



## COVID-19 Vaccine Management System (CVMS) Provider Enrollment Portal Sign a Redistribution Agreement Job Aid

Please follow these instructions if your organization is already enrolled in the North Carolina COVID-19 Vaccination Program and needs to sign the CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT.

The first step is for the user in your organization that has the **ORGANIZATION ADMINISTRATOR** profile to indicate that your organization is a **REDISTRIBUTION PARTICIPANT** (see Section A of this Job Aid). The next step is for the users in your organization with the **CHIEF EXECUTIVE OFFICER (CEO)** and/or **CHIEF MEDICAL OFFICER (CMO)** profiles to review and sign the **CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT** (see Section B of this Job Aid).

### A. User with an Organization Administrator Profile Prepares Application

1. Navigate to the CVMS Provider Enrollment Portal at <https://covid-enroll.ncdhhs.gov/>
2. Log in using your **USERNAME** (usually the email address you registered with) and **PASSWORD**<sup>1</sup>

The screenshot shows the login interface for the NCDHHS COVID-19 Vaccine Management System (CVMS) Provider Enrollment Portal. The page has a dark blue header with the NCDHHS logo and the text 'Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)'. Below this, there are two input fields: 'Username' and 'Password', each with a small eye icon to the right. A blue 'Log in' button is positioned below the password field. At the bottom of the form area, there are two links: 'Forgot your password?' on the left and 'Register' on the right. A red rectangular box highlights the Username, Password, and Log in button area.

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***Tip:** If your organization enrolled via **REDCAP** and you did not later create a login for the CVMS Provider Enrollment Portal, you must register for an account. Click **REGISTER** and enter your full name, and the email address associated with your Provider Enrollment Agreement from **REDCAP**. Create a password (12 characters, 1 uppercase letter, 1 lowercase letter, 1 special character, 1 number)*

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<sup>1</sup> If you experience Log-in issues, please reference the page 12 of the **Account Registration and Password Reset User Guide:** <https://covid19.ncdhhs.gov/cvms-provider-enrollment-account-registration-and-password-reset-user-guide/download>



3. Select **REVIEW** under the question “Would you like to review or resubmit the organization record?”, then click Next

*Note: If you do not see this page, you most likely are not the Organization Administrator. Contact the COVID-19 Vaccine Provider Help Center for assistance at (877) 873-6247 (option 1) to retrieve the name of this user.*

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

View More

**Provider Enrollment**

Your Provider Enrollment Organization: Sunshine Health Care is Approved.

To review your Organization's agreement without making a change select Review and click Next.

To add a new Location or change your Responsible Officers (CEO/CMO or Equivalent) select Resubmit and click Next. This will change your Organization's status to New and prompt a review by the NCDHHS Immunization Branch.

For additional guidance refer to the CVMS User Guides, Recorded Trainings and Upcoming Trainings website.

\*Would you like to review or resubmit the organization record?

Review

Next

4. Search for the field **REDISTRIBUTION PARTICIPANT** under the *Organization Identification* header, and confirm if it is set to **NO** (if set to **YES**, your organization already signed the **REDISTRIBUTION AGREEMENT**, and no further action is required)

**Organization**

Organization Identification:

Organization Name  
Sunshine Health Care

Organization Telephone Number  
555-555-5555

Organization Email  
hola.palmer@mailinator.com

Organization Address 1  
123 Test Dr

Organization Address 2

Organization City  
Raleigh

Organization County  
Wake

Organization State  
North Carolina

Organization Zip Code  
77702

Redistribution Participant  
No

Responsible Officers:

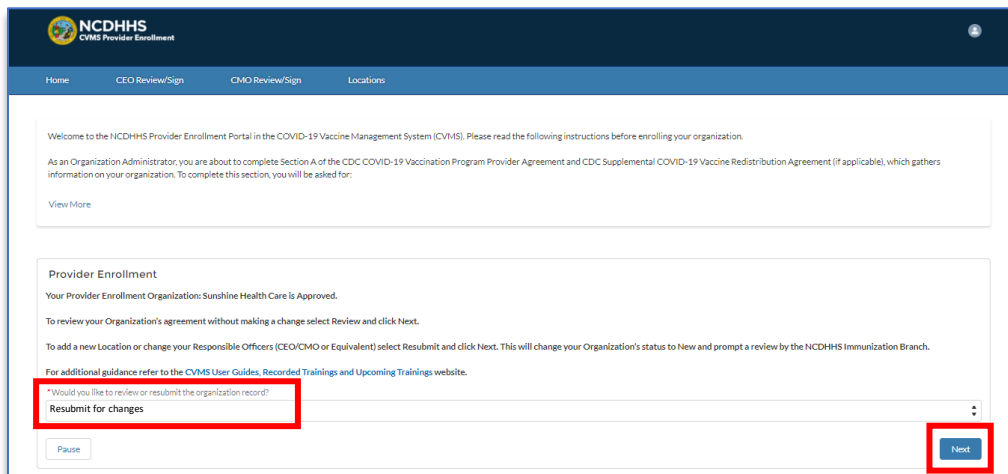
5. Click **HOME** at the top of the page

NCDHHS  
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Organization Information Locations Responsible Officers Review Next Steps

6. Select **RESUBMIT FOR CHANGES** under the question “*Would you like to review or resubmit the organization record?*”, then click Next



Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

View More

**Provider Enrollment**

Your Provider Enrollment Organization: Sunshine Health Care is Approved.

To review your Organization's agreement without making a change select Review and click Next.

To add a new Location or change your Responsible Officers (CEO/CMO or Equivalent) select Resubmit and click Next. This will change your Organization's status to New and prompt a review by the NCDHHS Immunization Branch.

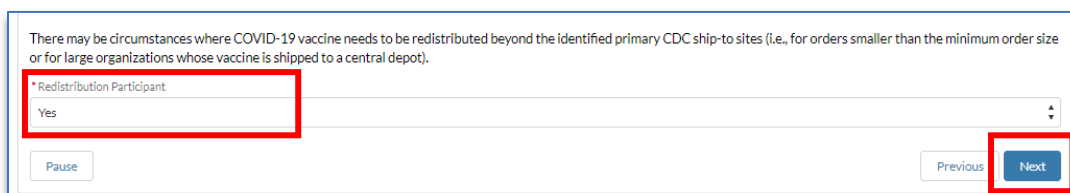
For additional guidance refer to the CVMS User Guide, Recorded Trainings and Upcoming Trainings website.

\*Would you like to review or resubmit the organization record?

Resubmit for changes

Pause Next

7. Select **YES** at **REDISTRIBUTION PARTICIPANT**.



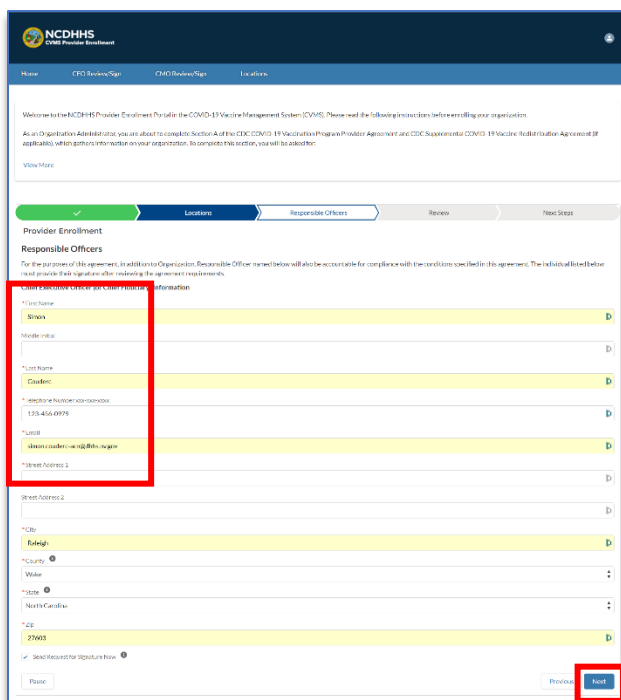
There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot).

\*Redistribution Participant

Yes

Pause Previous Next

8. Click **NEXT** two times until you reach the **RESPONSIBLE OFFICERS** page and check the names and email addresses of the Chief Medical Officer and the Chief Executive Officer



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As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

View More

Locations Responsible Officers Review Next Steps

**Provider Enrollment**

**Responsible Officers**

For the purposes of this agreement, in addition to Organization, Responsible Officer name(s) below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

**Chief Executive Officer (CEO) Information**

\*First Name: Minax D

\*Middle Initial: D

\*Last Name: Cauden D

\*Telephone Number (Area Code): 133.456.0979 D

\*Email: alexan.cauden@shg.bleu.org D

\*Street Address 1: D

\*Street Address 2: D

\*City: Edinburg D

\*County: Wake D

\*State: North Carolina D

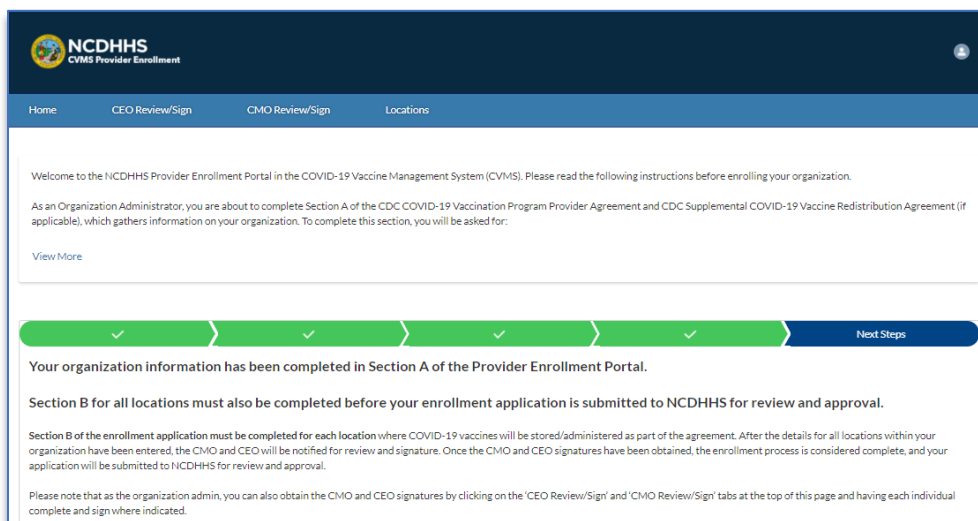
\*Zip: 27603 D

Send Request for Signature Now

Pause Previous Next

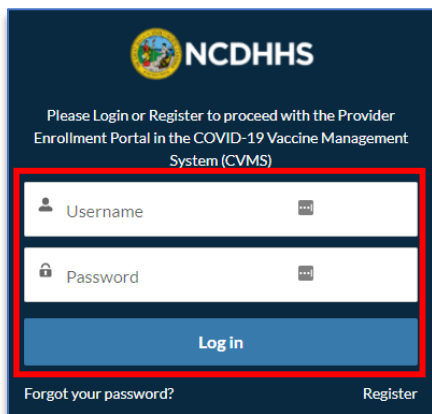
**Tip:** Inform the CMO and CEO they will need to log-in to the CVMS Provider Enrollment Portal using the email addresses filled in on this page, and then electronically sign the Redistribution Agreement

9. Click **NEXT** two more times until you reach the **NEXT STEPS** page

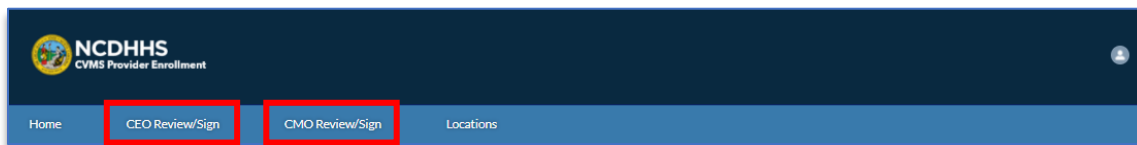


## B. User(s) with CEO and CMO Profiles Sign the Agreement

1. Navigate to the CVMS Provider Enrollment Portal at <https://covid-enroll.ncdhhs.gov/>
2. Log in using your **USERNAME** (email address) and **PASSWORD**<sup>2</sup>



3. Navigate to the CEO Review/Sign tab if you are the CEO and/or the CMO Review/Sign tab if you are the CMO



<sup>2</sup> If you experience Log-in issues, please reference the page 12 of the **Account Registration and Password Reset User Guide**: <https://covid19.ncdhhs.gov/cvms-provider-enrollment-account-registration-and-password-reset-user-guide/download>



4. Sign the re-submission of the enrollment application by **DRAWING YOUR SIGNATURE** in the box, click **ADOPT AND USE**, and click Next

NCDHHS  
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the Organization Agreement Review page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions.  
As a CEO, you are about to review and sign the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable).  
View More

Review and Sign Finished

Review and Sign

LOC-03471

Once you have reviewed the agreement, please provide your eSignature. Note, you must click the 'Adopt and Use' button after drawing your eSignature.

\* Draw Your Signature Here

Adopt and Use Clear

Date  
June 29, 2021

Next

5. Then sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement** by **DRAWING YOUR SIGNATURE** in the box, click **ADOPT AND USE**, and click Next

NCDHHS  
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the Organization Agreement Review page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions.  
As a CEO, you are about to review and sign the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable).  
View More

Review and Sign Finished

Review and Sign

LOC-03471

Once you have reviewed the agreement, please provide your eSignature. Note, you must click the 'Adopt and Use' button after drawing your eSignature.

\* Draw Your Signature Here

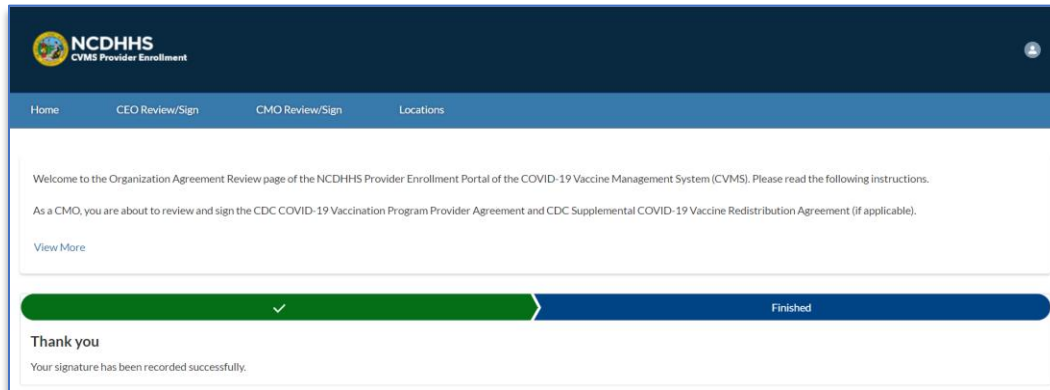
Adopt and Use Clear

Date  
June 29, 2021

Next



- The redistribution agreement is fully signed once both the CEO and the CMO electronic signatures have been added



- Users with an **ORGANIZATION ADMINISTRATOR**, **CEO** and **CMO** profiles will receive a confirmation by email once the agreement has been reviewed by the NCDHHS team

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If you have any questions or issues, please go to the CVMS Help Desk Portal at [https://ncgov.servicenow.com/csm\\_vaccine](https://ncgov.servicenow.com/csm_vaccine) and select the "**Vaccine Provider**" option to submit your question or issue.

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 to Friday: 7 am – 7 pm ET  
Saturday & Sunday: 10 am – 6 pm ET

*Version 2 – September 10, 2021*