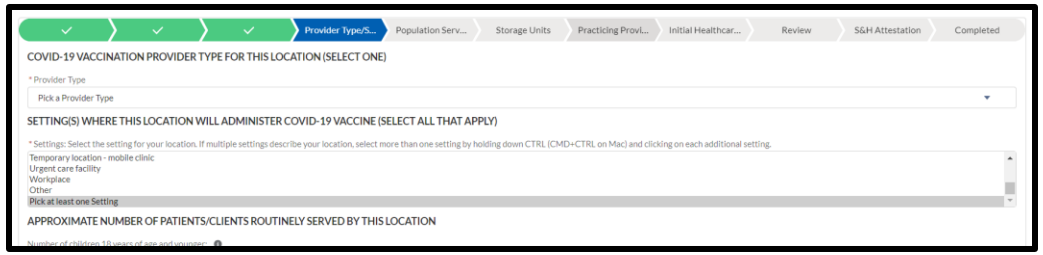


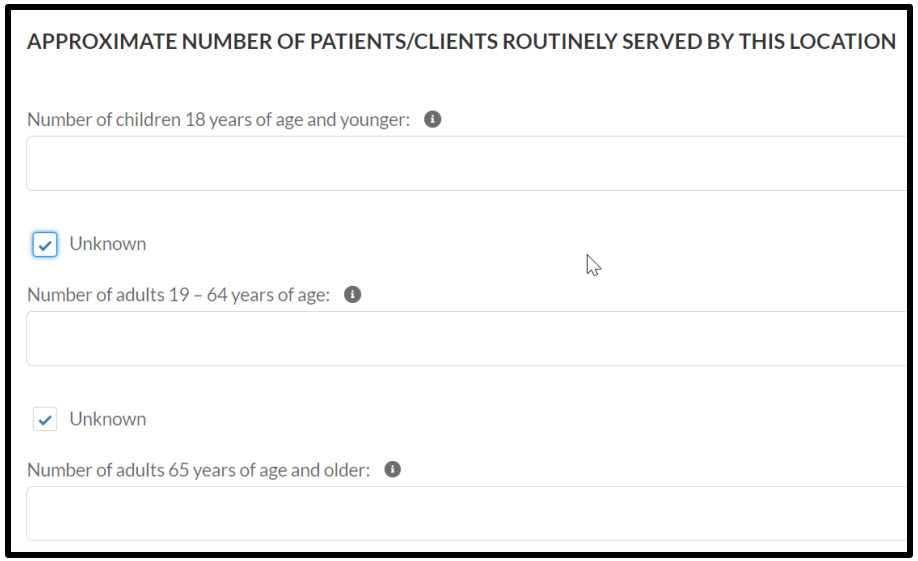
Audience

Organization Administrator

Vaccine Coordinator

Step 5 of 13: Enter Provider Type & Key Vaccination Details





Next, you will be directed to the **PROVIDER TYPE/SETTINGS** page. In this section, you will provide more information about your provider type and other key details.

1. Select a **PROVIDER TYPE**
2. Select **ALL THE SETTINGS** that apply
3. Enter the **ANNUAL NUMBER OF PATIENTS** served for **EACH AGE DEMOGRAPHIC**. If you do not know, select **Unknown**
4. Enter the **AVERAGE NUMBER OF PATIENTS** seen per week
5. Enter the **PEAK INFLUENZA VACCINES ADMINISTERED**
6. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Tips

To select more than one setting, click CTRL on your KEYBOARD and all values that apply.

If you have Mac, CONTROL + COMMAND and select all values that apply.

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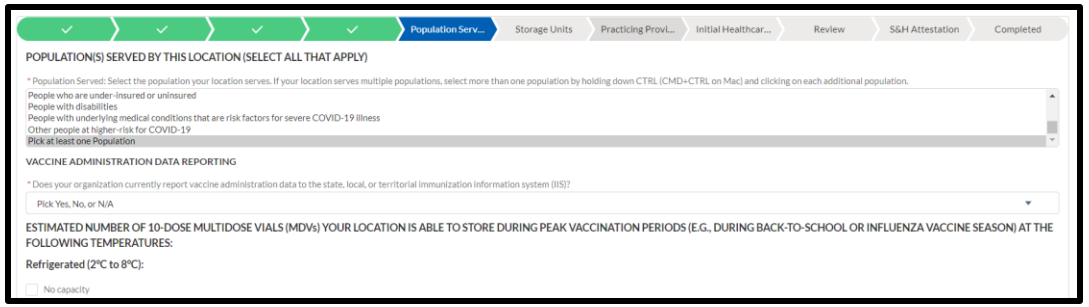
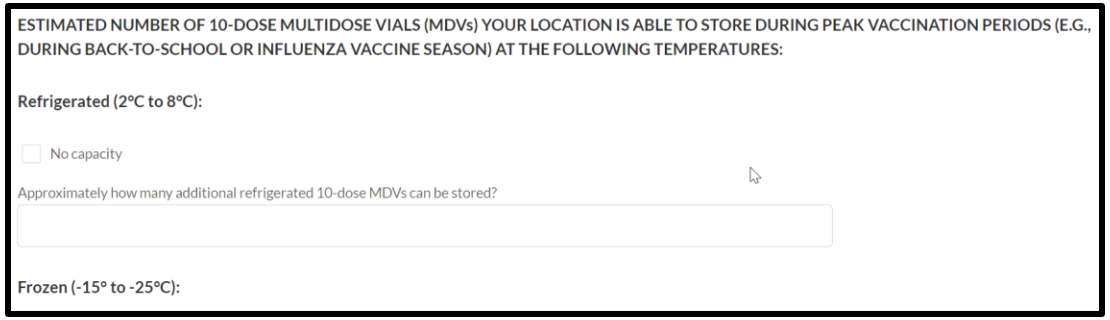
Step 6 of 13: Enter Population Type / # of 10-Dose MDVs



Next, you will be directed to the **POPULATION TYPE / # OF 10-DOSE MDVS** page. On this page, you will provide additional information about the **POPULATION(S) YOU SERVE** and some **STORAGE DETAILS.**



1. Select **ALL THE POPULATIONS SERVED** by your locations
2. Enter your location's **REPORTING STATUS / IIS NUMBER**.
3. Enter your location's **STORAGE CAPACITY DETAILS**
4. If your location does not have any storage capacity, select **NO CAPACITY**
5. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Tips

Pharmacies can call 1-877-873-6247 to determine their IIS number. All other types of providers can enter their NCIR number.

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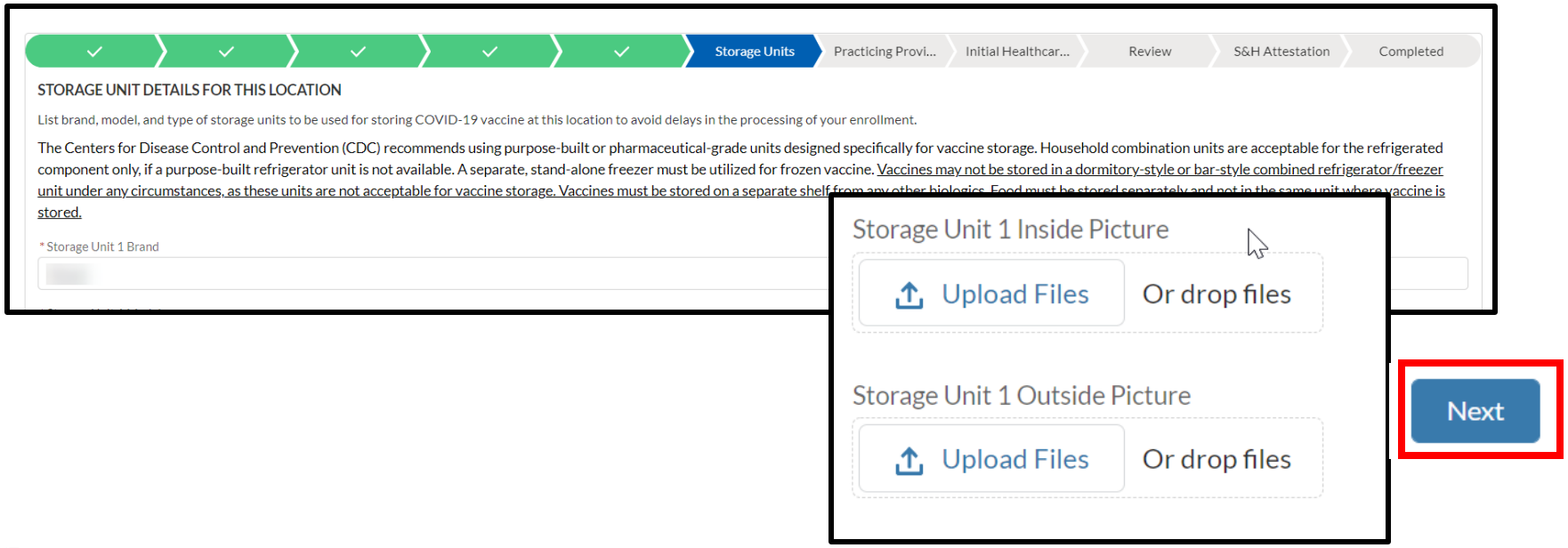
Step 7 of 13: Provide Additional Storage Unit Information

Next, you will be asked for more information on your **LOCATION'S STORAGE UNITS**. You may enter up to a **MAXIMUM OF FIVE STORAGE UNITS**.

You **MUST UPLOAD INSIDE AND OUTSIDE PHOTOS** of your storage units.

1. Enter the **BRAND, MODEL, AND TYPE** for each storage unit
2. **UPLOAD INSIDE AND OUTSIDE PHOTOS** of each storage unit
3. Select **N/A** for any remaining storage unit fields you will not use
4. Click **NEXT**



Audience

Organization Administrator

Vaccine Coordinator

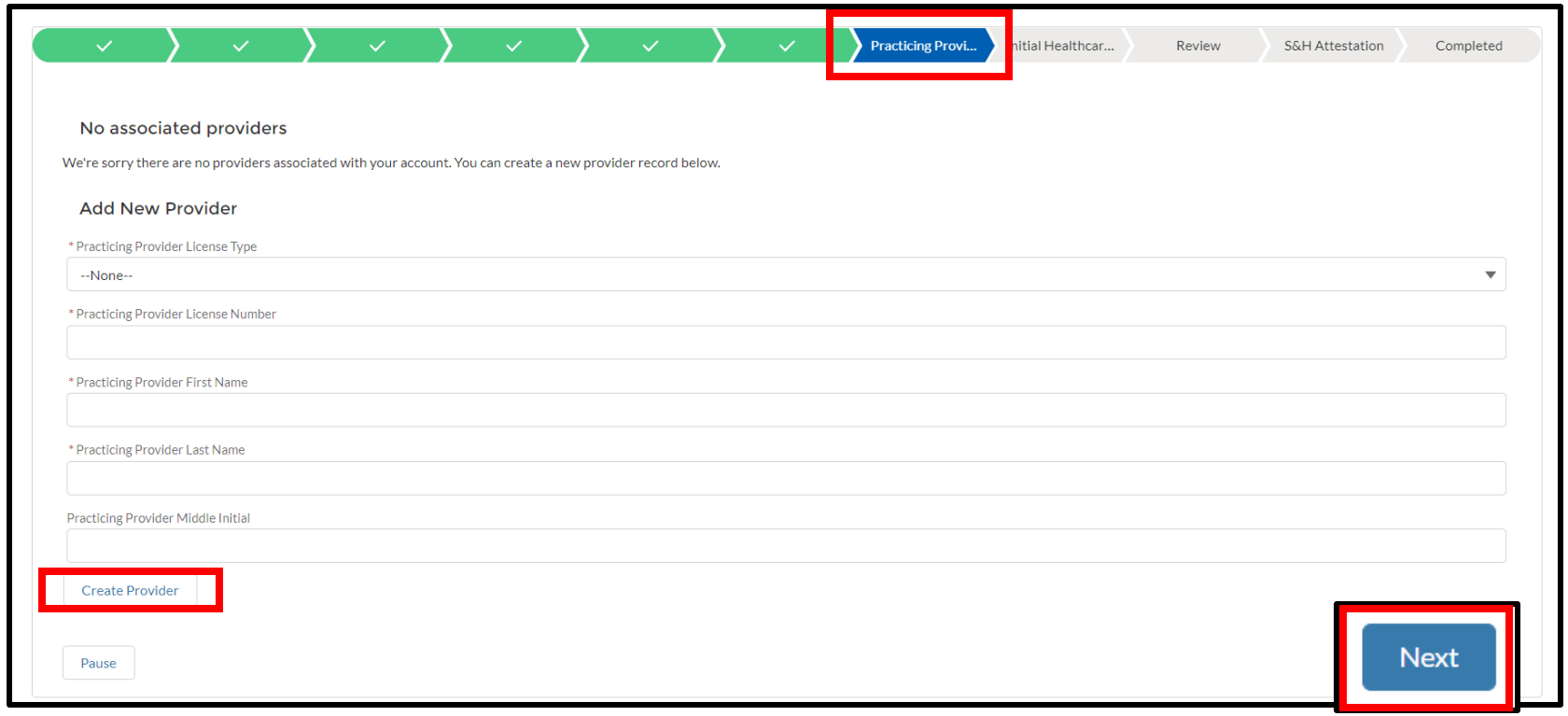
Tips

You must upload actual pictures of your storage units, not stock photos. Failure to upload actual photos will prevent your submitted application from being approved.

Step 8 of 13: Enter Your Practicing Providers Information

Next, you will be asked to **ENTER ALL PRACTICING PROVIDERS** with prescribing authority (i.e., MD, DO, NP, PA, RPh, DDS, DMD) for the COVID-19 vaccine at your location.

1. For each practicing provider, enter their information as it **APPEARS ON THEIR MEDICAL LICENSE**
2. Click **CREATE PROVIDER**
3. The practicing provider will be added to the list



Audience

Organization Administrator

Vaccine Coordinator

Tips

The practicing provider's name entered must match exactly how the practicing provider's name appears on the practicing provider's medical license.

If you represent a location with **25 or more practicing providers**, please reference the next section in this user guide.

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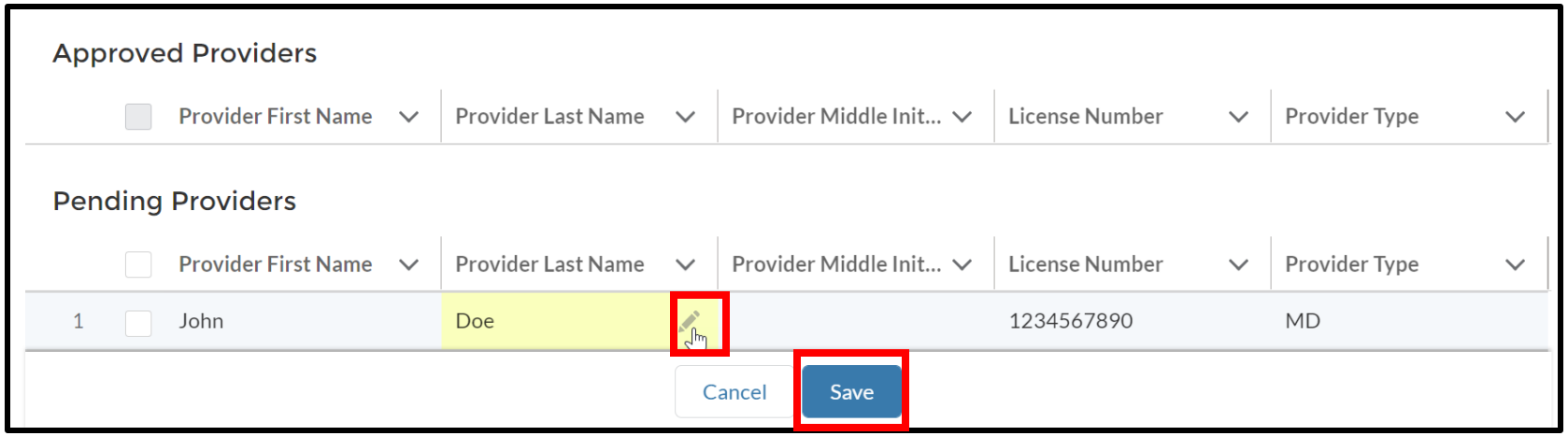
Step 9 of 13: Edit Your Practicing Providers Details

Once you enter all your practicing providers, **REVIEW THE PROVIDER LIST**. You can update or deactivate practicing providers that you entered.

To **UPDATE THE INFORMATION** for a practicing provider:

1. Locate the **CORRECT PROVIDER**
2. Click on the **PENCIL** next to the field you wish to update
3. Click outside of the field
4. Click **SAVE**



Audience

Organization Administrator

Vaccine Coordinator

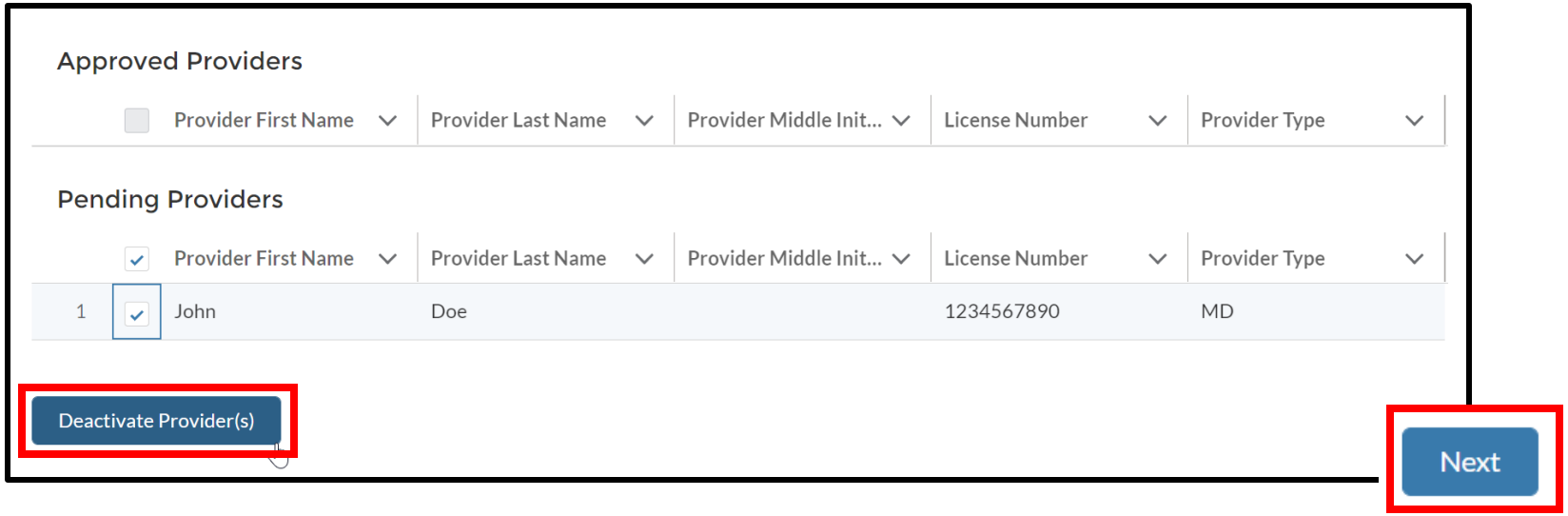
Step 10 of 13: Deactivate a Practicing Provider

Before you move to the next section, you can also deactivate any practicing providers you added to your providers list. It is **IMPORTANT THAT YOU REVIEW ALL PROVIDER DETAILS** before navigating to the next section.

To **DEACTIVATE A PROVIDER**:

1. Select **ONE OR MORE PROVIDERS** you wish to deactivate
2. Click **DEACTIVATE PROVIDER(S)**

Once you confirm that all practicing provider details are correct, click **NEXT**

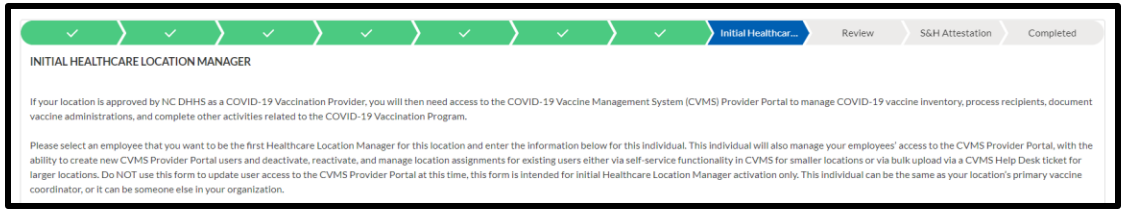


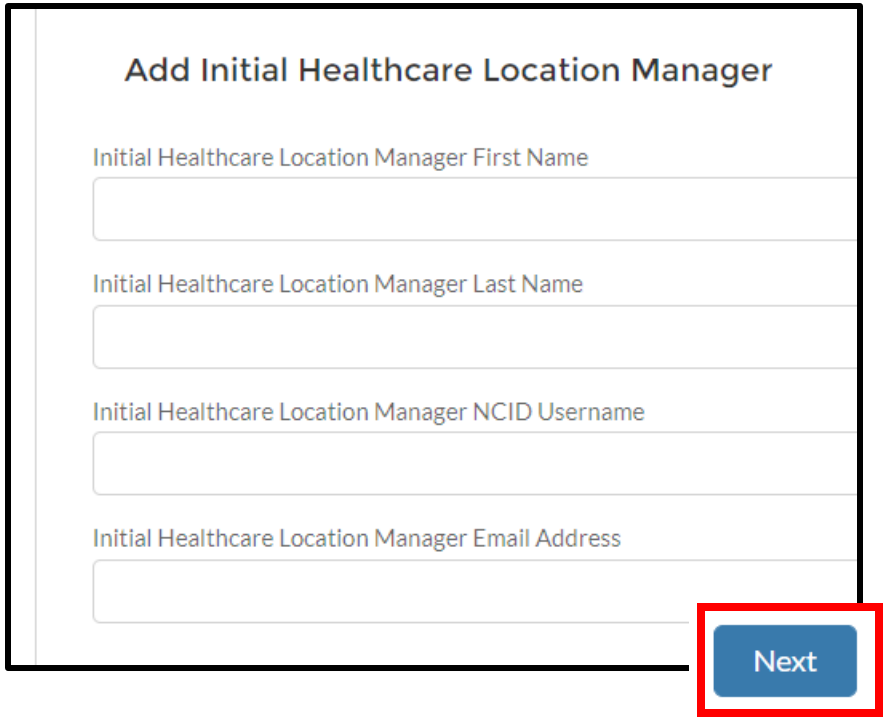
Audience

Organization Administrator

Vaccine Coordinator

Step 11 of 13: Add Initial Healthcare Location Manager





After clicking next, you will be able to **ADD YOUR INITIAL HEALTHCARE LOCATION MANAGER** to help support onboarding activities in the CVMS Provider Portal.

If your location is approved, the initial Healthcare Location Manager will be the first person for your location to receive access to the CVMS Provider Portal.

It is **IMPORTANT** to know that a valid NCID is required.

1. Review the instructions
2. Enter all **REQUIRED INFORMATION**
3. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Tips

If you do not enter an initial Healthcare Location Manager before your enrollment is approved, you will have to complete and submit the HCP User Onboarding Template to obtain access to the CVMS Provider Portal. You can learn about this template at https://covid19.ncdhhs.gov/media/2366/download.

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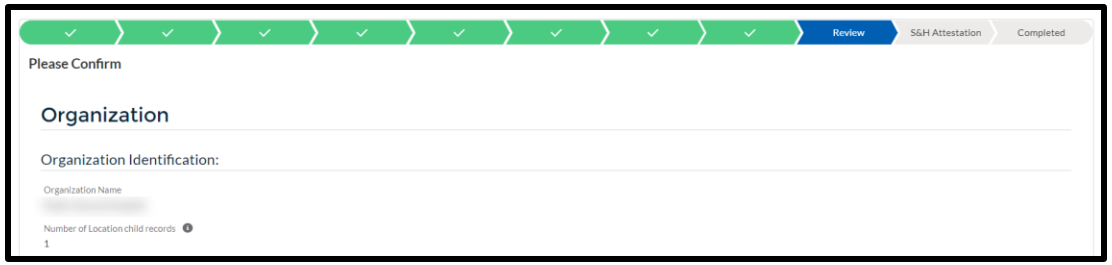
Step 12 of 13: Review & Sign the CDC COVID-19 Vaccination Program Provider Agreement



After clicking next, you will be able to review the information you provided and **SIGN THE CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT.**

It is **IMPORTANT** that you confirm that everything you entered for **SECTION B IS ACCURATE AND COMPLETE.**

1. Review the information you entered in Section B
2. Use the **PREVIOUS** button to correct errors
3. **DRAW YOUR SIGNATURE**
4. Click **ADOPT AND USE**
5. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Tips

If you wish to redo your signature, click the CLEAR button.

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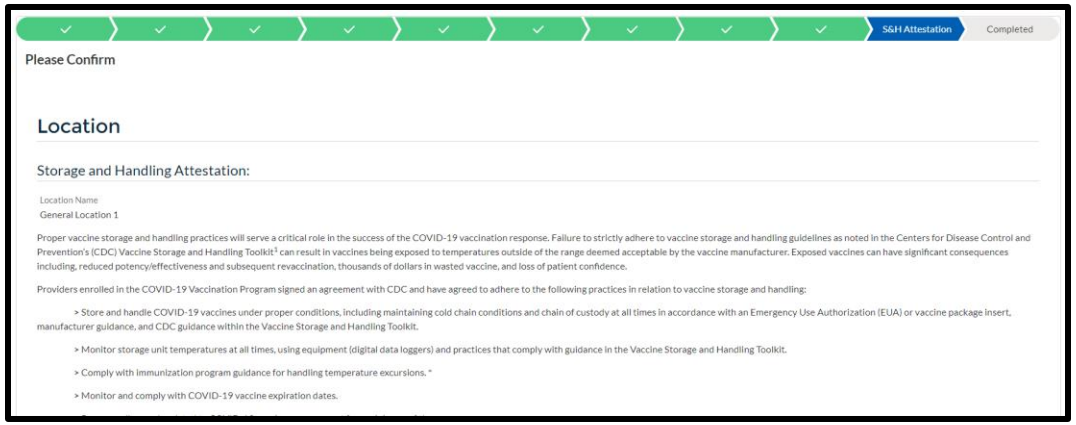
Step 13 of 13: Review & Sign the Storage and Handling Attestation



Next, you will **REVIEW AND SIGN** the **STORAGE AND HANDLING ATTESTATION.**

It is **IMPORTANT** to know that this **SIGNATURE IS CONSIDERED** on behalf of **YOU AND THE BACKUP VACCINE COORDINATOR.**

1. Read the **STORAGE AND HANDLING ATTESTATION**
2. **DRAW YOUR SIGNATURE**
3. Click **ADOPT AND USE**
4. Click **NEXT**
5. Section B is now **COMPLETE**

Audience

Organization Administrator

Vaccine Coordinator

Tips

You and your Organization Administrator will be notified via email when your location is approved for the first time if your Organization was approved first (this only applies to organizations with more than one location).

Email Notification After 7 Days of Inactivity

If you have not updated Section B for your location after 7 calendar days while it is in the New status, you will receive an email notification reminding you to complete Section B. It is important to complete Section B as soon as possible for your location to be reviewed by the Immunization Branch Staff team.

Dear

Cc:

We are writing to inform you that your application as a CDC COVID-19 Vaccination Provider in CVMS is incomplete and has not yet been submitted to the North Carolina Immunization Branch for review. Based on our records, Section B of the application for the location is still incomplete. Please ensure that as the vaccine coordinator, you log into the CVMS Provider Enrollment Portal and fully complete all information required to submit your application.

Enrolling COVID-19 vaccination providers must fully complete both Section A (Organization Information completed by your organization administrator) and Section B (Provider Profile for each location where COVID vaccine will be stored and administered completed by the location's primary vaccine coordinator) in order for your application to be reviewed.

Guidance and training on how to complete all sections of the application can be found on the NC DHHS website: Click Here

If you have decided not to proceed with the application for this location, please have your organization's administrator deactivate this location in the CVMS Provider Enrollment Portal

Please submit cases/inquiries regarding COVID-19 vaccines as well as any CVMS technology issues to the CVMS Help Desk Portal

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Audience

Organization Administrator

Vaccine Coordinator

Practicing Provider Bulk Upload

Practicing Provider Bulk Upload Overview

For **LOCATIONS WITH 25 OR MORE PRACTICING PROVIDERS** who will be administering the COVID-19 vaccine, you can receive support in entering your practicing providers into CVMS via the **PRACTICING PROVIDER BULK UPLOAD PROCESS**. The Practicing Provider Bulk Upload process is offered to support completion of Section B.

If your location is eligible for this assistance, **PLEASE SUBMIT SECTION B WITHOUT ADDING YOUR PRACTICING PROVIDERS IN CVMS**. It is **IMPORTANT** to know that your **LOCATION CANNOT BE APPROVED** until your **PRACTICING PROVIDERS ARE ENTERED**.

	A	B	C	D	E	F	G
1	Provider Enrollment (Location)	Practicing Provider First Name	Practicing Provider Middle Initial	Practicing Provider Last Name	Practicing Provider License Type	Practicing Provider License Number	Comments
2		Bertram	S	Roberson	MD	74824184	
3		Amy	I	Torres	MD	802582528	
4		Fathima	B	Calhoun	DO	8053985	
5		Jaye		Dunlap	DO	79840274	
6		Cherie	T	Perkins	NP	5270742	
7		Alessandra		Schmitt	NP	8792348124	
8		Jaheim	S	Leach	PA	84802242	
9		Kirstie	A	Bender	PA	85824381	
10		Adnan		Monroe	RPh	15424524	
11							

Audience

Organization Administrator

Vaccine Coordinator

Tips

If you choose to use the practicing provider bulk upload process, do not manually enter any providers into CVMS.

Step 1 of 3: Practicing Provider Bulk Upload Template

To initiate the Practicing Provider Bulk Upload process, you must download the **PRACTICING PROVIDER BULK UPLOAD TEMPLATE**.

Please download this template for the Immunization Branch website:

CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19

The template name is **Practicing Provider Bulk Upload Template** (Excel)

	A	B	C	D	E	F	G
1	Provider Enrollment (Location)	Practicing Provider First Name	Practicing Provider Middle Name	Practicing Provider Last Name	Practicing Provider License Type	Practicing Provider License Number	Comments
2							
3							
4							
5							
6							
7							
8							

Audience

Organization Administrator

Vaccine Coordinator

Step 2 of 3: Enter Practicing Provider Information

Once you have the Practicing Provider Bulk Upload Template, enter details for each practicing provider who will administer the COVID-19 vaccine at this location. Remember, all **INFORMATION ENTERED MUST MATCH** what appears on the **PRACTICING PROVIDER'S MEDICAL LICENSE**.

COMPLETE ONE Practicing Provider Bulk Upload Template **PER LOCATION.**

1. Enter the following information **FOR EACH PRACTICING PROVIDER**:
   - First Name
   - Middle Initial (if applicable)
   - Last Name
   - License Type (select option from dropdown)
   - License Number

Audience

Organization Administrator

Vaccine Coordinator

Tips

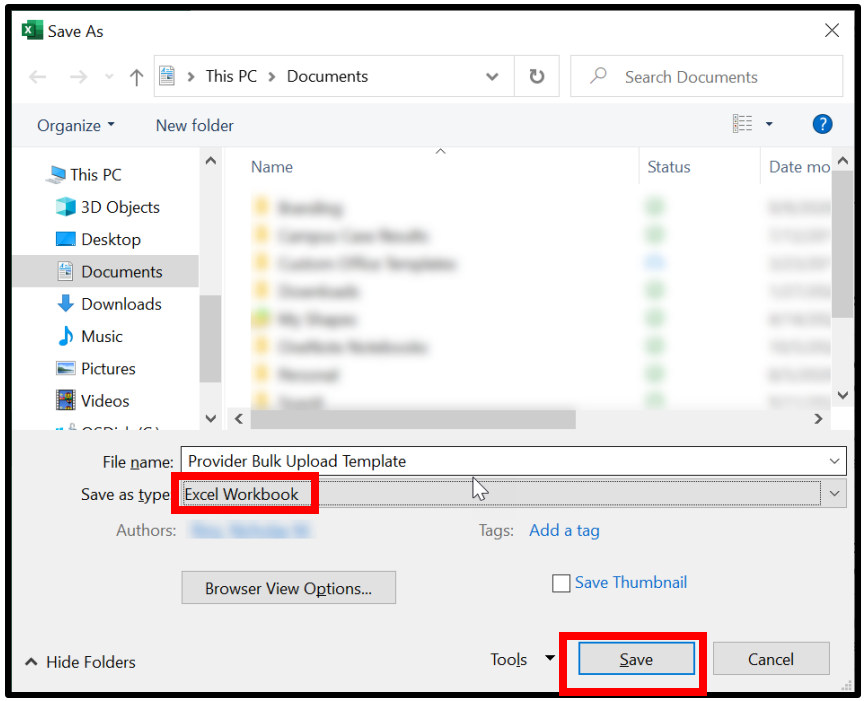
Complete one practicing provider bulk upload template per location.

Step 3 of 3: Save & Send Practicing Provider Bulk Upload File

Review the Practicing Provider Bulk Upload file for completeness and accuracy. You can now **SAVE AND SEND THE FILE** to the CVMS Help Desk Portal for processing.

1. **REVIEW** all information
2. **SAVE** the file as an **EXCEL FILE**
3. **SUBMIT THE FILE TO THE CVMS HELP DESK PORTAL** at https://ncgov.servicenowservices.com/csm_vaccine.

- Please **INCLUDE THE LOCATION NAME** for the Practicing Provider Bulk Upload File within the ticket.



Audience

Organization Administrator

Vaccine Coordinator

Tips

Include the Location Name in the email with your completed Practicing Provider Bulk Upload file.

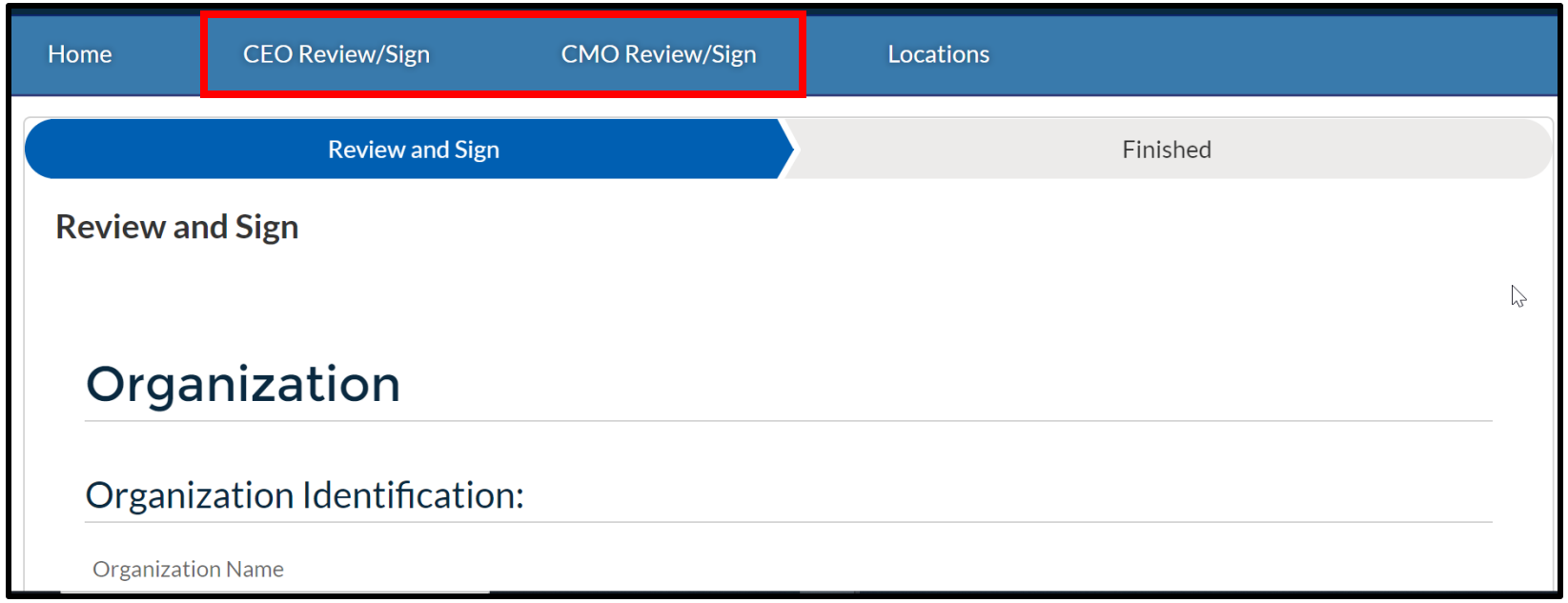
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Steps after Completing Section B

CMO & CEO Sign the CDC COVID-19 Vaccination Program Provider Agreement

Once you complete Section B, your **CMO AND CEO** will be able to **REVIEW AND SIGN** the **CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT** and the **CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT**, if applicable.

If you are your organization's CMO and / or CEO, you can proceed to these steps. *Reference the CVMS Provider Enrollment Responsible Officers User Guide for more information.*



Audience

Organization Administrator

Vaccine Coordinator

Tips

Please review the **CVMS Provider Enrollment Responsible Officers User Guide** for further instruction, which is available on the NC Immunization Branch website at https://covid19.ncdhhs.gov/cvms-provider-enrollment-responsible-officer-user-guide-3/download.

Resubmitting Section B

Step 1 of 2: Receiving Rejection Email Notification

After your location is reviewed, the Immunization Branch will either approve or reject your location. If your location is rejected, you will receive an email notification with the **REASON FOR REJECTION in the subject line as well as the body of the message**. You will be able to resubmit your Section B for your location.

1. **LOG IN** to the Provider Enrollment Portal

Public Message > Sandbox Location does not meet licensing eligibility

Back to Inbox

To [redacted]
From covidenroll@dhhs.nc.gov
Sending IP 96.43.152.77
Received 2021-03-08 11:38:16

Delete

HTML TEXT JSON RAW LINKS ATTACHMENTS

Dear [redacted]

Cc: [redacted]

Thank you for your interest in the CDC COVID-19 Vaccination Program in North Carolina. The purpose of this email is to inform you that your application for the [redacted] location cannot be approved at this time. Vaccinating providers must have active, valid licensure/credentials to possess and administer vaccine in NC. This licensure verification is needed for those with prescribing authority [e.g., MD, DO, RPh, NP, PA] who will oversee COVID-19 vaccine administration to be qualified under the CDC agreement under the appropriate NC licensing authority.

Your application remains in CVMS and can be revised at any time for reconsideration. If you would like to update any part of the application, please log in to the CVMS Provider Enrollment Portal to do so.

Please submit cases/inquiries regarding COVID-19 vaccines as well as any CVMS technology issues to the CVMS Help Desk Portal for the most timely responses.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Audience

Organization Administrator

Vaccine Coordinator

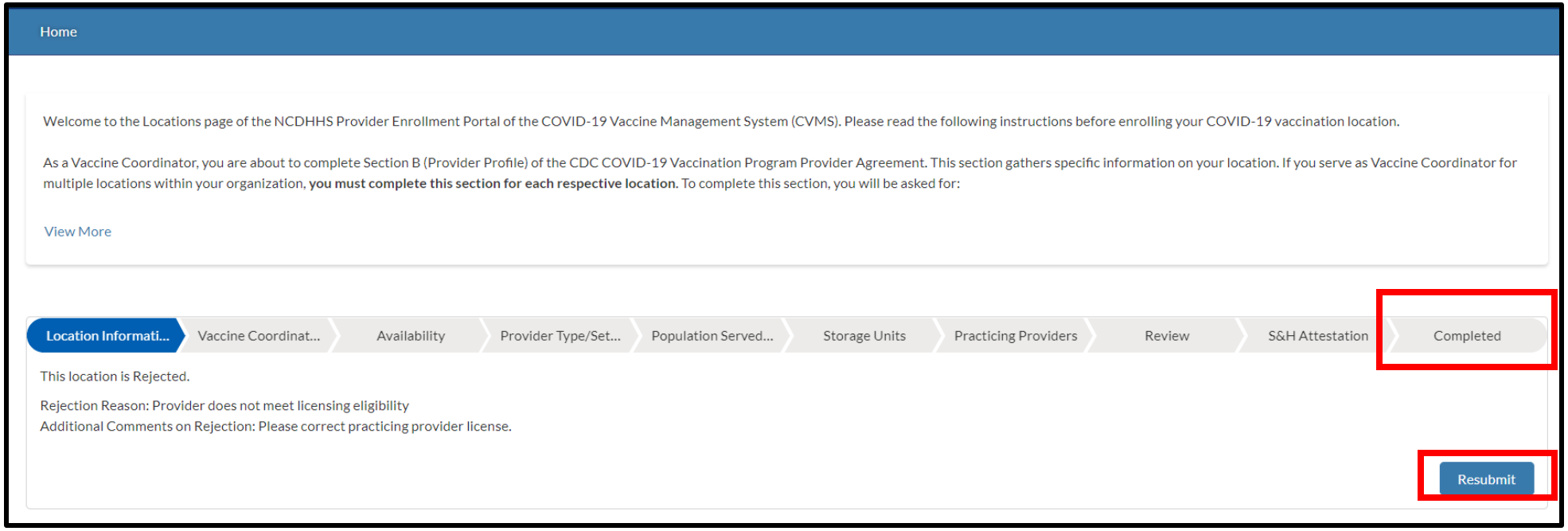
Tips

You and your Organization Administrator will be notified via email when your location is approved for the first time if your Organization was approved first (this only applies to organizations with more than one location).

Step 2 of 2: Resubmitting Section B

You will be asked if you would like to resubmit your Section B. Please take the time to update your Section B as well as review all the information you are submitting one more time. Once you reach the final page of Section B, your Section B will be resubmitted for review.

1. Click **RESUBMIT**
2. After clicking Resubmit, use the **NEXT / PREVIOUS** buttons to review and update your Section B



Audience

Organization Administrator

Vaccine Coordinator

Tips

Your Organization Administrator will be copied on the email if your location is rejected.

Appendix

Additional Notes

Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- *** Asterisks** are used to denote required information.
- A Toggle can be clicked to see selectable options.
- A Pen can be clicked to make edits to the field.
- Previous Next Navigation Buttons can be clicked on to progress to the "next" or the "previous" step in a task.
- Pause A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

Contact Information:

- All questions should be directed to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine.

Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers to access CVMS.
- For more information on supported browsers, see **https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5**
- Note: Internet Explorer and Edge (non-Chromium) browsers are not supported.

User Guide Change Log

Version	Date of Change	Changes Made	Impacted Slides	Author
1	12/14/2020	• Original version		Kevin Kauffman
2	12/31/2020	• Removed link to the Provider Enrollment portal	4, 6	Simon Couderc
3	1/7/2021	• Removed any mention of CVMS Help Desk emails. Added Service Now Portal information.	1, 2, 8, 10, 25, 27, 31	Courtney Seward
4	3/3/2021	• Updated language to focus on providers with prescribing authority per CDC agreement. • Updated CVMS Call Center information	2, 18	Jerilyn MacLaren-Hall
5	3/9/2021	• Updated registration steps, automated 7-day reminder and added resubmit Section B steps.	11, 30 - 32	Azalea Troche
6	4/1/2021	• Updated Practicing Providers page layout	18	Azalea Troche
7	4/13/2021	• Updated HCP Location Manager step; updated practicing provider license types; update on email notification sent about approved locations.	8, 18, 21, 22	Azalea Troche