North Carolina COVID-19 Vaccine Program Provider Enrollment

Section B – Register each vaccine location and all prescribing providers who will administer vaccine

User Guide

Version 15
January 27, 2021
If you have any questions, issues or requests, please go to the NC Vaccines Help Desk * at https://ncgov.servicenowservices.com/csm_vaccine.

You can also call the NC Vaccines Help Desk at (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
- Sunday: Closed

* On the home page of the NC Vaccines Help Desk Portal, select Login at the top right-hand corner, then select the “Vaccine Provider” option to submit your question, issue, or request.

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

1. Register for an account by clicking ‘Login’ then ‘Register’ on the left side of the screen
2. Populate your first name, last name, business e-mail, and registration code

   Note: If you do not know your organization’s registration code (ORG-ID), please contact the help desk

3. You will receive an e-mail with your username and temporary password to log into the portal
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Overview
In this user guide, we will discuss system selection, how the Vaccine Coordinator will complete Section B of the Provider Enrollment process, and then how the CEO and CMO will be able to sign the agreement(s).

The content included in this user guide is for the following roles: Organization Administrator, Primary Vaccine Coordinator, the Chief Executive Officer and the Chief Medical Officer.

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!
There are Four User Profiles Available, and this User Guide Focuses on the last three Profiles

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the CVMS PROVIDER ENROLLMENT PORTAL in five steps:

- **Start**
  - Create your User Account

- **The Organization Administrator completes Section A**
  - Enter Organization Details
  - Add Vaccine Location(s) Contact Information
  - Add your CEO and CMO Contact information

- **System Selection**
  - Select which system (NCIR or CVMS) your organization will be using

- **The Vaccine Coordinator(s) completes Section B**
  - Enter Location Details
  - Enter Practicing Provider(s) Details
  - Enter Vaccine Shipping/Storage Details

- **CEO & CMO Submit**
  - E-sign the agreement(s)

**NCDHHS Reviews**
- Review, Approve or Decline

---

**Additional Resources**

- CVMS Provider Enrollment Portal - [https://covid-enroll.ncdhhs.gov/](https://covid-enroll.ncdhhs.gov/)
Complete Section B
# Provider Enrollment Role Checklist

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organization Administrator</strong></td>
<td>- Create your user account&lt;br&gt;- Mark if your organization is a Redistribution Participant&lt;br&gt;- Add all locations and enter for each location the vaccine coordinator(s) contact information&lt;br&gt;- Add your organization’s CEO&lt;br&gt;- Add your organization’s CMO</td>
</tr>
<tr>
<td><strong>Vaccine Coordinator</strong></td>
<td>- Register for a Provider Enrollment account via the link in the welcome email&lt;br&gt;- Upload pictures of the interior and exterior of your storage units&lt;br&gt;- Input all practicing providers at your location&lt;br&gt;- Review and sign the CDC COVID-19 Vaccination Program Provider Agreement&lt;br&gt;- Review and sign the Storage and Handling Attestation&lt;br&gt;<strong>For locations with at least 25 practicing providers</strong>, return completed Practicing Provider Bulk Upload Template to the CVMS Help Desk Portal at <a href="https://ncgov.servicenowservices.com/csm_vaccine">https://ncgov.servicenowservices.com/csm_vaccine</a></td>
</tr>
<tr>
<td><strong>Chief Executive Officer (CEO)</strong></td>
<td>- Register for a Provider Enrollment account via the link in the welcome email&lt;br&gt;- Review and sign the CDC COVID-19 Vaccination Program Provider Agreement&lt;br&gt;- If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement</td>
</tr>
<tr>
<td><strong>Chief Medical Officer (CMO)</strong></td>
<td>- Register for a Provider Enrollment account via the link in the welcome email&lt;br&gt;- Review and sign the CDC COVID-19 Vaccination Program Provider Agreement&lt;br&gt;- If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement</td>
</tr>
</tbody>
</table>

**Note:** A single user can assign themselves all four profiles above if applicable and complete the enrollment process.
You will receive an email from COVIDenroll@dhhs.nc.gov inviting you to register for an account. **DO NOT** register before you receive this email.

1. Click the link in the email
2. Click **REGISTER** on the CVMS Provider Enrollment homepage
3. Enter your **NAME AND EMAIL**
4. Create your **PASSWORD**
5. Click **SIGN UP**
6. You will be directed to **COMPLETE SECTION B**
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
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
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**

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**Tips**

Your location must have at least a four-hour continuous window of availability between Tuesday and Friday to receive shipment (excluding transfers or redistributions)
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
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.

Select ALL THE POPULATIONS SERVED by your locations

1. Enter your location’s REPORTING STATUS / IIS NUMBER.
2. Enter your location’s STORAGE CAPACITY DETAILS

3. If your location does not have any storage capacity, select NO CAPACITY
4. Click NEXT

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

If you do not know your IIS number, leave this blank.
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

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.
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

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 subsection labeled Practice Provider Bulk Upload in this user guide.
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
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**
After clicking next, you will be asked to **ADD YOUR INITIAL USER** (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.

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

**Tips**

Entering your Initial User in the CVMS Provider Enrollment Portal is required. **Once the location is approved by NCDHHS**, this initial user will be added to the CVMS Provider Portal, be sent a welcome email with instructions on how to access the CVMS Provider Portal, and then be able add additional HCP users for this location in the CVMS Provider Portal.
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

Tips
If you wish to redo your signature, click the CLEAR button.
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**
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 NCDHHS Immunization Branch.

Dear [Name],

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 [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.

[Logo]

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Complete the Responsible Officer Review & Sign Process
**Provider Enrollment Role Checklist**

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

<table>
<thead>
<tr>
<th>Organization Administrator</th>
<th>Vaccine Coordinator</th>
<th>Chief Executive Officer (CEO)</th>
<th>Chief Medical Officer (CMO)</th>
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</thead>
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<tr>
<td>❑ Create your user account</td>
<td>❑ Register for a Provider Enrollment account via the link in the welcome email</td>
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<td>❑ Register for a Provider Enrollment account via the link in the welcome email</td>
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<td>❑ Mark if your organization is a Redistribution Participant</td>
<td>❑ Upload pictures of the interior and exterior of your storage units</td>
<td>❑ Review and sign the CDC COVID-19 Vaccination Program Provider Agreement</td>
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</tr>
<tr>
<td>❑ Add all locations and enter for each location the vaccine coordinator(s) contact information</td>
<td>❑ Input all practicing providers at your location</td>
<td>❑ If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement</td>
<td>❑ If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement</td>
</tr>
<tr>
<td>❑ Add your organization’s CEO</td>
<td>❑ Review and sign the CDC COVID-19 Vaccination Program Provider Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Add your organization’s CMO</td>
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<td></td>
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</tr>
</tbody>
</table>

**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](https://ncgov.servicenowservices.com/csm_vaccine)

**Note:** A single user can assign themselves all four profiles above if applicable and complete the enrollment process.
You will be sent an email from COVIDenroll@dhhs.nc.gov inviting you to register for an account. **Do not** register before you receive this email.

1. Click the link in the email
2. Click **REGISTER** on the CVMS Provider Enrollment Portal login page
3. Enter your **NAME AND EMAIL**
4. Create your **PASSWORD**
5. Click **SIGN UP**
6. You will be directed to **COMPLETE SECTION B**

**Tips**
The link to the CVMS Provider Enrollment Portal will be included in the email inviting you to register.
After logging in, you will see a message appear with a few IMPORTANT REMINDERS about the ORGANIZATION AGREEMENT REVIEW PROCESS. The Organization Agreement Process will work similarly for BOTH CMOs and CEOs.

1. Read the REVIEW
2. CLOSE the window
After closing the message, you will be able to review the CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT and your ORGANIZATION INFORMATION. After reviewing the agreement and all provided details, you can E-SIGN THE DOCUMENT.

1. REVIEW the agreement and organization details
2. DRAW YOUR SIGNATURE HERE
3. Click the ADOPT AND USE
4. Click NEXT
Step 4 of 6: Provide an e-Signature - CDC Supplemental COVID-19 Vaccine Redistribution Agreement

If your Organization Administrator indicated that your ORGANIZATION IS A REDISTRIBUTION PARTICIPANT, you will see the CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT.

If you are not a redistribution participant, continue to the next step.

1. REVIEW the agreement and organization details
2. DRAW YOUR SIGNATURE HERE
3. Click the ADOPT AND USE
4. Click NEXT

Tips
This agreement will not appear if your organization is not a redistribution participant. If you are not a redistribution participant, continue to the next step.
Once you are **DONE REVIEWING AND SIGNING** the appropriate agreement for your organization, the provider enrollment **PROCESS IS COMPLETE**.

*If any changes are made to Section A after your organization is approved and the CEO / CMO signatures are provided, the organization must be re-approved and signatures will be required again.*

If **YOU ARE BOTH THE CEO AND CMO**, continue to the **NEXT STEP**.
If YOU ARE BOTH THE CEO AND CMO, you can COMPLETE ALL THE SAME STEPS for the REMAINING ROLE.

You will be able to complete the remaining steps using the navigation bar the top of your page.

1. If you completed the CMO review / signature, click CEO REVIEW/SIGN at the top of your page
2. If you completed the CEO review / signature, click CMO REVIEW/SIGN at the top of your page
Other Operations Available
Practicing Provider Bulk Upload
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**.

**Practicing Provider Bulk Upload Overview**

**Audience**
- Vaccine Coordinator

**Tips**
- If you choose to use the practicing provider bulk upload process, do not manually enter any providers into CVMS.
To initiate the Practicing Provider Bulk Upload process, you must download the **PRACTICING PROVIDER BULK UPLOAD TEMPLATE**.

Please download this template for the NCDHHS 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)**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Enrollment (Location)</td>
<td>Practicing Provider First Name</td>
<td>Practicing Provider Middle Name</td>
<td>Practicing Provider Last Name</td>
<td>Practicing Provider License Type</td>
<td>Practicing Provider License Number</td>
<td>Comments</td>
</tr>
<tr>
<td>1</td>
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</tbody>
</table>
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

**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**

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

**Tips**
Include the Location Name within the ticket when submitting your completed Practicing Provider Bulk Upload file via the CVMS Help Desk Portal.
Appendix
Reset Password
Step 1 of 4: Initiate Password Reset

You will be able to reset your password at any time.

1. Navigate to CVMS PROVIDER ENROLLMENT PORTAL (https://covid-enroll.ncdhhs.gov/)
2. Click the FORGOT YOUR PASSWORD?

Tips
Consider using a password manager to keep your password if your organization’s security policy allows it.
You will be prompted to enter your
**USERNAME**. You can expect an email from
COVIDenroll@dhhs.nc.gov with a link to reset
your password.

1. **ENTER YOUR USERNAME**. In most cases,
   this will be the email address you used to
   register your account
2. Click **RESET PASSWORD**
3. You will be directed to a page that says **NOW, CHECK YOUR EMAIL**

**Tips**
Check the spam/junk folder of your email
account if you do not receive a password reset
email.
Step 3 of 4: Check Password Reset Email

You will be sent an email with a LINK TO RESET YOUR PASSWORD.

1. CHECK YOUR EMAIL INBOX
2. Check your SPAM OR JUNK FOLDER if the email does not appear in your inbox
3. Open the email
4. CLICK THE LINK in the email

Tips
Contact the COVID-19 Vaccine Provider Help Desk if you do not receive an email (see slide 2 of this user guide for contact information).
Step 4 of 4: Complete Password Reset

You will be directed to a page where you can reset your password.

1. Enter a **NEW PASSWORD** that meets the **PASSWORD CRITERIA**
2. Enter the same password under **CONFIRM NEW PASSWORD**
3. Click **CHANGE PASSWORD**
4. If you have successfully reset your password, you will be routed to the CVMS Provider Enrollment Portal

**Tips**
The Change Password will change color when all requirements have been met.
# CVMS Steps For Providers

- **✓** Step 1 - Register your organization
- **✓** Step 2 - Register each vaccine location and all prescribing providers who will administer vaccine
- **❑** Step 3 - Obtain NCID credentials
- **❑** Step 4 - Create user accounts for your organization’s CVMS users
- **❑** Step 5 - Navigate the CVMS Provider Portal
- **❑** Step 6 - Receive and manage vaccine inventories
- **❑** Step 7 - Add locations to the find a vaccine location website
- **❑** Step 8 - Invite recipients to register in the COVID-19 Vaccine Portal
- **❑** Step 9 - Invite recipients to self-schedule their appointments (optional)
- **❑** Step 10 - Check-in recipients and document vaccination
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.
- Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
- 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.

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](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

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Change</th>
<th>Changes Made</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12/14/2020</td>
<td>• Original version</td>
<td>Kevin Kauffman</td>
</tr>
<tr>
<td>2</td>
<td>12/31/2020</td>
<td>• Removed link to the Provider Enrollment portal</td>
<td>Simon Couderc</td>
</tr>
<tr>
<td>3</td>
<td>01/07/2021</td>
<td>• Removed any mention of the 2 CVMS Help Desk emails. Added TIPS mentioning retired emails. Added Service Now Portal information.</td>
<td>Courtney Seward</td>
</tr>
<tr>
<td>4</td>
<td>03/03/2021</td>
<td>• Updated language to focus on providers with prescribing authority per CDC agreement. • Updated CVMS Call Center information</td>
<td>Jerilyn MacLaren-Hall</td>
</tr>
<tr>
<td>5</td>
<td>03/09/2021</td>
<td>• Updated registration steps, automated 7-day reminder and added resubmit Section B steps.</td>
<td>Azalea Troche</td>
</tr>
<tr>
<td>6</td>
<td>04/01/2021</td>
<td>• Updated Practicing Providers page layout</td>
<td>Azalea Troche</td>
</tr>
<tr>
<td>7</td>
<td>04/13/2021</td>
<td>• Updated HCP Location Manager step; updated practicing provider license types; update on email notification sent about approved locations. • Updated organization approval screenshot</td>
<td>Azalea Troche</td>
</tr>
<tr>
<td>8</td>
<td>05/19/2021</td>
<td>• Updated resubmit flow to include resubmission reason</td>
<td>Kevin Kauffman</td>
</tr>
<tr>
<td>9</td>
<td>07/27/2021</td>
<td>• New user guide version • 3: New table of content</td>
<td>Vanessa Kemajou</td>
</tr>
<tr>
<td>10</td>
<td>08/05/2021</td>
<td>• Update Initial HCP required fields</td>
<td>Kaitlin Gates</td>
</tr>
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<td>11</td>
<td>08/27/2021</td>
<td>• Help Desk References Updated • 32-38: “Editing Section B” section added</td>
<td>Kaitlin Gates, Darrell Lee</td>
</tr>
<tr>
<td>12</td>
<td>09/15/2021</td>
<td>• Help desk hours updated</td>
<td>Kaitlin Gates</td>
</tr>
<tr>
<td>13</td>
<td>11/01/2021</td>
<td>• Split into Part B</td>
<td>Kaitlin Gates</td>
</tr>
<tr>
<td>14</td>
<td>12/20/2021</td>
<td>• 10-16, 19-21, 35: Updated screenshots to reflect change from “Initial Location Manager” to “Initial User” • 35: Description and tip about Initial User added</td>
<td>Darrell Lee</td>
</tr>
<tr>
<td>15</td>
<td>1/27/2022</td>
<td>• Removed “Editing Section B” &amp; “Resubmitting Section B”</td>
<td>Niya Nelson</td>
</tr>
</tbody>
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