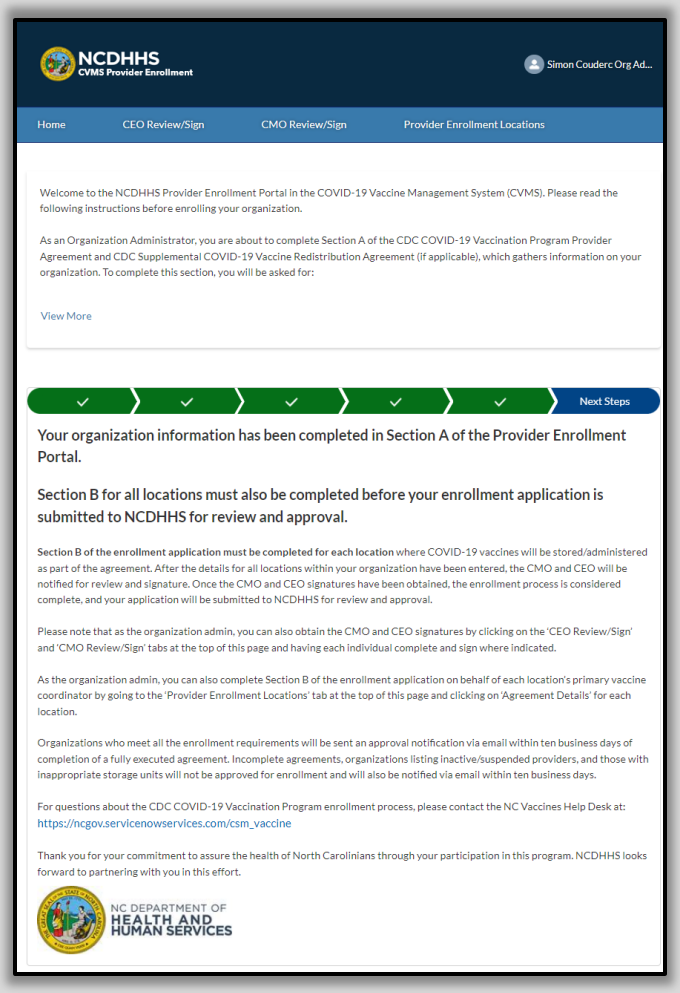
Enroll Your Organization

Section A Quick Start Guide

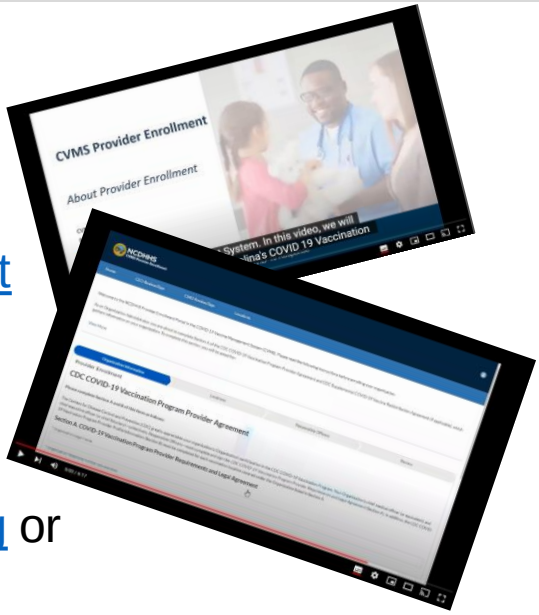
Your organization's designated Organization Administrator will begin enrolling in the COVID-19 Vaccine Program by completing **Section A** of the CDC COVID-19 Vaccination Program Provider Agreement.

Then other users will complete one **Section B** form for each location that would receive COVID-19 vaccines.

Upon completion of the application, it will be reviewed by the State of North Carolina for approval.



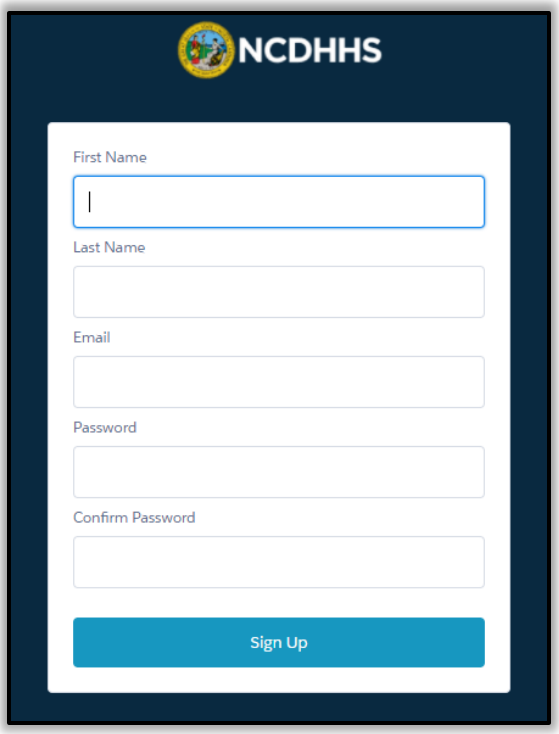
Preparing for Section A



1. Check out these Learning Videos:
   - What to know about Provider Enrollment
   - Register your User Account to get started
   - Register your Organization
2. View Provider Enrollment recorded training or attend a Live session

Create Credentials

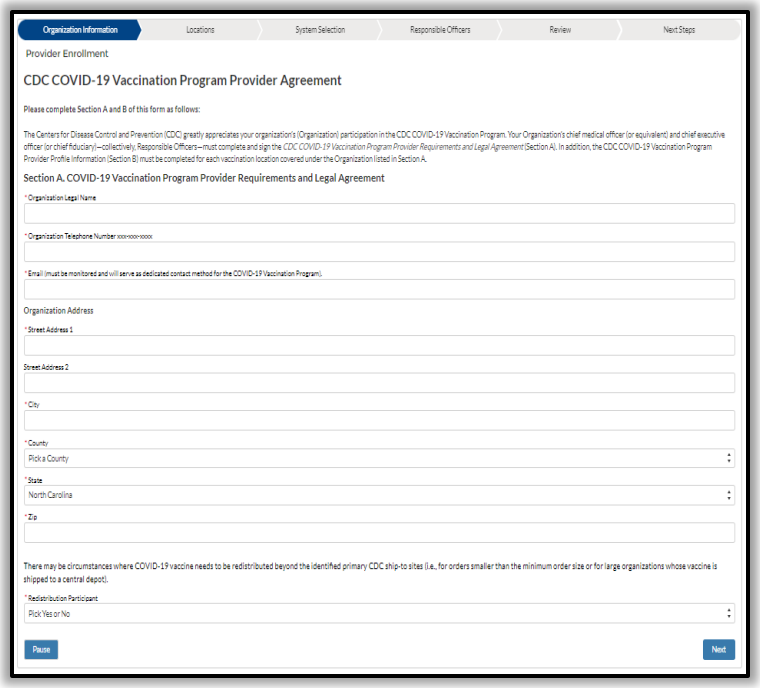
1. Go to https://covid-enroll.ncdhhs.gov
2. Click Register
3. Enter the Required Information
4. Click Sign Up



Organization Information

The designated Organization Administrator is responsible for filling in the required fields of this section.

1. Organization Legal Name
2. Organization Phone Number
3. Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)
4. Address details including County in NC
5. Redistribution Participant (Yes/No)



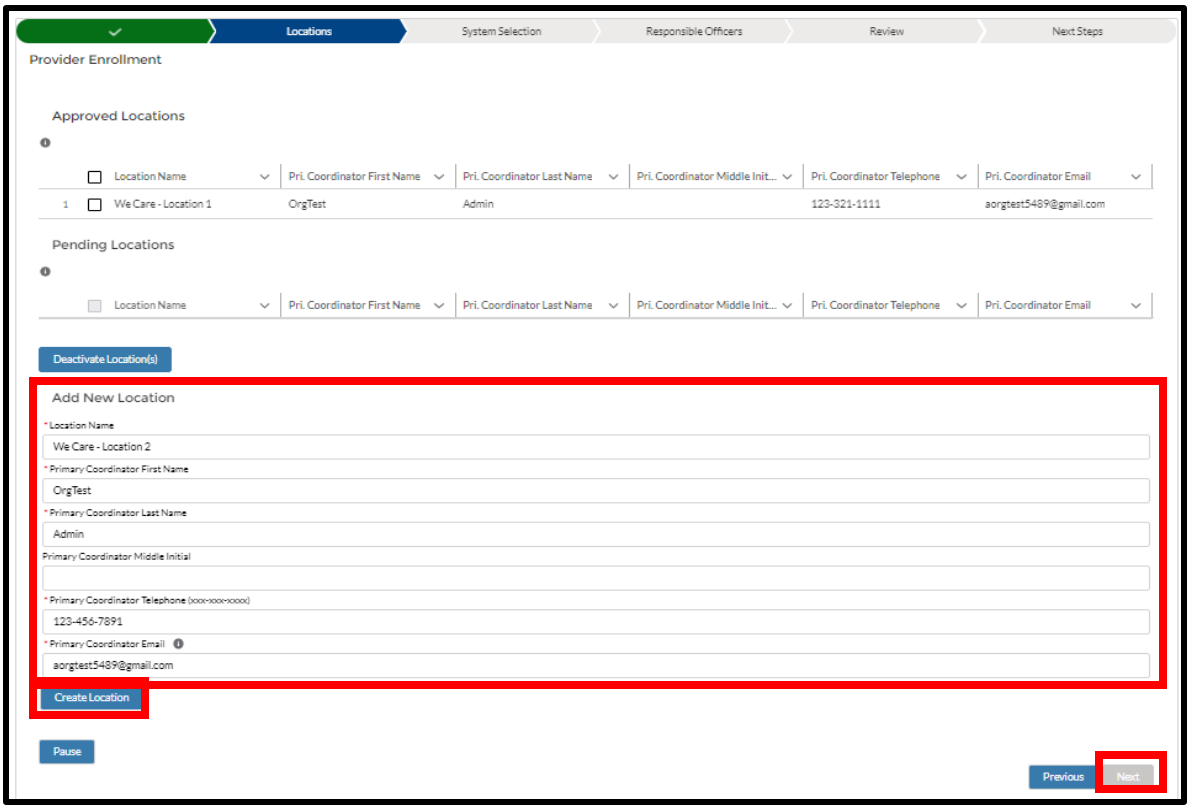
If set to Yes, the redistribution agreement will pre-approve all transfers of vaccine inventories between your locations.

Locations

The Organization Administrator must add all locations within your organization that will receive shipments of the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

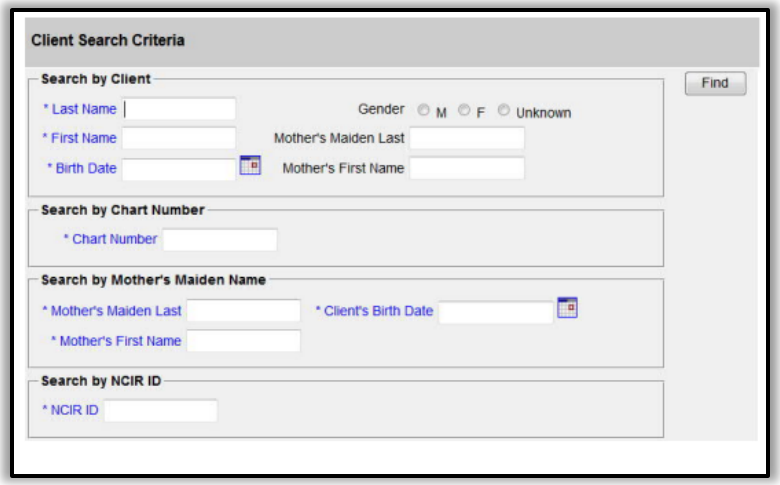
The Organization Administrator will provide the Vaccine Coordinator's information for the following required fields:

1. Location Name
2. Primary Vaccine Coordinator First & Last Name
3. Primary Vaccine Coordinator Phone Number
4. Primary Vaccine Coordinator Email

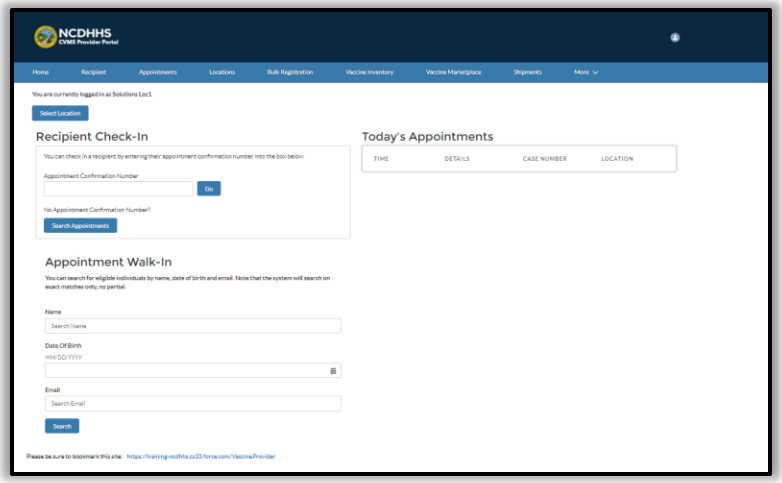


Select a Reporting System (NCIR or CVMS)

The Organization Administrator will select whether their organization will use CVMS or NCIR to report their COVID-19 Vaccinations to NCDHHS.



NCIR



CVMS

NCIR (North Carolina Immunization Registry) is a legacy system that has been used for 10 years now. It is possible that many of you will already be familiar with how to use NCIR and will feel very comfortable using it as a "one-stop shop" for all vaccinations, especially for pediatricians who will need to log an entire series of childhood vaccinations.

For organizations with providers that are primarily dealing with COVID-19 vaccinations, though, **CVMS** (COVID-19 Vaccine Management System) will likely be the best choice. CVMS has an intuitive graphical user interface. It also includes unique features such as:

- Appointment Self-Scheduling by the general public
- Access to reports
- Print or email to recipients their COVID-19 Vaccination Information PDF

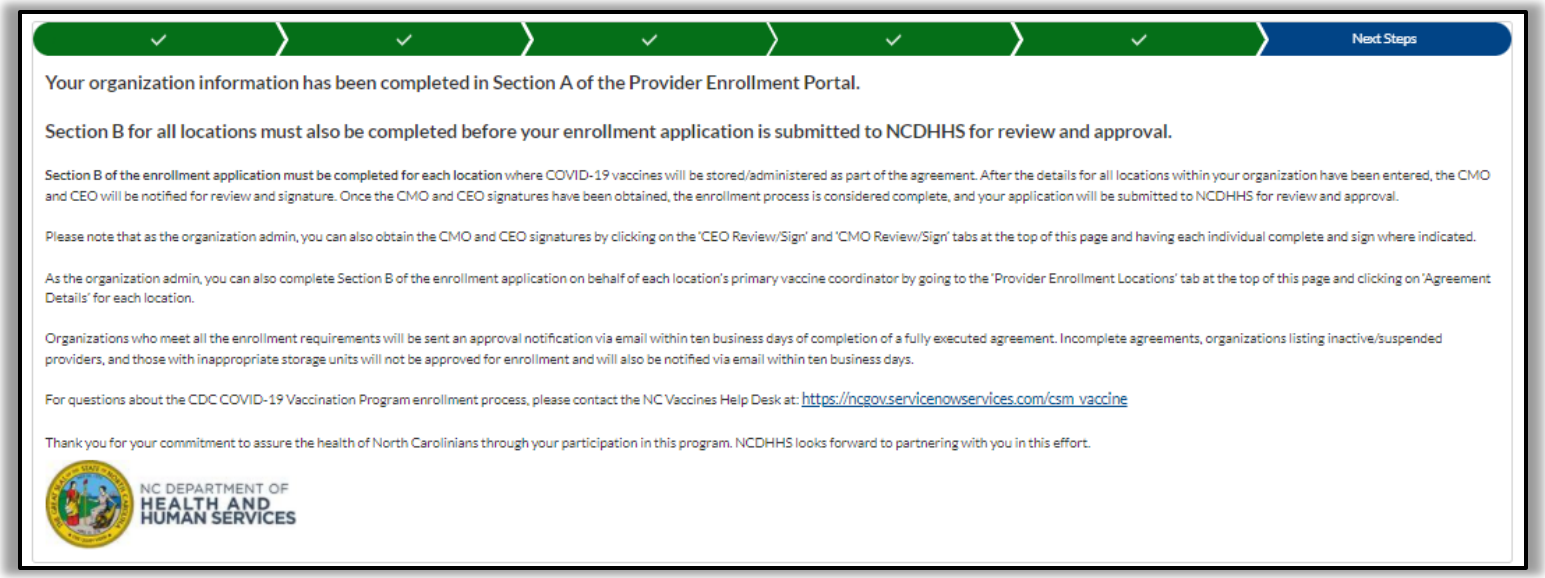
In addition, CVMS is updated on a routine basis to incorporate changes to the COVID-19 Vaccination Program.

Add Responsible Officers Information

The last step in section A will be to add the Chief Executive Officer (CEO) and the Chief Medical Officer (CMO) information:

1. Names
2. Title
3. Licensure Number
4. Contact details

The CEO and CMO will review and electronically sign the final agreement once Section(s) B is completed.



Next Steps

Your organization information has been completed in Section A of the Provider Enrollment Portal.

Section B for all locations must also be completed before your enrollment application is submitted to NCDHHS for review and approval.

Section B of the enrollment application must be completed for each location where COVID-19 vaccines will be stored/administered as part of the agreement. After the details for all locations within your organization have been entered, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete, and your application will be submitted to NCDHHS for review and approval.

Please note that as the organization admin, you can also obtain the CMO and CEO signatures by clicking on the 'CEO Review/Sign' and 'CMO Review/Sign' tabs at the top of this page and having each individual complete and sign where indicated.

As the organization admin, you can also complete Section B of the enrollment application on behalf of each location's primary vaccine coordinator by going to the 'Provider Enrollment Locations' tab at the top of this page and clicking on 'Agreement Details' for each location.

Organizations who meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended providers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please contact the NC Vaccines Help Desk at: https://ncgov.servicenowservices.com/csm_vaccine

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

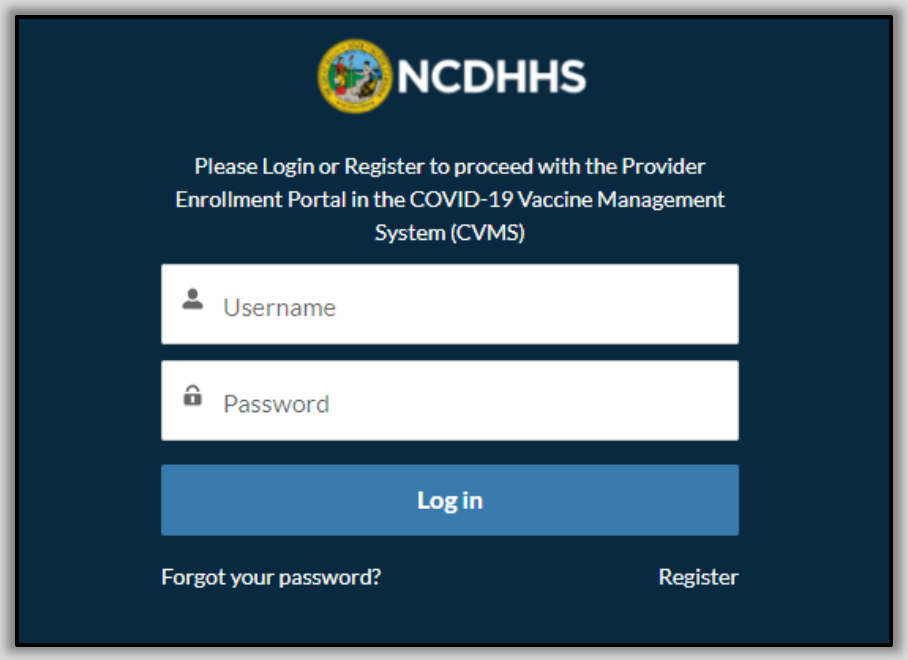
Once Section A is over, emails are sent to the Vaccine Coordinator(s), CEO, and CMO inviting them to register in the Provider Enrollment Portal.

Enroll Each of Your Locations

Section B Quick Start Guide

Your location's designated Vaccine Coordinator(s) must complete **Section B** of the Agreement. This section gathers specific information on the location where COVID-19 vaccines would be shipped and stored, prior to being administered.

If your organization includes multiple locations, this section B must be completed by each Vaccine Coordinator assigned to each location.



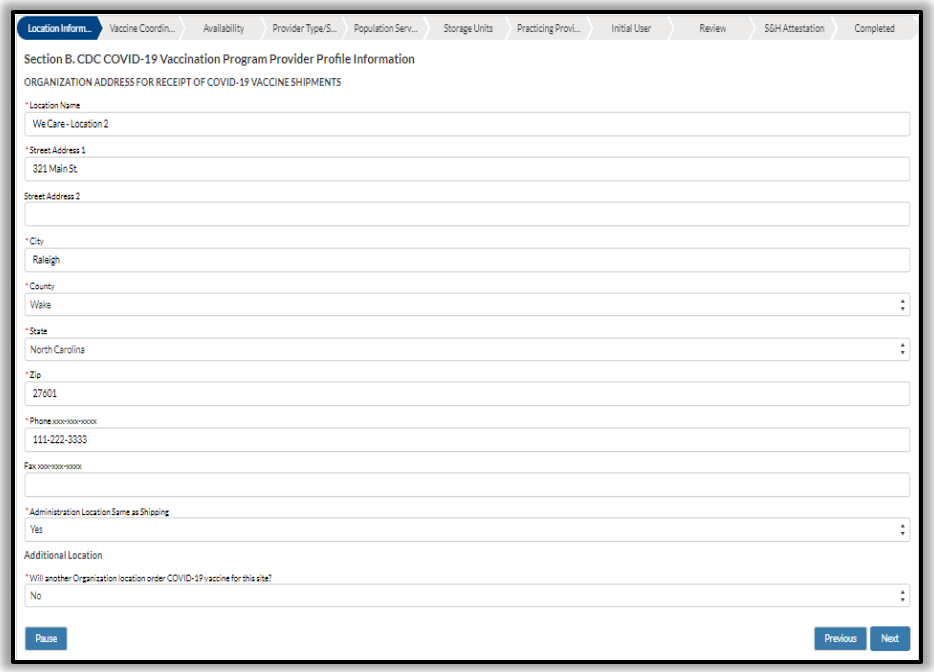
Username is the email address shared by the Organization Administrator earlier

Preparing for Section B

1. Check out these Learning Videos:
   - Register your Storage Units
   - Register your Practicing Providers
   - Review and sign the Storage and Handling Attestation

Location Identification

1. Location Name
2. Street Address
3. City
4. County
5. State
6. Zip Code
7. Phone Number
8. Administration Location Same as Shipping?
9. Will another Organization location order COVID-19 vaccine for this site.



Vaccine Coordinators Information

1. Primary Vaccine Coordinator Name, Phone Number and Email
2. Backup Vaccine Coordinator Name, Phone Number and Email

The Backup Vaccine Coordinator receives copies of COVID-19 vaccine shipment information.

Availability

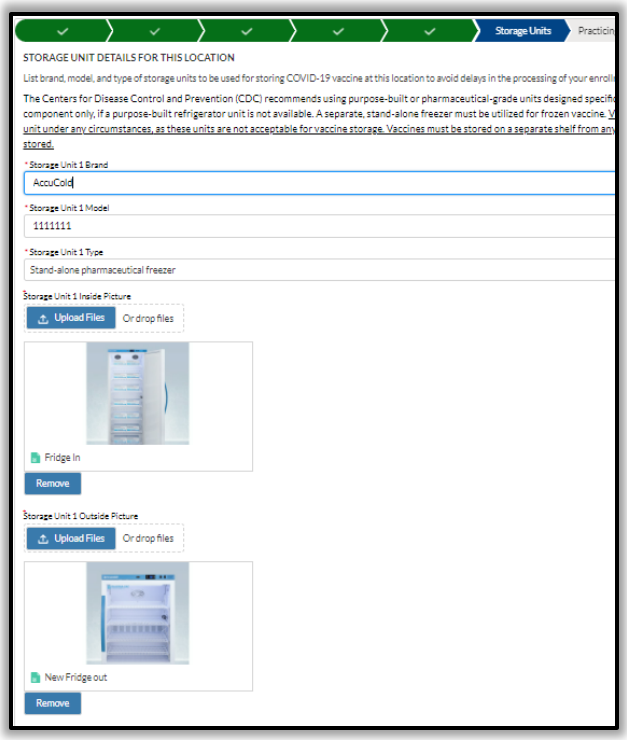
1. Enter days and times the location is available for receipt of COVID-19 vaccine shipments

Share Provider Type and Capacity to receive Patients

1. Select Provider Type
2. Setting(s) where this location will administer COVID-19 vaccine
3. Approximate number of patients/clients routinely served by this location per age group, on average and for influenza vaccination campaigns

Share Typical Populations Served and Storage Capacity

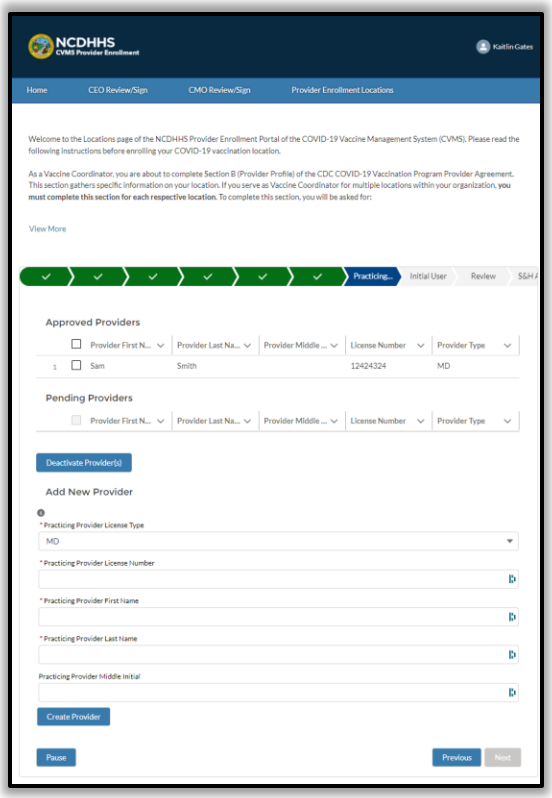
1. Population(s) served by this location
2. Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?
3. Estimated number of 10-dose multidose vials (mdvs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza vaccine season) at the following temperatures.



Share details about your storage Units (Up to 5)

For each unit,

1. Share brand, model, unit type
2. Upload a picture of the inside of the actual unit, and a picture of the outside of the actual unit



Declare Licensed Practicing Providers

Declare all licensed personnel that will administer or supervise administration of COVID-19 vaccines.

1. For each Practicing Provider, share the license type and number, and exact name as it appears on their license.

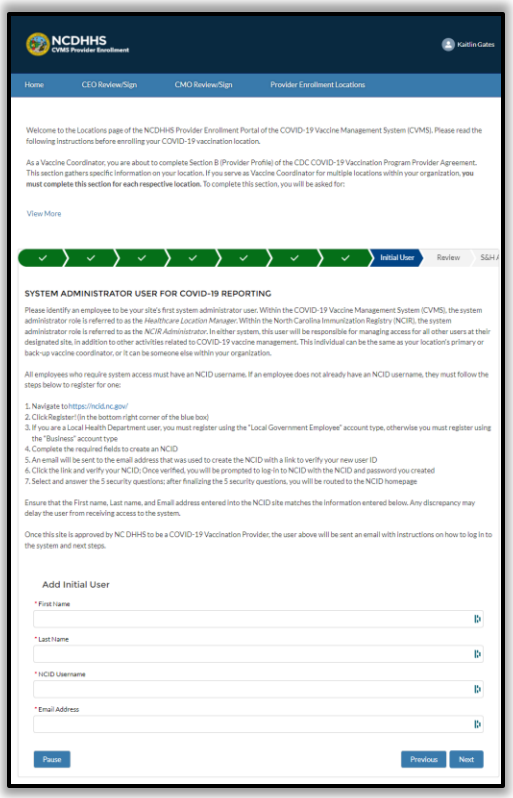
Declare your Initial User on CVMS or NCIR

Identify an employee to be your site's first system administrator user. This employee will be responsible for creating user accounts for all other users at the location.

Share:

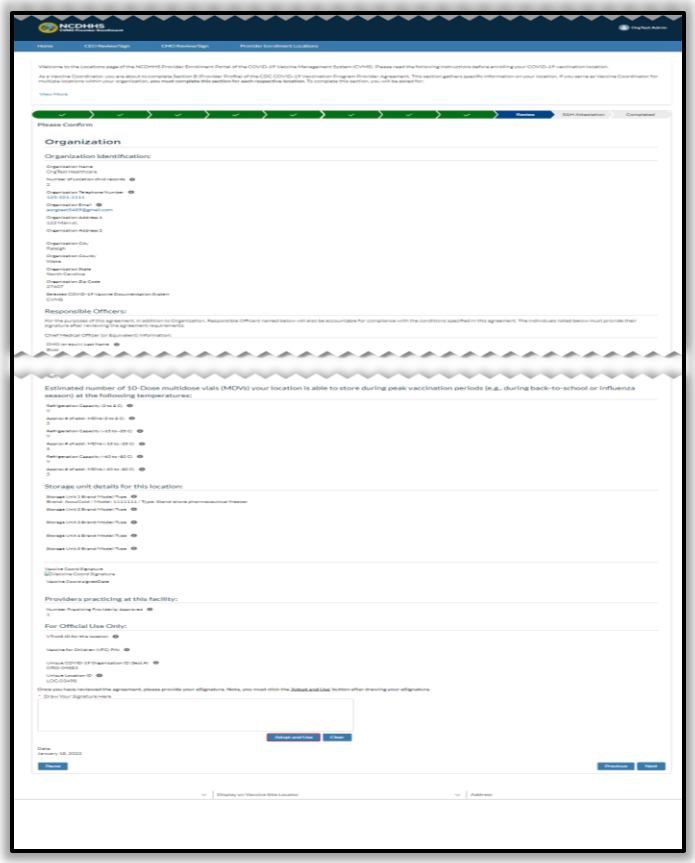
1. Initial user's name
2. NCID Username
3. Email address

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they can register for one here: https://ncid.nc.gov/



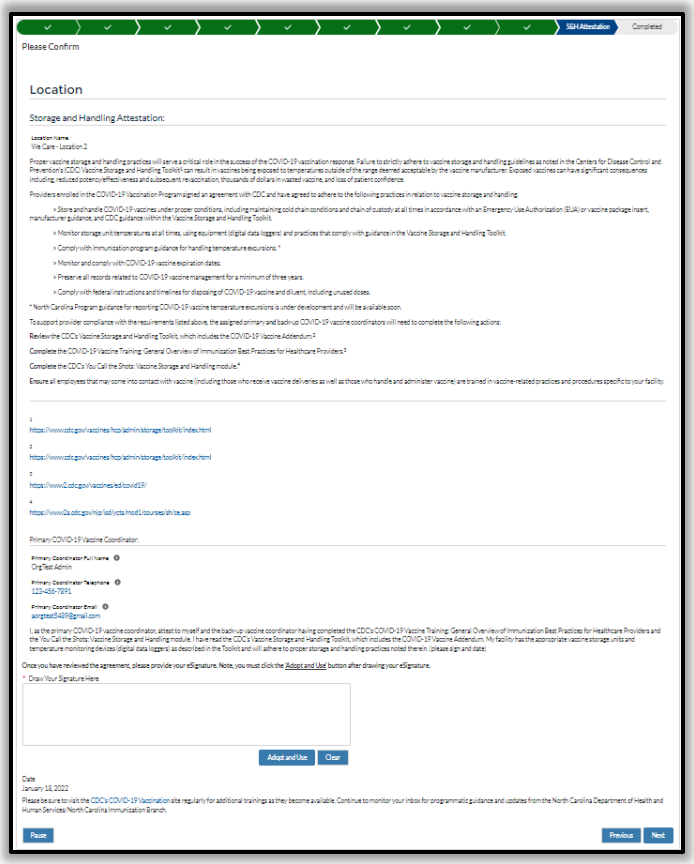
Review/Confirm

Once the Vaccine Coordinator has reviewed the agreement, they will provide their eSignature. They must click the 'Adopt and Use' button after drawing their eSignature.

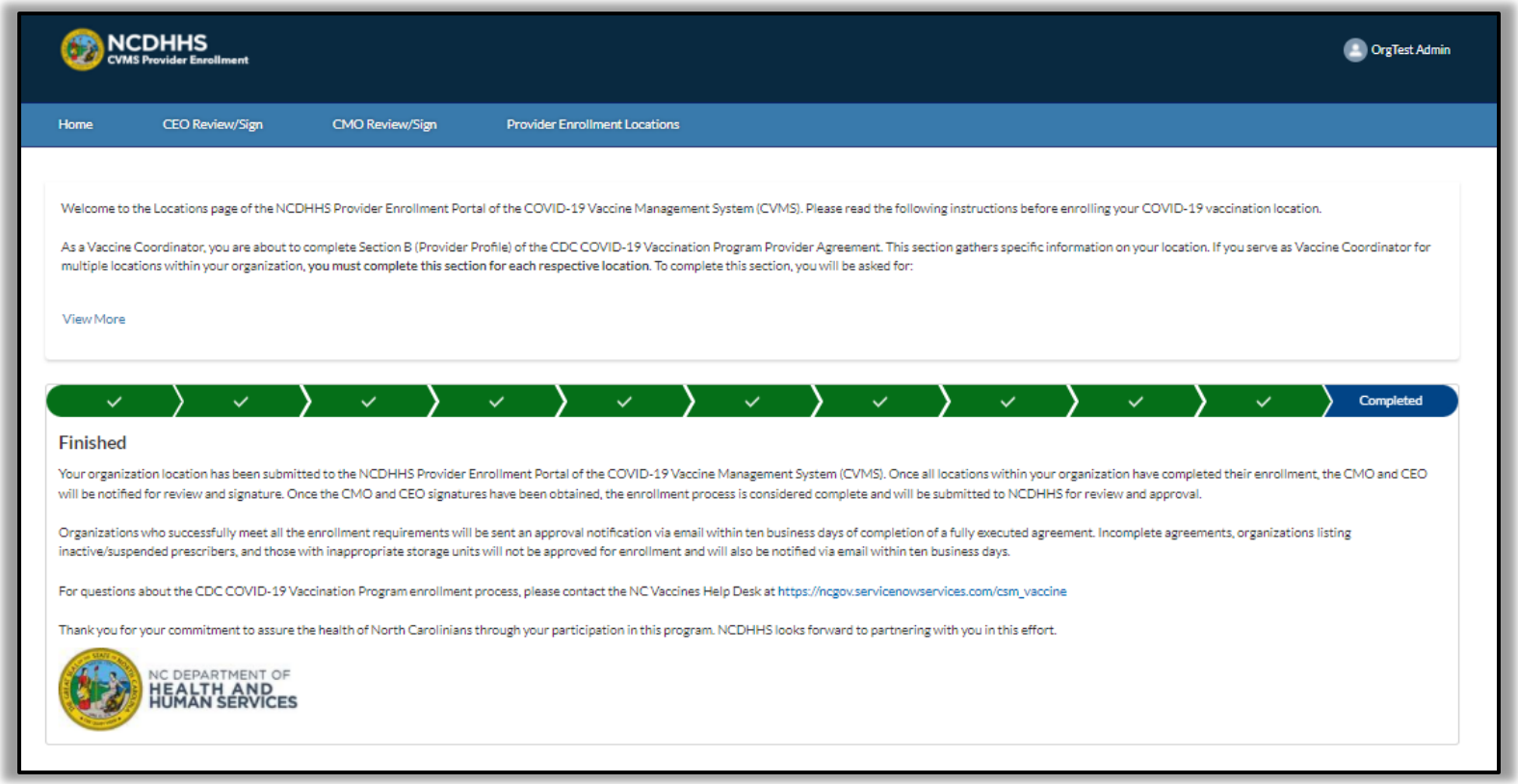


Storage and Handling Attestation

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Vaccine Coordinators must review and sign the Storage and Handling Attestation.



Section B is Complete

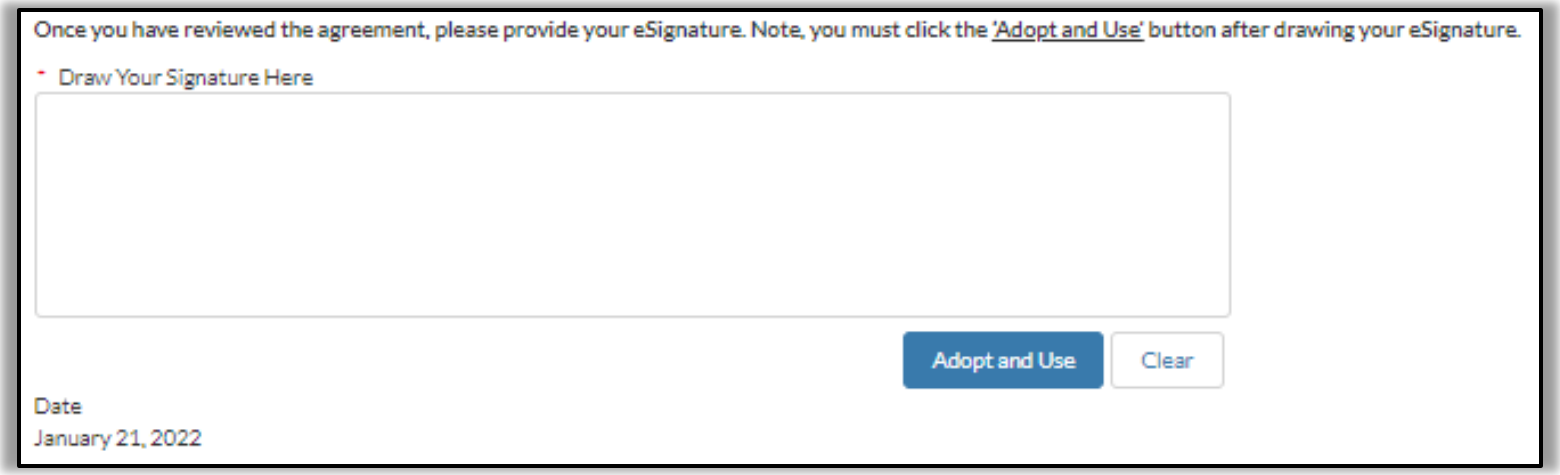


At this point Section B for your location has been submitted. The CEO and CMO will be notified by email.

Final Step to Enroll

Complete and Sign the Agreement

Once each Section B for locations within your organization is completed, the CMO and CEO will be notified for review and signature.



Once the CMO and CEO have signed, the enrollment agreement is submitted to NCDHHS for review and approval. Users will be notified of the next steps by email.

Additional Help

Post your questions about the enrollment process on the Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine or call (877) 873-6247 and select option 1. The NC Vaccines Help Desk is available during the following hours:

Monday to Friday: 7 am – 7 pm ET
Saturday: 8 am – 4 pm ET

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