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
Section A Quick Start Guide (continued)

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.

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

**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.
Section A Quick Start Guide (continued)

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.

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.

![Screenshot of login page with text: 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
Section B Quick Start Guide (continued)

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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