

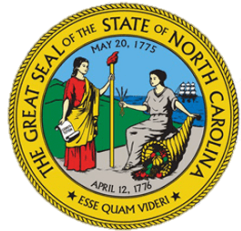
North Carolina COVID-19 Vaccine Program Provider Enrollment Portal

Step 2 – Update My Enrollment Agreement

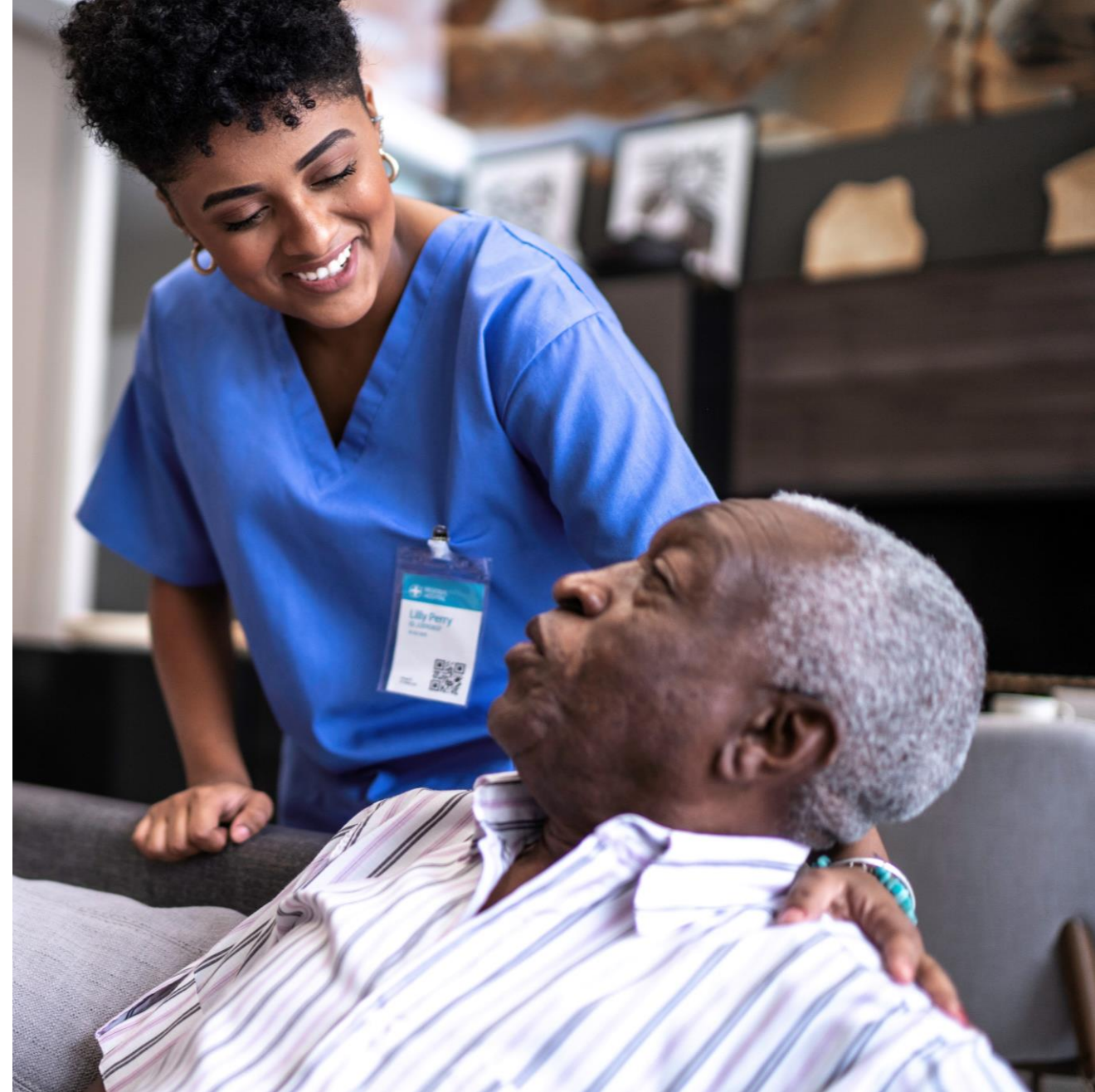
User Guide

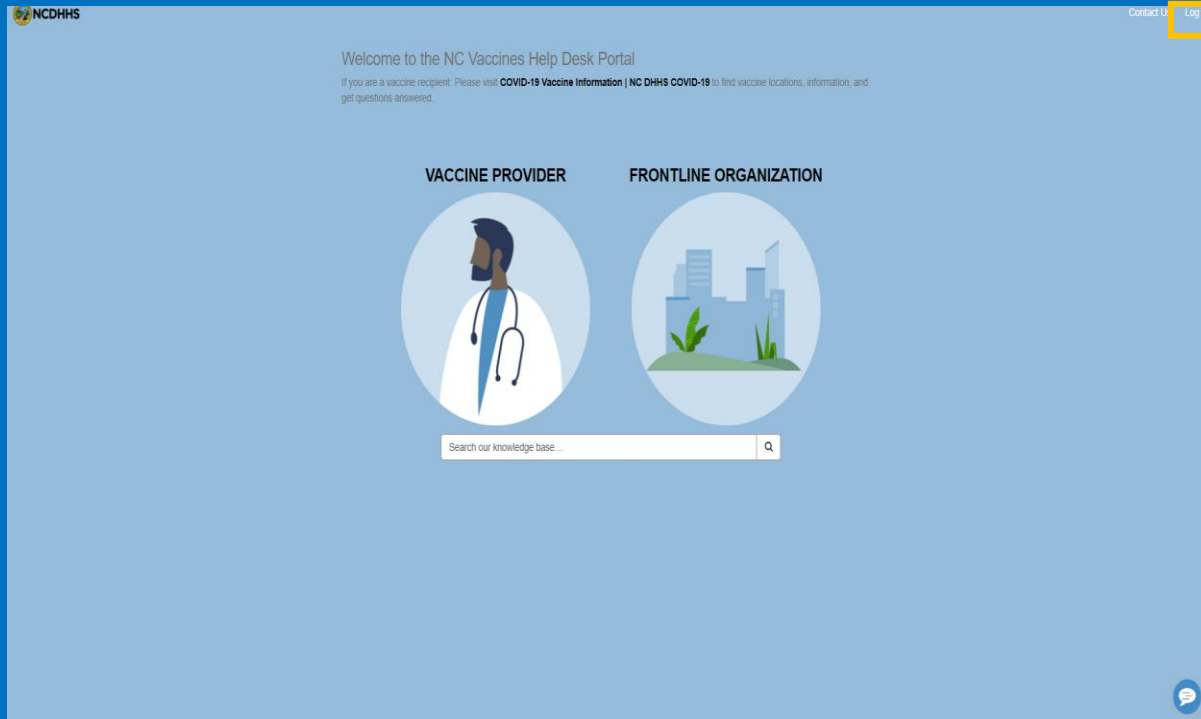
Version 1

January 18, 2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





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

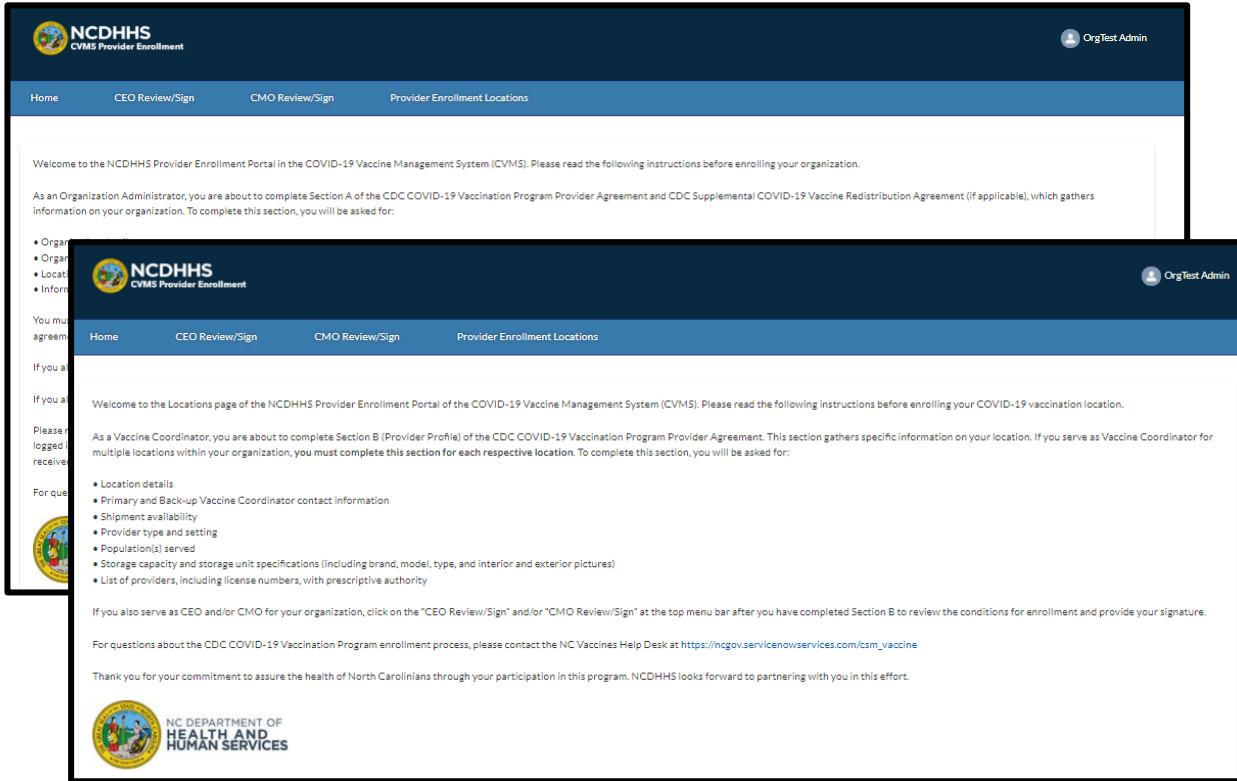
3. You will receive an e-mail with your username and temporary password to log into the portal

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Overview

Overview



In this user guide, we will discuss how to update your enrollment information to the COVID-19 Vaccination program of North Carolina. All actions described in this user guide can be performed **AFTER** you submitted your first version of the agreement for approval by the NCDHHS Immunization Branch.

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

Additionally, you will need to:

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

Now, let's get started!

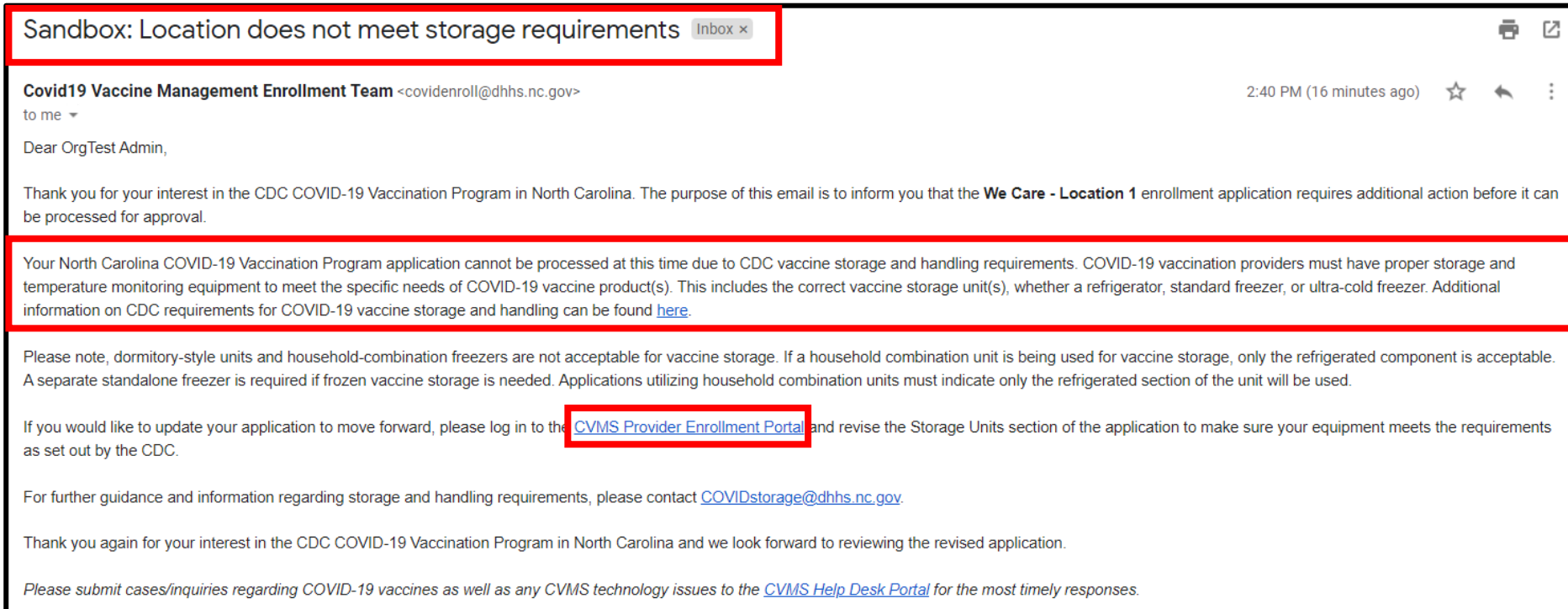
**Resubmit if Initial Agreement is
Rejected by NCDHHS**

Step 1 of 10: Review Reason for Rejection

After your Provider Enrollment application is reviewed, the NCDHHS Immunization Branch will either approve or reject your location.

If your location was **rejected**, you should have been sent an email notification with the **Reason For Rejection** in the body of the email. You will be able to resubmit your Section B for approval.

1. Click the **PROVIDER ENROLLMENT PORTAL LINK** in the body of the email



Audience

Organization Administrator

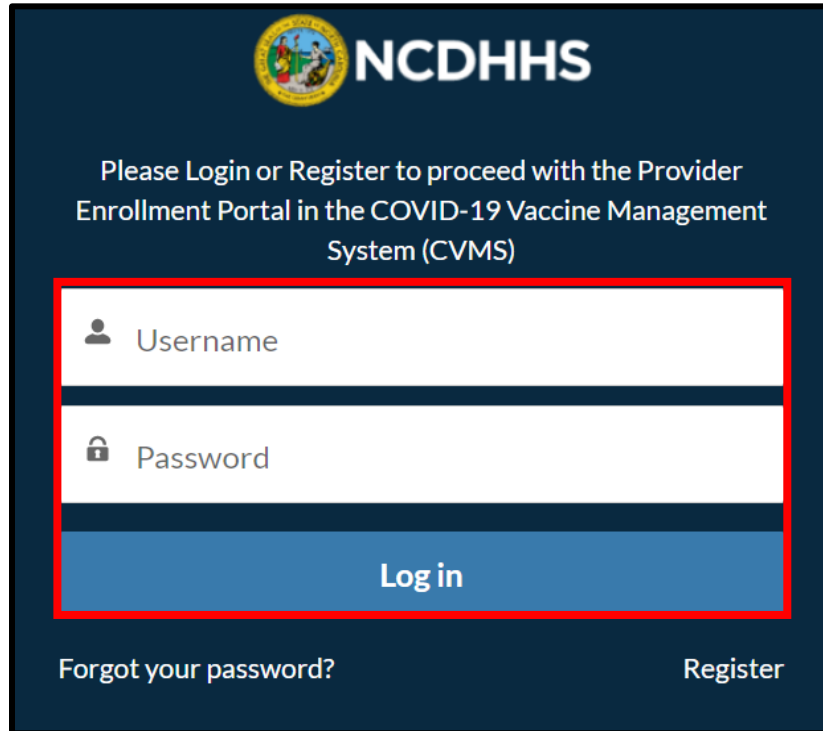
Vaccine Coordinator


Step 2 of 10: Log In to the Provider Enrollment Portal

Audience


Organization Administrator


Vaccine Coordinator



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Step 3 of 10: Navigate to Provider Enrollment Locations Tab

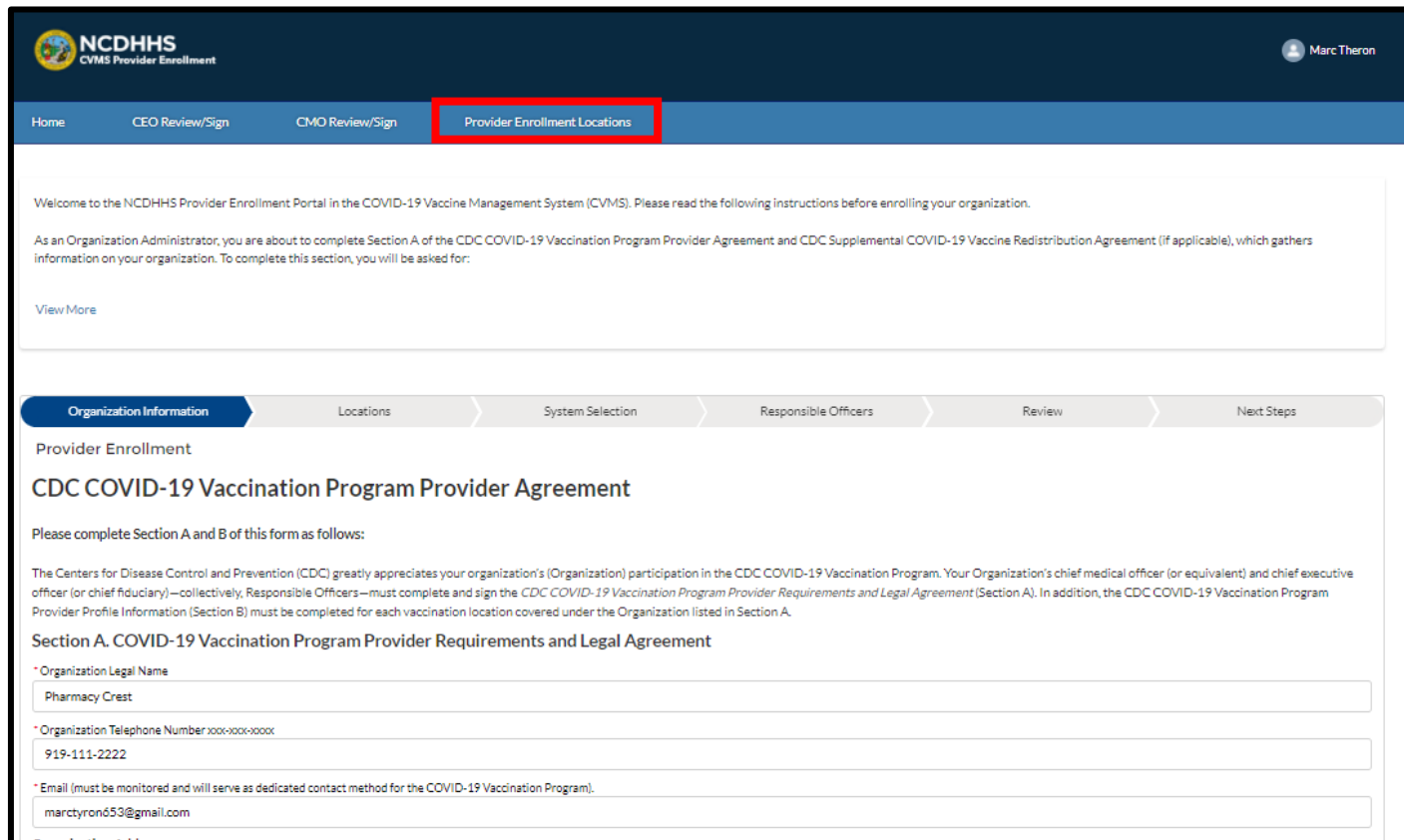
All changes to information recorded in Section B are required to be entered into Section B of the Provider Enrollment Portal. Follow these steps to access, edit, and resubmit Section B.

1. If you are the Organization Administrator, Navigate to Section B by clicking the **PROVIDER ENROLLMENT LOCATIONS** tab.

Audience

Organization Administrator

Vaccine Coordinator



The screenshot displays the NCDHHS CVMS Provider Enrollment Portal. The top navigation bar includes links for Home, CEO Review/Sign, CMO Review/Sign, and **Provider Enrollment Locations** (highlighted with a red box). A user profile for Marc Theron is visible in the top right. The main content area features a welcome message and a 'View More' link. Below this is a progress bar with steps: Organization Information (active), Locations, System Selection, Responsible Officers, Review, and Next Steps. The 'Provider Enrollment' section is titled 'CDC COVID-19 Vaccination Program Provider Agreement' and includes instructions to complete Section A and B. Section A, 'COVID-19 Vaccination Program Provider Requirements and Legal Agreement', contains three input fields: Organization Legal Name (Pharmacy Crest), Organization Telephone Number (919-111-2222), and Email (marctyrond53@gmail.com).


Step 4 of 10: Open Location Enrollment Record

- 1. Click on the toggle ▼ to the right of the location that requires editing
- 2. Click on **AGREEMENT DETAILS**

NOTE: If you are the Vaccine Coordinator, this screen will be your home page

Audience

- Organization Administrator
- Vaccine Coordinator



NCDHHS
CVMS Provider Enrollment

OrgTest Admin

Home CEO Review/Sign CMO Review/Sign Provider Enrollment Locations

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:

[View More](#)

Location Enrollments (section B)

Record ↑	▼	Name	▼	Status	▼
LOC-03497		We Care - Location 1		Rejected	

▼

Agreement Details

Step 5 of 10: Select Reason for Resubmission

Please take the time to scroll through your Agreement Details in case additional updates need to be made.

- 1. Select one of the **RESUBMIT REASON** and move it to the right using the right arrow
- 2. Click **RESUBMIT**

Audience

Organization Administrator

Vaccine Coordinator

Unique COVID-19 Organization ID (Sect A) ⓘ
ORG-07337

Unique Location ID ⓘ
LOC-05931

Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.

Select Options

Available Options

Days and Times to Receive Vaccine Shipment

Primary Vaccine Coordinator Contact Information

Storage & Handling Updates (images/make/model/capacity, etc.)

Vaccine Shipment or Vaccine Administration Address

Other

Selected Options

Storage & Handling Updates (images/make/model/capacity, etc.)

Resubmit

Step 6 of 10: Edit Information

The information in Section B is auto-populated with information that was entered before the application was rejected.

1. Navigate to the section that needs to be corrected by clicking the **NEXT** button at the bottom of the page
2. Make **EDITS** to the section

Audience

Organization Administrator

Vaccine Coordinator

The screenshot displays the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo and the text 'CVMS Provider Enrollment'. A navigation bar contains links for 'Home', 'CEO Review/Sign', 'CMO Review/Sign', and 'Provider Enrollment Locations'. The main content area welcomes the user to the 'Locations' page and provides instructions for completing Section B (Provider Profile). A progress bar at the top of the form shows steps: 'Storage Units' (current), 'Practicing Provi...', 'Initial User', 'Review', 'SGH Attestation', and 'Completed'. The 'Storage Unit Details for this Location' section includes instructions on storage unit requirements and a list of fields: 'Storage Unit 1 Brand' (AccuWinter), 'Storage Unit 1 Model' (GR-543-34), and 'Storage Unit 1 Type' (Stand-alone pharmaceutical refrigerator). There is also a section for 'Storage Unit 1 Inside Picture' with an 'Upload Files' button and a 'Fridge Out' label.

Step 7 of 10: Enter Initial User

- 1. To resubmit your Provider Enrollment application for approval, you must add the details of the initial user of CVMS or NCIR. This can be the same individual entered during the start of the application process.

Audience

Organization Administrator

Vaccine Coordinator

✓

✓

✓

✓

✓

✓

✓

✓

✓

Initial User

Review

SGH Attestation

Completed

SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING

Please identify an employee to be your site's first system administrator user. Within the COVID-19 Vaccine Management System (CVMS), the system administrator role is referred to as the *Healthcare Location Manager*. Within the North Carolina Immunization Registry (NCIR), the system administrator role is referred to as the *NCIR Administrator*. In either system, this user will be responsible for managing access for all other users at their designated site, in addition to other activities related to COVID-19 vaccine management. This individual can be the same as your location's primary or back-up vaccine coordinator, or it can be someone else within your organization.

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they must follow the steps below to register for one:

1. Navigate to <https://ncid.nc.gov/>
2. Click Register! (in the bottom right corner of the blue box)
3. If you are a Local Health Department user, you must register using the "Local Government Employee" account type, otherwise you must register using the "Business" account type
4. Complete the required fields to create an NCID
5. An email will be sent to the email address that was used to create the NCID with a link to verify your new user ID
6. Click the link and verify your NCID. Once verified, you will be prompted to log-in to NCID with the NCID and password you created
7. Select and answer the 5 security questions; after finalizing the 5 security questions, you will be routed to the NCID homepage

Ensure that the First name, Last name, and Email address entered into the NCID site matches the information entered below. Any discrepancy may delay the user from receiving access to the system.

Once this site is approved by NC DHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.

Add Initial User

* First Name

* Last Name

* NCID Username

* Email Address

Pause

Previous

Next

Step 8 of 10: Review and Sign

Review and confirm the accuracy of your application on the **REVIEW** tab.

1. Scroll to the bottom of the webpage and draw your **SIGNATURE** in the signature field using your mouse
2. Click **ADOPT AND USE**
3. Click **NEXT** to navigate to the Storage and Handling Attestation

Audience

Organization Administrator

Vaccine Coordinator

Please Confirm

Progress bar showing steps: 1-10 (all green with checkmarks), 11 (Review, blue), 12 (S&H Attestation, grey), 13 (Completed, grey).

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

Signature field containing a handwritten signature.

Adopt and Use

Clear

Date

August 27, 2021

Pause

Previous

Next

Step 9 of 10: Accept and Sign the Shipping and Handling Attestation

1. Review the Shipping and Handling Attestation
2. Scroll to the bottom of the webpage and draw your **SIGNATURE** in the signature field using your mouse.
3. Click **ADOPT AND USE**
4. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Please Confirm

Progress bar showing 10 steps, with the 10th step labeled 'S&H Attestation' and 'Completed'.

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

Signature

Adopt and Use

Clear

Date
August 27, 2021

Pause

Previous


Next

Step 10 of 10: Confirm Status Update

- 1. Once you have made the updates and saved the changes the status field should state that the application was **RESUBMITTED**. Once the Chief Medical Officer (CMO) and Chief Executive Officer (CEO) signatures have been obtained, the location enrollment process is considered COMPLETE and will be submitted to NCDHHS for review and approval.

Audience

- Organization Administrator
- Vaccine Coordinator

**NCDHHS**
CVMS Provider Enrollment

Marc Theron

HomeCEO Review/SignCMO Review/SignProvider Enrollment Locations

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:

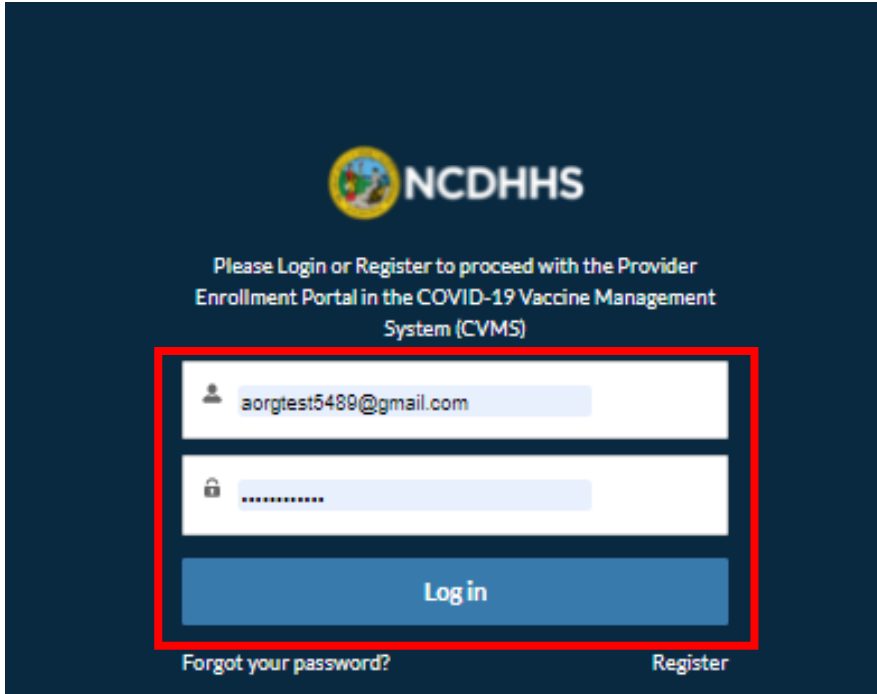
[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status
LOC-03494	Pharmacy Crest	Resubmitted

Add a New Location to your Organization

Step 1 of 20: Log in to the Provider Enrollment Portal



NCDHHS

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

[Log in](#)

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 2 of 20: Begin Resubmission Process

1. Select **RESUBMIT FOR CHANGES** from the drop-down menu.
2. Click **NEXT**
3. Confirm details on Organization Information tab are correct. Update if necessary.
4. Click **NEXT**

Note: If you are the Organization Administrator and serve as the Vaccine Coordinator you will click on Provider Enrollment Locations at the top of menu bar.

Audience

Organization Administrator

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo, the text "CVMS Provider Enrollment", and a user profile for "OrgTest Admin". The navigation bar has links for "Home", "CEO Review/Sign", "CMO Review/Sign", and "Provider Enrollment Locations". The main content area contains a welcome message and instructions for Organization Administrators. A red box highlights the "COVID-19 System Submittal" section, which includes a dropdown menu for "Would you like to review or resubmit the organization record?". The "Resubmit for Changes" option is selected. Below the dropdown are "Pause" and "Next" buttons.

NCDHHS
CVMS Provider Enrollment

OrgTest Admin

Home CEO Review/Sign CMO Review/Sign Provider Enrollment Locations

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](#)

COVID-19 System Submittal
Your current System Selection is CVMS.
For more information on choosing a COVID-19 System and to make a selection for your Organization, click [here](#).
Once your Organization has made a selection, this cannot be changed.

Provider Enrollment
Your Provider Enrollment Organization: OrgTest Healthcare 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.

COVID-19 System Submittal
Would you like to review or resubmit the organization record?
Resubmit for Changes

Pause Next

Step 3 of 20: Enter New Location Details

✓

Locations

System Selection

Responsible Officers

Review

Next Steps

Provider Enrollment

Approved Locations

Location Name

Pri. Coordinator First Name

Pri. Coordinator Last Name

Pri. Coordinator Middle Init...

Pri. Coordinator Telephone

Pri. Coordinator Email

1

We Care - Location 1

OrgTest

Admin

123-321-1111

aorgtest5489@gmail.com

Pending Locations

Location Name

Pri. Coordinator First Name

Pri. Coordinator Last Name

Pri. Coordinator Middle Init...

Pri. Coordinator Telephone

Pri. Coordinator Email

Deactivate Location(s)

Add New Location

* Location Name

We Care - Location 2

* Primary Coordinator First Name

OrgTest

* Primary Coordinator Last Name

Admin

Primary Coordinator Middle Initial

* Primary Coordinator Telephone (xxx-xxx-xxxx)

123-456-7891

* Primary Coordinator Email ⓘ

aorgtest5489@gmail.com

Create Location

Pause

Previous

Next

1. Enter the following details for your new location:
- Location Name
- Primary Coordinator First & Last Name
- Primary Coordinator Telephone & Email Address
2. Click **CREATE LOCATION**
3. Click **NEXT**

Audience

Organization Administrator

Step 4 of 20: Confirm Location was Submitted for Review

Once the new location's details are entered and you select Next, the new location will appear under **PENDING LOCATIONS**.

Audience

Organization Administrator

✓

Locations

System Selection

Responsible Officers

Review

Next Steps

Provider Enrollment

Approved Locations

1

☐

Location Name

Pri. Coordinator First Name

Pri. Coordinator Last Name

Pri. Coordinator Middle Init...

Pri. Coordinator Telephone

Pri. Coordinator Email

1

☐

We Care - Location 1

OrgTest

Admin

123-321-1111

aorgtest5489@gmail.com

Pending Locations

1

☐

Location Name

Pri. Coordinator First Name

Pri. Coordinator Last Name

Pri. Coordinator Middle Init...

Pri. Coordinator Telephone

Pri. Coordinator Email

1

☐

We Care - Location 2

OrgTest

Admin

123-456-7891

aorgtest5489@gmail.com

Deactivate Location(s)

Add New Location

* Location Name

* Primary Coordinator First Name

* Primary Coordinator Last Name

Primary Coordinator Middle Initial

* Primary Coordinator Telephone (xxxx-xxxx-xxxx)

* Primary Coordinator Email

Create Location

Pause

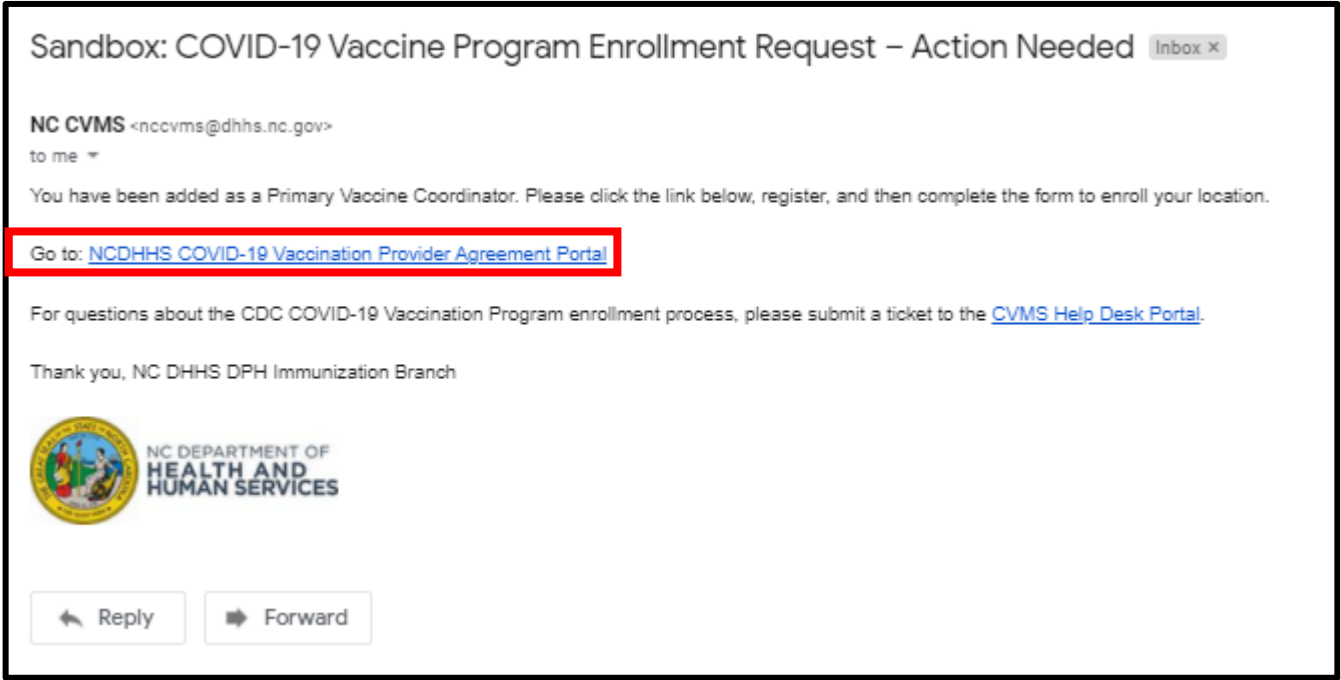
Previous

Next

Step 5 of 20: Primary Vaccine Coordinator Receives Confirmation/Next Steps Email

Once the new location is in pending status, the Vaccine Coordinator will be sent a confirmation email with next steps to complete the process for adding a new location.

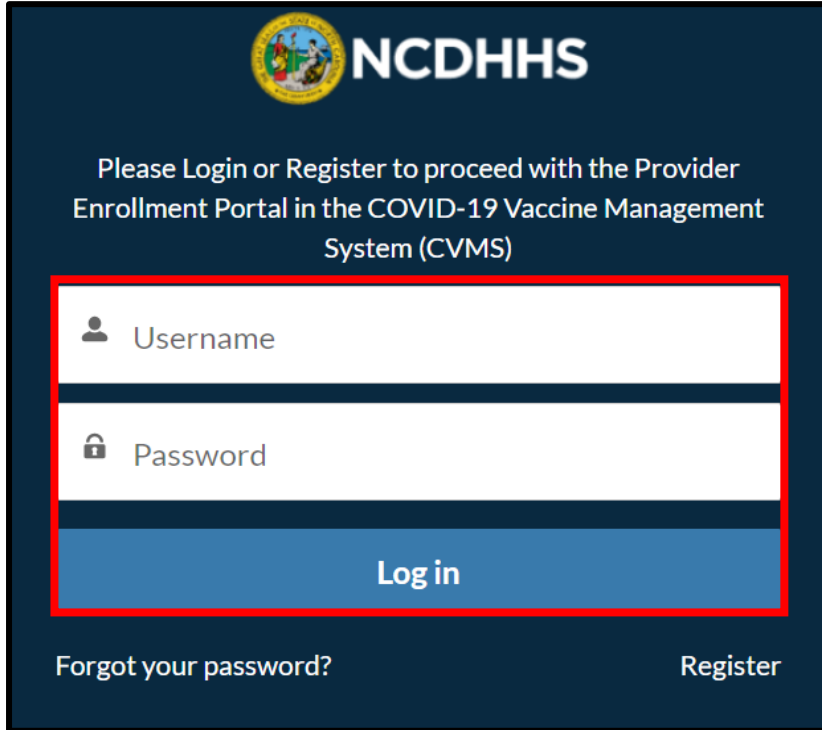
- 1. Click the **LINK** in the email to complete the form to enroll your new location




Audience


- Organization Administrator
- Vaccine Coordinator


Step 6 of 20: Log in to the Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Vaccine Coordinator

Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 7 of 20: Enter Location Information Details

- 1. Enter required fields under **ORGANIZATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS**
- 2. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Location Inform...

Vaccine Coordin...

Availability

Provider Type/S...

Population Serv...

Storage Units

Practicing Provi...

Initial User

Review

S&H Attestation

Completed

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

ORGANIZATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

* Location Name

We Care - Location 2

* Street Address 1

321 Main St.

Street Address 2

* City

Raleigh

* County

Wake

* State

North Carolina

* Zip

27601

* Phone xxx-xxx-xxxx

111-222-3333

Fax xxx-xxx-xxxx

* Administration Location Same as Shipping

Yes

Additional Location

* Will another Organization location order COVID-19 vaccine for this site?

No

Pause

Next

Step 8 of 20: Enter Vaccine Coordinator Details

- 1. Enter **PRIMARY VACCINE COORDINATOR** Details
- 2. Enter **Backup Vaccine Coordinator** Details
- 3. Click **NEXT**

Audience

- Organization Administrator
- Vaccine Coordinator

✓

Vaccine Coordin...

Availability

Provider Type/S...

Population Serv...

Storage Units

Practicing Provi...

Initial User

Review

S&H Attestation

Completed

ORGANIZATION LOCATION VACCINE COORDINATOR CONTACT INFORMATION

* Primary Vaccine Coordinator First Name

OrgTest

Primary Vaccine Coordinator Middle Initial

* Primary Vaccine Coordinator Last Name

Admin

* Primary Vaccine Coordinator Telephone xxx-xxx-xxxx

123-456-7891

* Primary Vaccine Coordinator Email

aorgtest5489@gmail.com

* Backup Vaccine Coordinator First Name

VacTest

Backup Vaccine Coordinator Middle Initial

* Backup Vaccine Coordinator Last Name

Admin

* Backup Vaccine Coordinator Telephone xxx-xxx-xxxx

123-456-7891

* Backup Vaccine Coordinator Email

avactest22@gmail.com

Pause

Previous

Next

Step 9 of 20: Enter Availability Details

✓

✓

Availability

Provider Type/Service

Population Service

Storage Units

Practicing Provider

Initial User

Review

SGH Attestation

Completed

DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

Monday AM from:

08:00

Monday AM to:

11:00

Monday PM from:

NA

Monday PM to:

NA

Tuesday AM from:

NA

Tuesday AM to:

NA

Tuesday PM from:

NA

Tuesday PM to:

NA

Wednesday AM from:

NA

Wednesday AM to:

NA

Wednesday PM from:

NA

Wednesday PM to:

NA

Thursday AM from:

NA

Thursday AM to:

NA

Thursday PM from:

NA

Thursday PM to:

NA

Friday AM from:

NA

Friday AM to:

NA

Friday PM from:

NA

Friday PM to:

NA

Pause

Previous

Next

1. Enter the **DAYS AND TIMES** Vaccine Coordinators are available for receipt of Covid-19 Vaccine Shipments by using the drop-down menu for each corresponding day of the week (Monday – Friday, mornings - afternoons)
2. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Step 10 of 20: Enter Provider Type/Setting/# of Patients Details

COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)

* Provider Type

Medical practice : family medicine

SETTING(S) WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)

* Settings: Select the setting for your location. If multiple settings describe your location, select more than one setting by holding down CTRL (CMD+CTRL on Mac) and clicking on each additional setting.

Childcare or daycare facility

College, technical school, or university

Community center

Correctional/detention facility

Health care provider office, health center, medical practice, or outpatient clinic

APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

Number of children 18 years of age and younger: 1

☒ Unknown

Number of adults 19 - 64 years of age: 1

☒ Unknown

Number of adults 65 years of age and older: 1

☒ Unknown

Number of unique patients/clients seen per week, on average:

☐ Unknown

☒ Not applicable (e.g., for commercial vaccination service providers)

INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION

Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season: 1

☒ Unknown

Pause Previous Next

1. Select **PROVIDER TYPE** using drop-down menu
2. Select the **SETTING** for your location.
3. Enter the **APPROXIMATE NUMBER OF PATIENTS/CLIENTS** routinely served by this location
4. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Tip

Select more than one Setting by holding down CTRL (CMD+CTRL on Mac) and clicking on each additional population.

Step 11 of 20: Share Profile of Population Served and Storage Capacity

✓✓✓✓**Population Serv...**Storage UnitsPracticing Provi...Initial UserReviewS&H AttestationCompleted

POPULATION(S) SERVED BY THIS LOCATION (SELECT ALL THAT APPLY)

Population Served: Select the population your location serves. If your location serves multiple populations, select more than one population by holding down CTRL (CMD+CTRL on Mac) and clicking on each additional population.

General pediatric population

General adult population

Adults 65 years of age and older

Long term care facility residents (nursing home, assisted living, or independent living facility)

Health care workers

VACCINE ADMINISTRATION DATA REPORTING

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

N/A

Please explain:

Test

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:

You must select either 'No Capacity' or indicate how many MDVs can be stored below. If 'No Capacity' is not selected, you will be required to submit unit details (i.e. pictures, brand, model number, and type). Note that even if you do not have ultra-frozen capacity, you can still be eligible to receive Pfizer vaccine as long as it will be stored in a frozen or refrigerated state in accordance with the [timelines prescribed by the CDC](#).

Refrigerated (2°C to 8°C):

No capacity

Approximately how many additional refrigerated 10-dose MDVs can be stored?

5

Frozen (-15° to -25°C):

No capacity

Approximately how many additional frozen 10-dose MDVs can be stored?

5

Ultra-frozen (-60° to -80°C):

No capacity

Approximately how many additional ultra-frozen 10-dose MDVs can be stored?

5

Pause

PreviousNext

1. Select **POPULATIONS SERVED** by new location.
2. Enter your vaccine administration data reporting details
3. Enter the estimated number of your vials that can be stored at your location
4. Click **NEXT**


Audience

Organization Administrator

Vaccine Coordinator

Tip

Select more than one population by holding down CTRL (CMD+CTRL on Mac) and clicking on each additional population.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

28

Step 12 of 20: Share All Storage Unit Details for this Location

✓ ✓ ✓ ✓ ✓ **Storage Units** Practicing Provi... Initial User Review S&H Attestation Completed

STORAGE UNIT DETAILS FOR THIS LOCATION

List brand, model, and type of storage units to be used for storing COVID-19 vaccine at this location to avoid delays in the processing of your enrollment.

The Centers for Disease Control and Prevention (CDC) recommends using purpose-built or pharmaceutical-grade units designed specifically for vaccine storage. Household combination units are acceptable for the refrigerated component only, if a purpose-built refrigerator unit is not available. A separate, stand-alone freezer must be utilized for frozen vaccine. Vaccines may not be stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances, as these units are not acceptable for vaccine storage. Vaccines must be stored on a separate shelf from any other biologics. Food must be stored separately and not in the same unit where vaccine is stored.


* Storage Unit 1 Brand
AccuCold

* Storage Unit 1 Model
1111111

* Storage Unit 1 Type
Stand-alone pharmaceutical freezer

Storage Unit 1 Inside Picture


Upload Files Or drop files



New Fridge In
Remove

Storage Unit 1 Outside Picture

Upload Files Or drop files



New Fridge out
Remove

Pause Previous **Next**

1. Enter **BRAND**, **MODEL**, and **TYPE** of storage units to be used for storing COVID-19 vaccine at this location
2. Load a clear picture taken of the inside and of the outside of each storage unit (do not use catalog pictures from internet)
3. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Step 13 of 20: Enter Practicing Providers Details

Share all licensed personnel that will administer or supervise administration of the COVID-19 vaccines at this location.

- 1. Enter the Practicing Provider’s details under **ADD NEW PROVIDER**
- 2. Click **CREATE PROVIDER**

✓>✓>✓>✓>✓>✓>Practicing Provi...>Initial User>Review>S&H Attestation>Completed

No associated providers
We're sorry there are no providers associated with your account. You can create a new provider record below.

Add New Provider

1

* Practicing Provider License Type
MD

* Practicing Provider License Number
987654321

* Practicing Provider First Name
Sandra

* Practicing Provider Last Name
Test

Practicing Provider Middle Initial
S

Create Provider

Pause

PreviousNext

Audience

- Organization Administrator
- Vaccine Coordinator

Step 14 of 20: Confirm Practicing Providers

- 1. Once you select Create Provider, a green confirmation box will appear confirming that the provider was added. NCDHHS will review and approve/reject the provider.
- 2. Create **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Success
Provider Created

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (LVMS). 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:

[View More](#)

✓

✓

✓

✓

✓

✓

Practicing Provi...

Initial User

Review

SGH Attestation

Completed

Approved Providers

☐

Provider First Name

▼

Provider Last Name

▼

Provider Middle Initial

▼

License Number

▼

Provider Type

▼

Pending Providers

☐

Provider First Name

▼

Provider Last Name

▼

Provider Middle Initial

▼

License Number

▼

Provider Type

▼

1

☐

Sandra

Test

S

987654321

MD

Deactivate Provider(s)

Add New Provider

Practicing Provider License Type

--None--

▼

Practicing Provider License Number

Practicing Provider First Name

Practicing Provider Last Name

Practicing Provider Middle Initial

Create Provider

Pause

Previous

Next

Step 15 of 20: Enter Initial User Information Details

Audience

Organization Administrator

Vaccine Coordinator

1. Identify an employee to be your site's first **system administrator** (have them create an NCID if they do not have one) user by entering their details in the required fields under **ADD INITIAL USER**. Once this site is approved by NCDHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps. This user will be able to create his/her coworkers' accesses to CVMS or NCIR.
2. Click **NEXT**

✓✓✓✓✓✓✓✓

Initial User

Review

S&H Attestation

Completed

SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING

Please identify an employee to be your site's first system administrator user. Within the COVID-19 Vaccine Management System (CVMS), the system administrator role is referred to as the *Healthcare Location Manager*. Within the North Carolina Immunization Registry (NCIR), the system administrator role is referred to as the *NCIR Administrator*. In either system, this user will be responsible for managing access for all other users at their designated site, in addition to other activities related to COVID-19 vaccine management. This individual can be the same as your location's primary or back-up vaccine coordinator, or it can be someone else within your organization.

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they must follow the steps below to register for one:

1. Navigate to <https://ncid.nc.gov/>
2. Click Register! (in the bottom right corner of the blue box)
3. If you are a Local Health Department user, you must register using the "Local Government Employee" account type, otherwise you must register using the "Business" account type
4. Complete the required fields to create an NCID
5. An email will be sent to the email address that was used to create the NCID with a link to verify your new user ID
6. Click the link and verify your NCID; Once verified, you will be prompted to log-in to NCID with the NCID and password you created
7. Select and answer the 5 security questions; after finalizing the 5 security questions, you will be routed to the NCID homepage

Ensure that the First name, Last name, and Email address entered into the NCID site matches the information entered below. Any discrepancy may delay the user from receiving access to the system.

Once this site is approved by NC DHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.

Add Initial User

* First Name

VacTest

* Last Name

Admin

* NCID Username

VacTestAdmin

* Email Address

avactest22@gmail.com

Pause

Previous

Next

[illegible]

- 33

Step 17 of 20: Review and Sign Storage and Handling Attestation

Progress bar: 17 of 20 steps completed. Step 17 is highlighted in red and labeled "Storage and Handling Attestation".

Please Confirm

Location

Storage and Handling Attestation:

Location name
Vie Care - Location 2

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit¹ can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including reduced potency/effectiveness and subsequent re-vaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperatures at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.²
- > Monitor and comply with COVID-19 vaccine expiration dates.
- > Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- > Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

* North Carolina Program guidance for reporting COVID-19 vaccine temperature excursions is under development and will be available soon.

To support provider compliance with the requirements listed above, the assigned primary and back-up COVID-19 vaccine coordinators will need to complete the following actions:

Review the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum³

Complete the COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers⁴

Complete the CDC's You Call the Shots Vaccine Storage and Handling module⁵

Ensure all employees that may come into contact with vaccine (including those who receive vaccine deliveries as well as those who handle and administer vaccine) are trained in vaccine-related practices and procedures specific to your facility.

1
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

2
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

3
<https://www2.cdc.gov/vaccines/imz/COVID19/>

4
<https://www2a.cdc.gov/hip/isl/yds/instl/touruses/wh/hs.asp>

Primary COVID-19 Vaccine Coordinator:

Primary Coordinator Full Name
OrgTest Admin

Primary Coordinator Telephone
123-456-7891

Primary Coordinator Email
aorgtest5489@gmail.com

I, as the primary COVID-19 vaccine coordinator, attest to myself and the back-up vaccine coordinator having completed the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and the You Call the Shots Vaccine Storage and Handling module. I have read the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum. My facility has the appropriate vaccine storage units and personnel who monitor and deliver digital data loggers, as described in the Toolkit and will adhere to proper storage and handling practices noted therein. (Signature and date)

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

Buttons: Adopt and Use, Clear

Date
January 10, 2022

Please be sure to visit the CDC's COVID-19 Vaccination site regularly for additional trainings as they become available. Continue to monitor your inbox for programmatic guidance and updates from the North Carolina Department of Health and Human Services North Carolina Immunization Branch.

Buttons: Pause, Previous, Next

1. **REVIEW** Storage and Handling Attestation
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

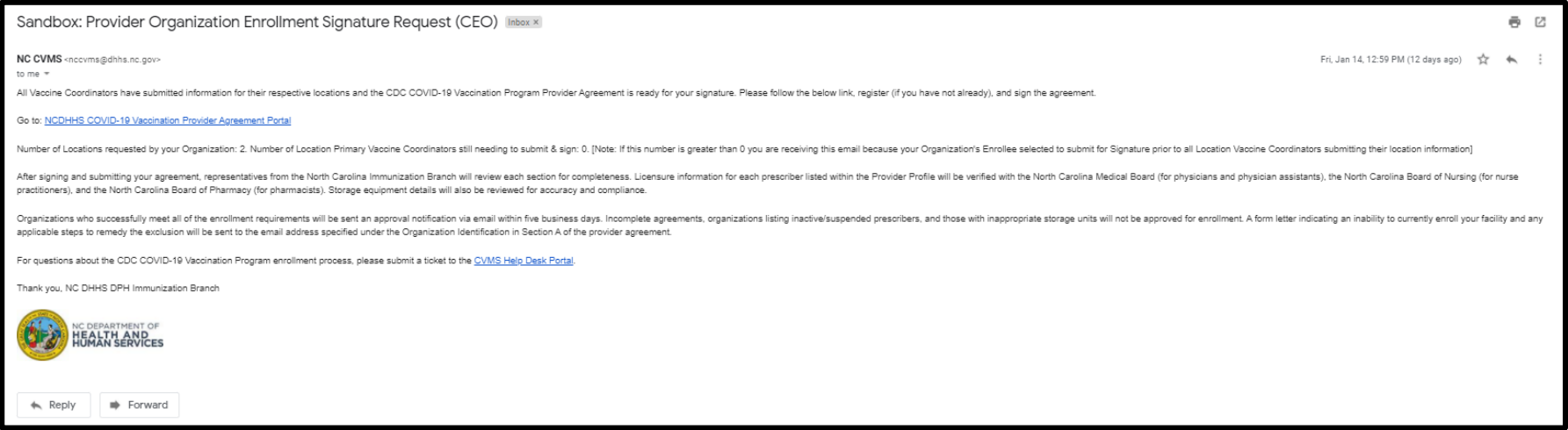
Audience

Organization Administrator

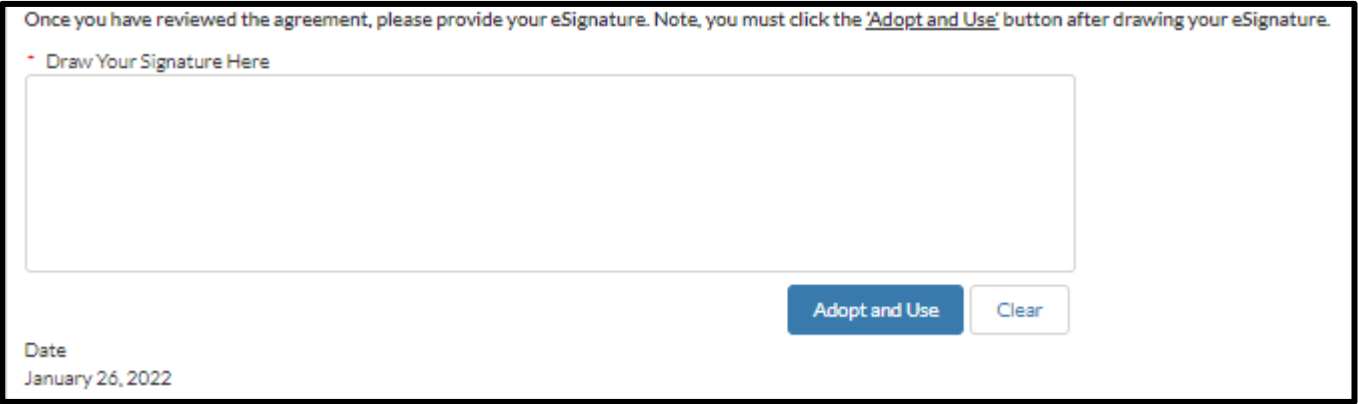
Vaccine Coordinator

Step 18 of 20: CEO and CMO Signs the New Agreements

The CEO and CMO will be notified by email of the updates.



The CEO and CMO should connect to the Provider Enrollment Portal to review and then electronically sign the agreements.



Audience

Organization Administrator

CEO

CMO

Step 19 of 20: Confirm Completion of Steps

Once the CMO and CEO signatures have been obtained, the location enrollment process is considered **COMPLETE** and will be submitted to NCDHHS for review and approval.

✓✓✓✓✓✓✓✓✓✓✓✓✓

Completed


Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, 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 will be submitted to NCDHHS for review and approval.

Organizations who successfully 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 prescribers, 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

Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

Step 20 of 20: Confirm Status Change

Once the new location is approved the status will change from submitted to **APPROVED**.



OrgTest Admin

HomeCEO Review/SignCMO Review/SignProvider Enrollment Locations

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:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03497	We Care - Location 1	Approved	▼
LOC-03498	We Care - Location 2	Approved	▼

Audience

- Organization Administrator
- Vaccine Coordinator

An email will be sent to all users with next steps to follow.


Change your Agreement Post Enrollment

Select Reason for Resubmitting

If you are an Organization Administrator, you can make updates to **Section A** of your organization’s agreement after having been approved.

Audience

Organization Administrator



OrgTest Admin

[Home](#)[CEO Review/Sign](#)[CMO Review/Sign](#)[Provider Enrollment Locations](#)

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](#)

COVID-19 System Submittal

Your current System Selection is CVMS.

For more information on choosing a COVID-19 System and to make a selection for your Organization, click [here](#).

Once your Organization has made a selection, this cannot be changed.

Provider Enrollment

Your Provider Enrollment Organization: OrgTest Healthcare 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?

Resubmit for Changes

Pause

Next

Select Reason for Resubmitting

If you are an Organization Administrator and/or Vaccine Coordinator you can make updates to Section B of the CDC COVID-19 Vaccination Program Provider Agreement.

Audience

Organization Administrator

Vaccine Coordinator

Unique COVID-19 Organization ID (Sect A)
ORG-07337

Unique Location ID
LOC-05931

Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.

Select Options

Days and Times to Receive Vaccine Shipment

Primary Vaccine Coordinator Contact Information

Storage & Handling Updates (images/make/model/capacity, etc.)

Vaccine Shipment or Vaccine Administration Address

Other

Selected Options

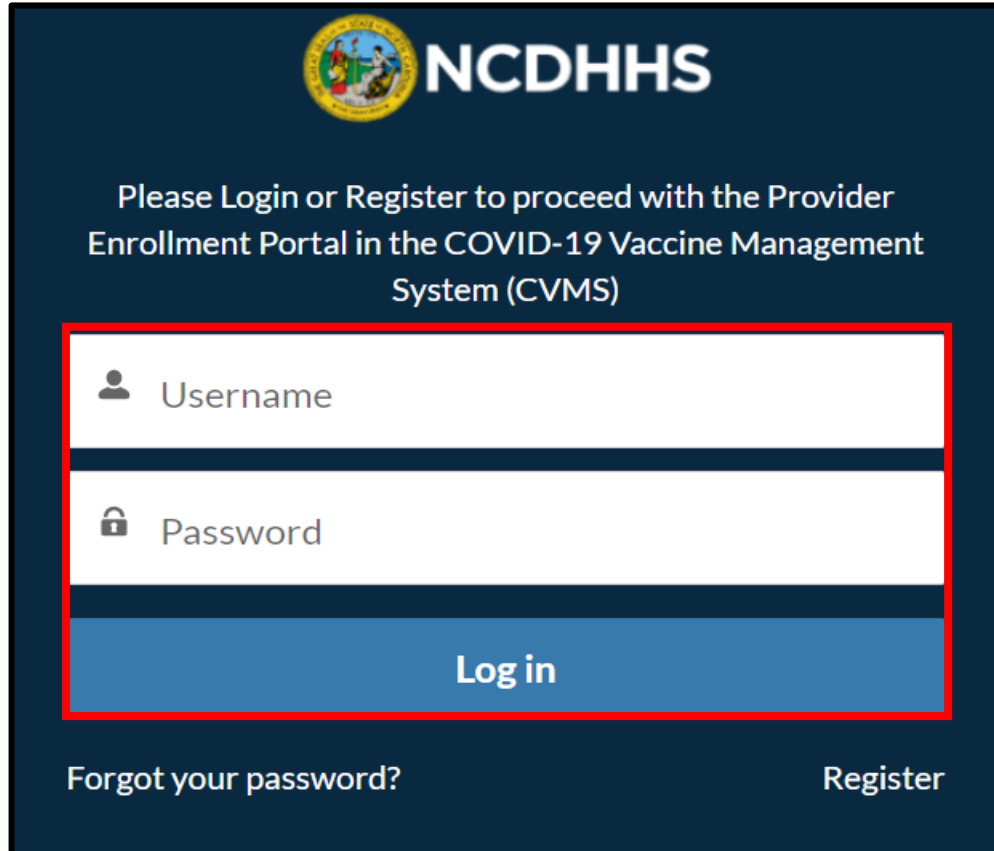
Resubmit


Editable Fields Include:

- Days and Times to Receive Vaccine Shipment
- Primary Vaccine Coordinator Contact Information
- Storage and Handling Updates (images/make/model/capacity, etc.)
- Vaccine Shipment or Vaccine Administration Address
- Other


Switch Reporting System from CVMS to NCIR


Step 1 of 6: Log In to the Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

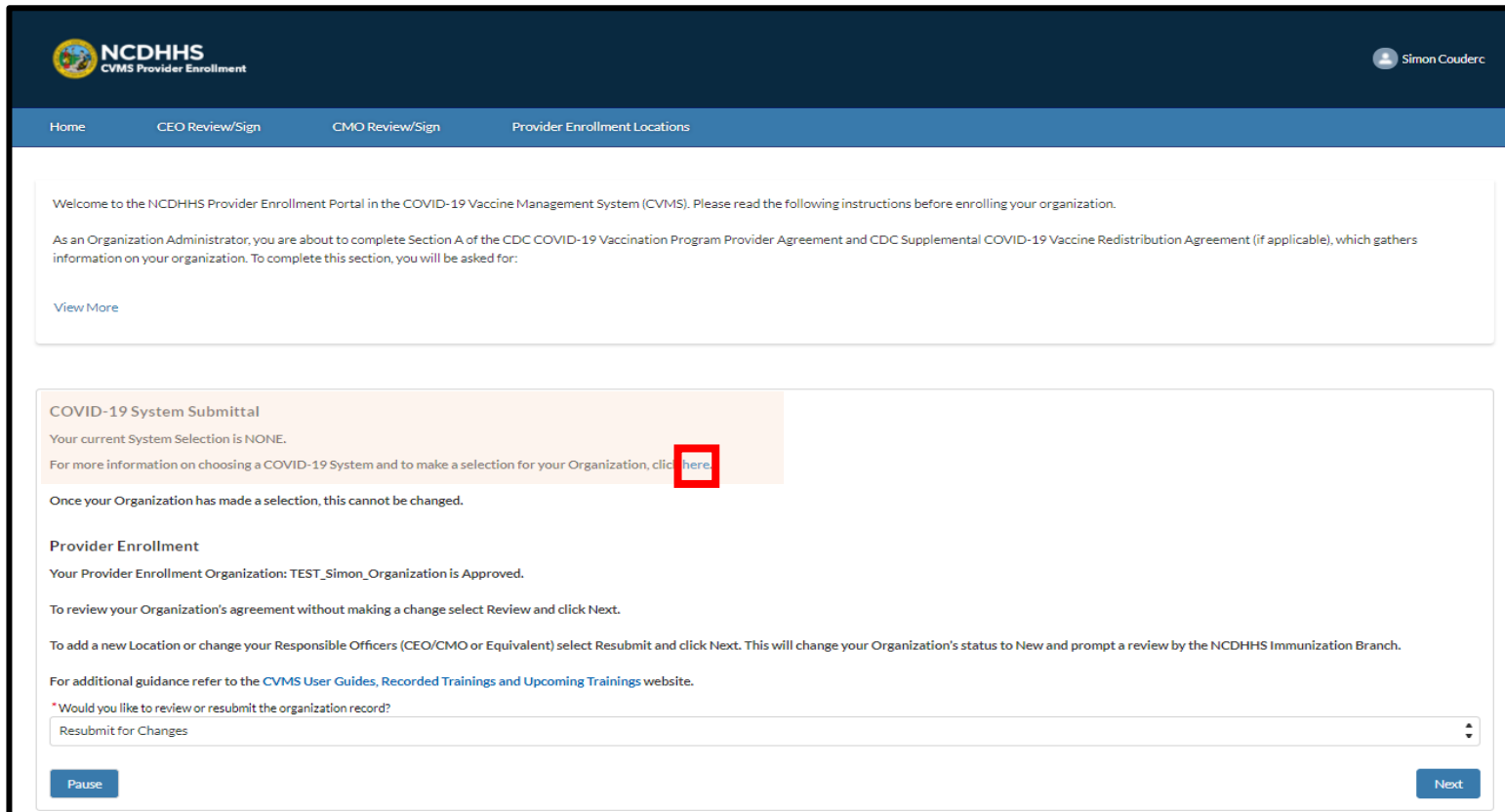
Click REGISTER and use the same email registered in REDCAP.

Step 2 of 6: Navigate to the COVID-19 System Submittal

1. In the **HOME** tab, navigate to the **COVID-19 System Submittal** section. If you read “**Your current system selection is NONE**”, then you are eligible to switch to NCIR.
2. To proceed, click on the link under the word **HERE** at the end of the sentence “**For more information on choosing a COVID-19 System and to make a selection for your Organization, click HERE**”.

Audience

Organization Administrator




The screenshot displays the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo, the text "CVMS Provider Enrollment", and a user profile for Simon Couderc. The navigation bar contains links for Home, CEO Review/Sign, CMO Review/Sign, and Provider Enrollment Locations. The main content area features a welcome message and a "View More" link. The "COVID-19 System Submittal" section is highlighted with a light orange background and contains the text: "Your current System Selection is NONE. For more information on choosing a COVID-19 System and to make a selection for your Organization, click [here](#)." The word "here" is enclosed in a red square. Below this, it states "Once your Organization has made a selection, this cannot be changed." The "Provider Enrollment" section shows that the organization "TEST_Simon_Organization" is approved and provides instructions on how to review or resubmit. At the bottom, there is a dropdown menu for "Would you like to review or resubmit the organization record?" with "Resubmit for Changes" selected, and "Pause" and "Next" buttons.

Step 3 of 6: Select the NCIR System

1. Read the System Selection information text. When you reach the bottom of the page, make your selection by using the drop-down and **select NCIR**.

Audience

Organization Administrator



NCDHHS
COVID-19 Vaccine Enrollment

Simon Caudery: Org Ad...

Home

CEO Review/Sign

CMD Review/Sign

Provider Enrollment Locations

System Selection Information

To better meet the various needs of North Carolina providers, NCDHHS is now offering two options for the documentation and tracking of COVID-19 vaccine as a CDC COVID-19 vaccine program provider: the COVID-19 Vaccine Management System (CVMS) or the NC Immunization Registry (NCIR). Each enrolled organization administering COVID-19 vaccine must choose which system the organization and its participating sites will use to submit vaccine administration data. While each organization may have its own needs and should evaluate the benefits of both systems before transitioning, some considerations are included below:

Vaccine Administration Documentation and Management

- NCIR is for documentation of all routine childhood, adolescent, and adult vaccines, not just COVID-19. For providers who currently use NCIR to manage non-COVID-19 vaccines, selecting NCIR would allow them to manage all vaccines in a single system. NCIR also has a mass vax module that supports multiple record entries at the same time instead of individual record entries.
- CVMS is for COVID-19 vaccine documentation only associated with inventory for NC. For providers who plan to only administer COVID-19 vaccines, CVMS is a pandemic module that would allow for providers to continue to register individuals, schedule appointments, document COVID-19 vaccine administration, manage inventory, and generate reports in CVMS.

Inventory Management

Ordering

All system users will continue to submit orders through the existing [Allocation Request Form](#) survey until CDC guidelines allow for more traditional ordering practices to resume.

Inventory Transfers

- Inventory transfers can only occur between same-system providers in both CVMS and NCIR.
- Providers selecting NCIR will be operating under direct shipments or limited to transfers from other providers using NCIR.

If you have an urgent need to send or receive a transfer from a provider unavailable for selection in your system of use, you should contact the NC Vaccines Help Desk at (877) 873-6247 or submit a ticket via the [Immunization Inquiry webform](#).

CVMS Marketplace

CVMS Marketplace will be limited to CVMS-only organization providers.

Reports

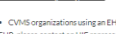
- Providers will only be able to access the reports available in their system of use. (NCIR-only users will only get the reports that are available in NCIR, etc.)
- CVMS cross-location reports will continue to be requested through web ticket and generated by the reporting team and delivered through a secure file sharing mechanism.

Scheduling

- NCIR does not have appointment scheduling capability. HCPs should use their practice scheduling software for appointments.
- CVMS has scheduling functionality available for those providers who opt in to using the scheduling tool.

COVID-19 Vaccine Information Access

- Providers will have access to query recipient COVID-19 vaccine information in the chosen system (NCIR or CVMS) to view COVID-19 vaccine status.
- NCIR providers will continue to have access to the NCIR Immunization Record, which includes all vaccines, including COVID-19.
- All recipients, entered through either system (CVMS or NCIR), will be eligible for a CVMS COVID-19 Vaccine Portal account in order to access their vaccination information. If an email address is provided at time of appointment registration, recipients will receive an email invitation to set up their account.



NCDHHS
COVID-19 Vaccine Enrollment

Simon Caudery: Org Ad...

Home

CEO Review/Sign

CMD Review/Sign

Provider Enrollment Locations

EHR Connectivity/Interactions

- CVMS organizations using an EHR may have the option to submit COVID-19 vaccine administration reporting files through CVMS Direct from their EHRs. If your organization would like to establish CVMS Direct reporting capabilities from your EHR, please contact an HIE representative to get started (meredith.dennen@ncas.com, mehvaish.fatima@ncas.com, or brittani.adams@nc.gov).
- NCIR organizations using an EHR may utilize their integration between their EHR and NCIR for COVID-19 vaccine administration reporting and querying. If your organization is currently utilizing, or would like to utilize HL7 data exchange, please contact the NC Vaccines Help Desk by submitting a web ticket via the [Immunization Inquiry webform](#) or call (877) 873-6247 to speak to an agent.

To learn more about NCIR bi-directional data exchange, please visit the [NCIR Promoting Interoperability webpage](#).

Vaccines.gov Vaccine Site Locator

The CDC's Vaccines.gov website allows people to search for COVID-19 vaccine providers near them and obtain information on how to schedule an appointment and receive the COVID-19 vaccine.

All COVID-19 vaccine providers and community COVID-19 vaccine events should be listed on the Vaccine Site Locator website, even if you do not have available appointments, unless you are a provider that is only vaccinating your own patients (e.g. a long-term care facility, correctional facility, primary care provider only vaccinating existing patients).

- Providers using CVMS will maintain their location and appointment information in the CVMS Provider Portal under the Locations tab in CVMS for Vaccines.gov display.
- Providers using NCIR will maintain their location and appointment information in the CVMS Provider Enrollment Portal under the Vaccines.gov Locations tab for Vaccines.gov display.

Currently enrolled COVID-19 providers transitioning from CVMS to NCIR:

The system selection is made in the CVMS Provider Enrollment Portal at the organization level; therefore, all locations/sites beneath an enrolled organization will be transitioned as well. NCIR set up must be completed for ALL organizations/locations/sites associated with a single organization entry before any of them can begin managing COVID-19 vaccine in NCIR.

- EHR providers currently sending administration data via the CVMS Direct reporting mechanism may transition to NCIR data exchange utilizing their EHR's HL7 messaging capabilities. If this is the organization's selected reporting mechanism, ALL locations/sites under a single organization entity must have established connectivity before the remaining transition activities can be performed.
- The Immunization Branch/NCIR enrollment team will add the first NCIR Administrator user for each organization/location/site, who will then be responsible for adding additional NCIR users.
- All stakeholders will receive final email communication indicating that the transition activities have been completed and when they will be able to begin COVID-19 reporting in NCIR. [Sites should continue reporting COVID-19 vaccine administrations in CVMS until the time indicated in the final "Start using NCIR for COVID-19 vaccines tomorrow" email.](#)
- At the time of transition, any remaining COVID-19 inventory in CVMS will be transferred to NCIR.
- All CVMS users having a primary relationship with the locations/sites under a single organization entity will be deactivated in CVMS and will no longer have access to the CVMS Provider Portal. (The Organization Administrator, CMD, CEO, and Vaccine Coordinators will retain their access to the Provider Enrollment portal.)

Additional Information

- For more information about NCIR please visit the [North Carolina Immunization Registry \(NCIR\)](#) webpage.
- For more information about CVMS, please visit [COVID-19 Vaccine Management System \(CVMS\)](#) webpage.

Provider Support

- For CVMS Provider Enrollment or COVID-19 vaccine questions, you can find helpful knowledge articles or submit an inquiry by visiting the [CVMS Help Desk Portal](#). Before you can submit an inquiry, you must register for a CVMS Help Desk Portal account by following the detailed instructions found in the [Provider Help Desk Submission - Process Summary User Guide](#).
- For non-COVID-19 vaccine or NCIR system questions, inquiries can be submitted via the [Immunization Inquiry webform](#) where they will be routed to the appropriate team for more timely response. There is no login required to access this webform.

*Selected COVID-19 Vaccine Documentation System

--None--

Next

Step 4 of 6: Review and Accept Agreement

1. Once you select NCIR, an agreement for the North Carolina Immunization Registry (2021 COVID) will appear below the drop-down. Read the agreement, click the **CHECKBOX** next to the agreement attestation, and click **NEXT**.

Audience

Organization Administrator

• Providers can also call the NC Vaccines Help Desk at (877) 873-6247 (Monday – Friday 7:00 AM – 7:00 PM ET and Saturday 8:00 AM – 4:00 PM ET).

* Selected COVID-19 Vaccine Documentation System

NCIR

NORTH CAROLINA IMMUNIZATION REGISTRY AGREEMENT (2021 COVID)

☐ I understand that as part of this COVID-19 Vaccine Agreement, the organization and participating COVID-19 vaccination locations as part of this organization shall comply with the following terms related to use of the North Carolina Immunization Registry (NCIR) COVID-19 vaccine information.

1. Designate a minimum of two NCIR Administrators to be responsible for the maintenance of all organization users. This will ensure if the primary administrator is unavailable, the backup can perform the necessary NCIR functions.
2. Maintain and protect the confidentiality of information contained in NCIR in accordance with applicable North Carolina state and federal law as well as the requirements set forth in the NC DHHS Privacy and Security Manuals (<https://policies.ncdhhs.gov/departmental/policies-manuals/section-viii-privacy-and-security/>) and the NC Statewide Information Security Manual (<https://it.nc.gov/statewide-information-security-policies>).
3. Require all new and existing organization users accessing NCIR under your authority to sign a *NCIR User Confidentiality Agreement*. The signed agreement should be maintained on site and made available to the Immunization Branch upon request.
4. Assume responsibility for all organization users accessing NCIR under your authority. Ensure all current and new organization staff receive NCIR training, agree to not share NCIR user ID and/or passwords or other credentials with any other individual, and protect the confidentiality and integrity of the information contained in NCIR in accordance with this agreement and applicable law.
5. Deactivate all organization users immediately should they leave your organization or are assigned to different duties within the organization that do not require NCIR access.
6. Provide the North Carolina Immunization Branch with notice of all suspected and confirmed privacy/security incidents or privacy/security breaches involving unauthorized access, use, disclosure, modification, or destruction of the information retained in NCIR, including a breach of account credentials or user permissions. Notice shall be provided within twenty-four (24) hours after the incident is first discovered by submitting a report at: <https://security.ncdhhs.gov/>.
7. Provide an immunization record, at no charge, to the patient each time an immunization is given.
8. Share immunization information upon request as specified in G.S. 130A-153 and 10A NCAC 41A.0406.
9. Report all adverse events as they occur through the Vaccine Adverse Events Reporting System (VAERS) electronically. For a complete list of required reportable events go to: <http://www.vaers.hhs.gov/reportable.htm>. Add an appropriate client comment in NCIR.
10. Acknowledge and agree that all medical treatment and diagnostic decisions are the sole responsibility of the COVID-19 vaccine providers and Supervising Physician.

The Immunization Branch or the Provider may terminate this agreement at any time for personal reasons or failure to comply with all conditions of this agreement. The conditions of this agreement are subject to change.


Next

Step 5 of 6: Confirm System Selection

- 1. On the homepage under “COVID-19 System Submittal”, you should now read “Your Current System Selection is NCIR”

Audience

Organization Administrator



NCDHHS
CVMS Provider Enrollment

Simon Couderc Org Ad...

Home

CEO Review/Sign

CMO Review/Sign

Provider Enrollment Locations

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](#)

COVID-19 System Submittal

Your current System Selection is NCIR.

For more information on choosing a COVID-19 System and to make a selection for your Organization, click [here](#).

Once your Organization has made a selection, this cannot be changed.

Provider Enrollment

Your Provider Enrollment Organization: TEST_Simon_Organization 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

Pause

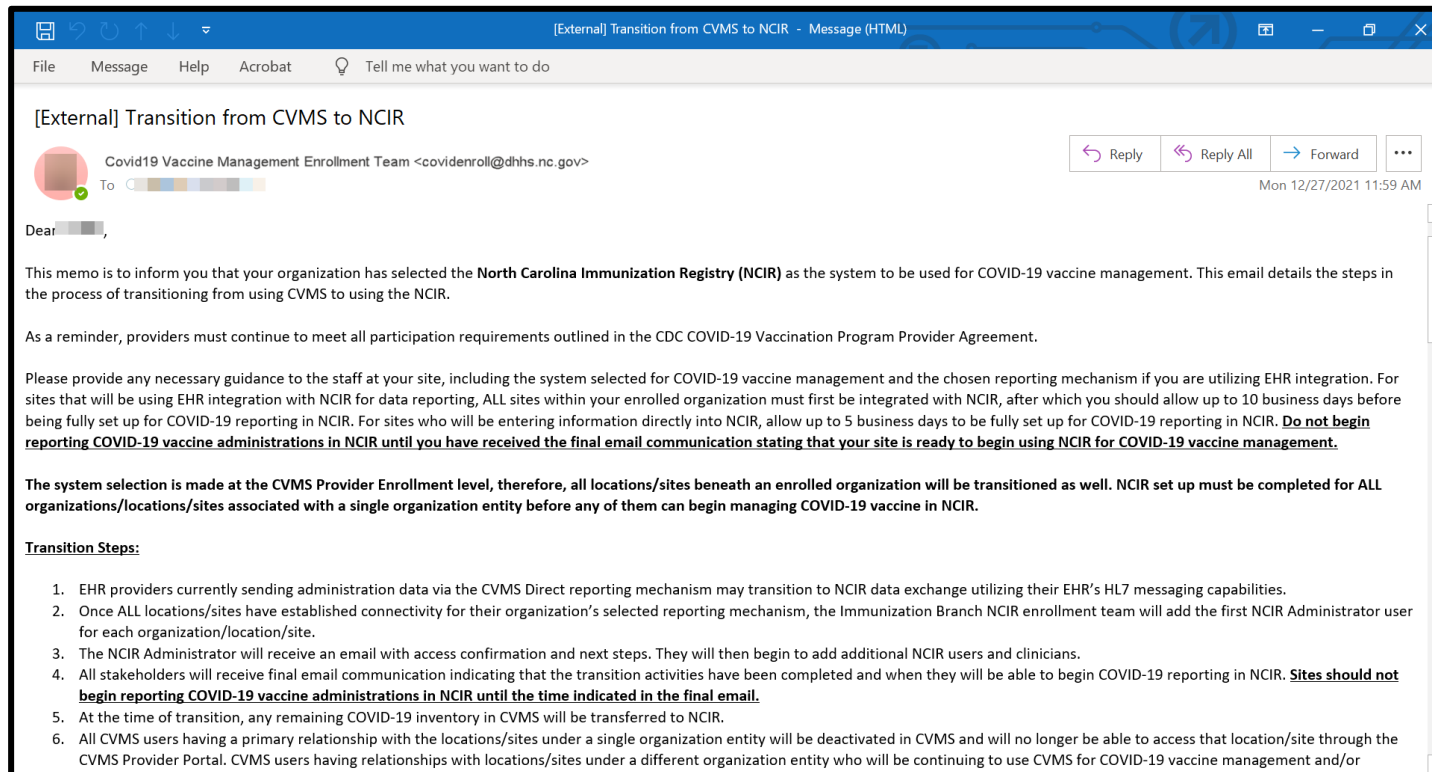
Next

Step 6 of 6: Next Steps

1. In the following hours upon submitting system selection as NCIR, all users associated with your organization will be sent an **automated confirmation email** with the next steps
2. Your organization still needs to use CVMS to log inventories and vaccinations until onboarding to NCIR is completed (around 10 days). You should not attempt to report COVID-19 Vaccine administrations in NCIR until you have received a final email communication stating that your organization is ready to begin using it next morning. This final email will be sent to all users associated with your organization.

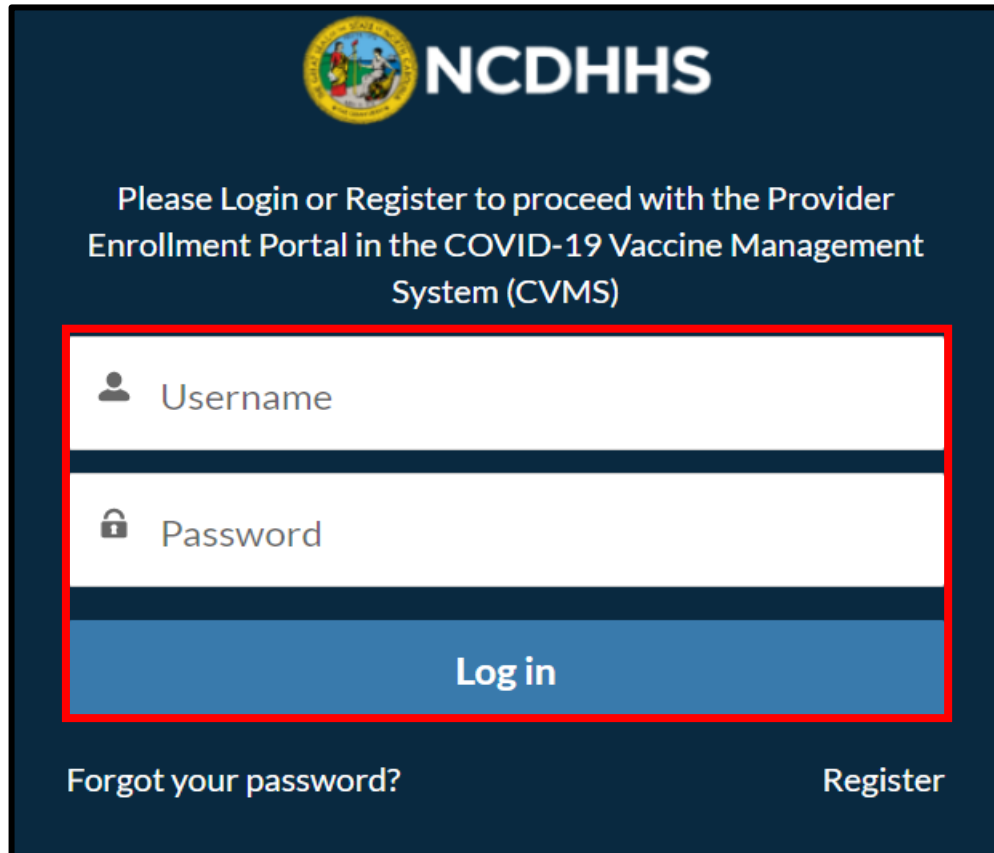
Audience


Organization Administrator




Update Day and Times to Receive Vaccine Shipment


Step 1 of 9: Log In to the Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Vaccine Coordinator

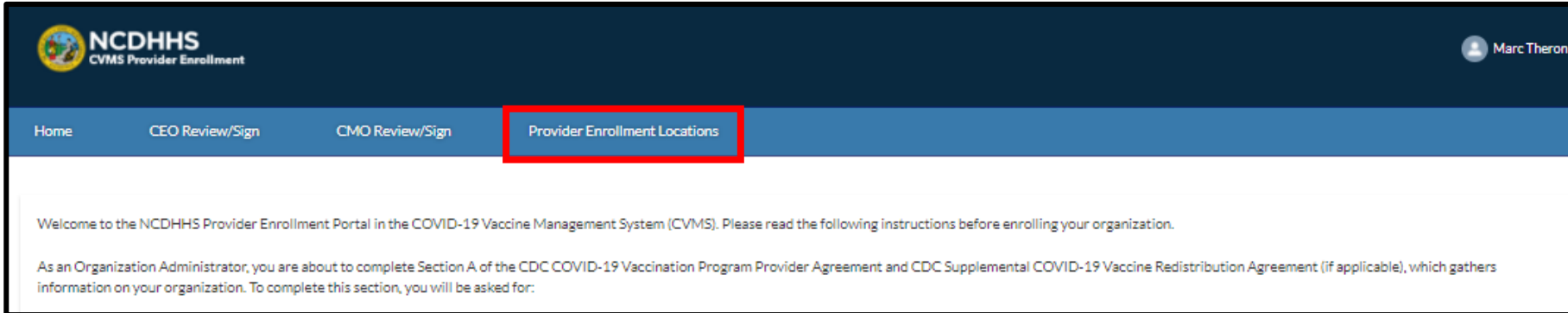
Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 2 of 9: Navigate to the Provider Enrollment Locations Tab

1. Navigate to the **PROVIDER ENROLLMENT LOCATIONS** tab.



Audience

Organization Administrator

Vaccine Coordinator


Step 3 of 9: Navigate to Agreement Details

- 1. Select the location with a new Vaccine Coordinator by clicking the toggle next to its name and select **AGREEMENT DETAILS**

Audience

Organization Administrator

Vaccine Coordinator



NCDHHS
CVMS Provider Enrollment

Marc Theron

[Home](#)[CEO Review/Sign](#)[CMO Review/Sign](#)[Provider Enrollment Locations](#)

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:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03494	Pharmacy Crest	Approved	<div><div>Agreement Details</div></div>

Step 4 of 9: Update Availability

✓

✓

Availability

Provider Type/S...

Population Serv...

Storage Units

Practicing Provi...

Initial User

Review

S&H Attestation

Completed

DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

* Monday AM from:
Please select time

* Monday AM to:
Please select time

* Monday PM from:
Please select time

* Monday PM to:
Please select time

* Tuesday AM from:
Please select time

* Tuesday AM to:
Please select time

* Tuesday PM from:
Please select time

* Tuesday PM to:
Please select time

* Wednesday AM from:
Please select time

* Wednesday AM to:
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* Wednesday PM from:
Please select time

* Wednesday PM to:
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* Thursday AM from:
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* Thursday AM to:
Please select time

* Thursday PM from:
Please select time

* Thursday PM to:
Please select time

* Friday AM from:
Please select time

* Friday AM to:
Please select time

* Friday PM from:
Please select time

* Friday PM to:
Please select time

Pause

Previous

Next

Location

Account

Display on Vaccine Site Locator

Address

Available Vaccine Brands

To update your **AVAILABILITY** to receive shipments:

1. Click **NEXT** 2 times to get to the **AVAILABILITY** tab
2. Use the toggle buttons to **select the times** that you are available to receive shipments for each day of the week (Monday -Friday).
3. Click **NEXT** until you reach the Initial User tab

Audience

- Organization Administrator
- Vaccine Coordinator

Step 5 of 9: Enter Initial User Information Details

✓✓✓✓✓✓✓✓Initial UserReviewSQH AttestationCompleted

SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING

Please identify an employee to be your site's first system administrator user. Within the COVID-19 Vaccine Management System (CVMS), the system administrator role is referred to as the *Healthcare Location Manager*. Within the North Carolina Immunization Registry (NCIR), the system administrator role is referred to as the *NCIR Administrator*. In either system, this user will be responsible for managing access for all other users at their designated site, in addition to other activities related to COVID-19 vaccine management. This individual can be the same as your location's primary or back-up vaccine coordinator, or it can be someone else within your organization.

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they must follow the steps below to register for one:

1. Navigate to <https://ncid.nc.gov/>
2. Click Register! (in the bottom right corner of the blue box)
3. If you are a Local Health Department user, you must register using the "Local Government Employee" account type, otherwise you must register using the "Business" account type
4. Complete the required fields to create an NCID
5. An email will be sent to the email address that was used to create the NCID with a link to verify your new user ID
6. Click the link and verify your NCID; Once verified, you will be prompted to log-in to NCID with the NCID and password you created
7. Select and answer the 5 security questions; after finalizing the 5 security questions, you will be routed to the NCID homepage

Ensure that the First name, Last name, and Email address entered into the NCID site matches the information entered below. Any discrepancy may delay the user from receiving access to the system.

Once this site is approved by NC DHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.

Add Initial User

* First Name

VacTest

* Last Name

Admin

* NCID Username

VacTestAdmin

* Email Address

avactest22@gmail.com

Pause


PreviousNext

1. Identify an employee to be your site's first **system administrator** (have them create an NCID if they do not have one) user by entering their details in the required fields under **ADD INITIAL USER**. Once this site is approved by NCDHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.
2. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

53

Step 6 of 9: Review Details for Accuracy and Sign

1. **REVIEW** location details for accuracy
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Step 7 of 9: Review and Sign Storage and Handling Attestation

Progress bar: 1-9, with 7 highlighted and 'Storage and Handling Attestation' status.

Please Confirm

Location

Storage and Handling Attestation:

Location name
We Care - Location 2

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit¹ can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including reduced potency/effectiveness and subsequent re-vaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperatures at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.²
- > Monitor and comply with COVID-19 vaccine expiration dates.
- > Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- > Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

* North Carolina Program guidance for reporting COVID-19 vaccine temperature excursions is under development and will be available soon.

To support provider compliance with the requirements listed above, the assigned primary and back-up COVID-19 vaccine coordinators will need to complete the following actions:

Review the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum³

Complete the COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers⁴

Complete the CDC's You Call the Shots Vaccine Storage and Handling module⁵

Ensure all employees that may come into contact with vaccine (including those who receive vaccine deliveries as well as those who handle and administer vaccine) are trained in vaccine-related practices and procedures specific to your facility.

1
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

2
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

3
<https://www2.cdc.gov/vaccines/imz/COVID19/>

4
<https://www2a.cdc.gov/hip/isl/ycta/html/touruses/whhs.asp>

Primary COVID-19 Vaccine Coordinator:

Primary Coordinator Full Name
OrgTest Admin

Primary Coordinator Telephone
123-456-7891

Primary Coordinator Email
aorgtest5489@gmail.com

I, as the primary COVID-19 vaccine coordinator, attest to myself and the back-up vaccine coordinator having completed the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and the You Call the Shots Vaccine Storage and Handling module. I have read the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum. My facility has the appropriate vaccine storage units and personnel who monitor and deliver (digital data loggers, as described in the Toolkit) and will adhere to proper storage and handling practices noted therein. (Signature and date)

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

Buttons: Adopt and Use, Clear

Date
January 10, 2022

Please be sure to visit the CDC's COVID-19 Vaccination site regularly for additional trainings as they become available. Continue to monitor your inbox for programmatic guidance and updates from the North Carolina Department of Health and Human Services North Carolina Immunization Branch.

Buttons: Pause, Previous, Next

1. **REVIEW** Storage and Handling Attestation
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

The CEO and CMO will be notified by email of the updates.

The CEO and CMO should connect to the Provider Enrollment Portal to review and then electronically sign the agreements.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Organization Administrator

CEO

CMO

Step 9 of 9: Confirm Completion of Steps

Once the CMO and CEO signatures have been obtained, the location enrollment resubmission process is considered **COMPLETE** and will be submitted to NCDHHS for review and approval.

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Completed


Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, 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 will be submitted to NCDHHS for review and approval.

Organizations who successfully 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 prescribers, 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

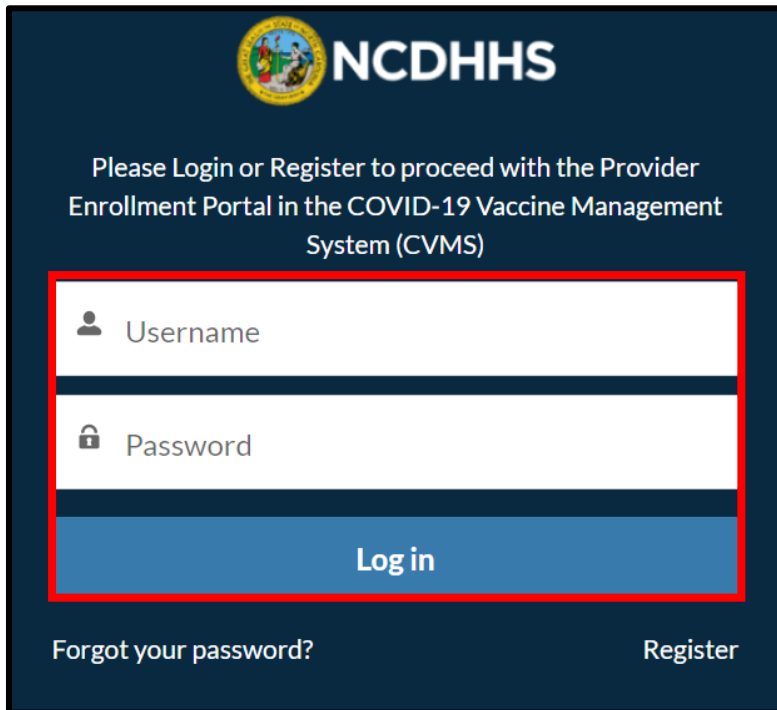
Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

Update your Primary Vaccine Coordinator

Step 1 of 10: Log In to the Provider Enrollment Portal

If a Provider Enrollment Location has a new Vaccine Coordinator, the user with an Organization Administrator role will need to update the information for the Vaccine Coordinator.



1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

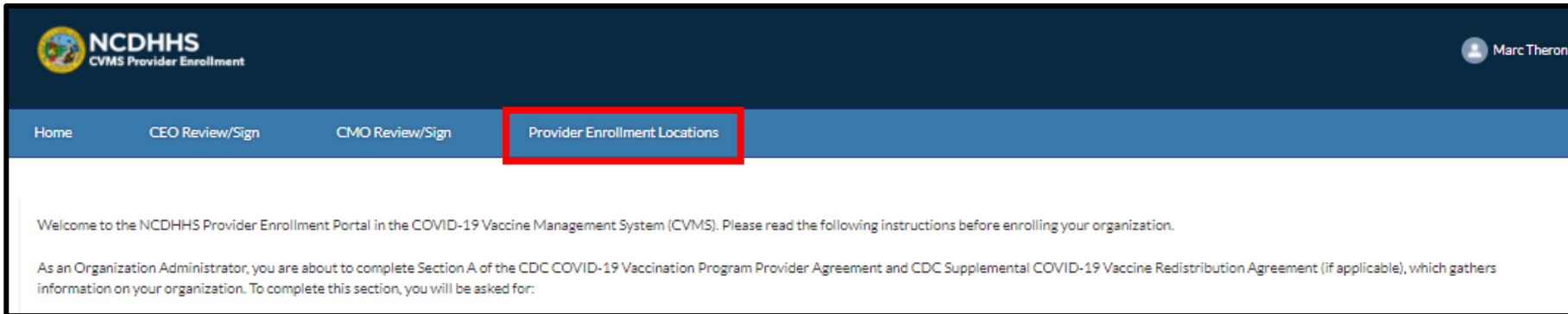
Click REGISTER and use the same email registered in REDCAP.

Step 2 of 10: Navigate to the Provider Enrollment Locations Tab

1. Navigate to the **PROVIDER ENROLLMENT LOCATIONS** tab.

Audience

Organization Administrator




Step 3 of 10: Navigate to Agreement Details

- 1. Select the location with a new Vaccine Coordinator by clicking the toggle next to its name and select **AGREEMENT DETAILS**

Audience

Organization Administrator



NCDHHS
CVMS Provider Enrollment

Marc Theron

Home

CEO Review/Sign

CMO Review/Sign

Provider Enrollment Locations

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:

[View More](#)

Location Enrollments (section B)

Record ↑

▼

Name

▼

Status

▼

LOC-03494	Pharmacy Crest	Approved	<div><div>▼</div><div>Agreement Details</div></div>
-----------	----------------	----------	---

Step 4 of 10: Update Reason to Resubmit Field

1. Scroll to the bottom of the page and select Reason to resubmit your agreement: **PRIMARY VACCINE COORDINATOR CONTACT INFORMATION**, then select **RESUBMIT**

Audience

Organization Administrator

Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.

Select Options

Available Options	Selected Options
Days and Times to Receive Vaccine Shipment	<input checked="" type="checkbox"/> Primary Vaccine Coordinator Contact Information
Storage & Handling Updates (images/make/model/capacity, etc.)	
Vaccine Shipment or Vaccine Administration Address	
Other	

Step 5 of 10: Update Vaccine Coordinator Contact Details

1. Click **NEXT** to navigate to the Vaccine Coordinator Contact tab
2. Update Vaccine Coordinator details
3. Click **NEXT**
4. The CEO and CMO will be sent an email to review and sign the agreement. Users with an **ORGANIZATION ADMINISTRATOR**, **CEO** and **CMO** profiles will be sent a confirmation by email once the agreement has been reviewed by the NCDHHS team

Audience

Organization Administrator

The screenshot shows a web form for updating vaccine coordinator contact details. The form is titled "ORGANIZATION LOCATION VACCINE COORDINATOR CONTACT INFORMATION". It has a progress bar at the top with tabs: "Vaccine Coordin..." (selected), "Availability", "Provider Type/S...", "Population Serv...", "Storage Units", "Practicing Provi...", "Initial User", "Review", "SGH Attestation", and "Completed". The form contains the following fields:

- Primary Vaccine Coordinator First Name: [Mard]
- Primary Vaccine Coordinator Middle Initial: []
- Primary Vaccine Coordinator Last Name: [Tyron]
- Primary Vaccine Coordinator Telephone xxx-xxx-xxxx: [919-111-2222]
- Primary Vaccine Coordinator Email: [marctyron653@gmail.com]
- Backup Vaccine Coordinator First Name: [Marc]
- Backup Vaccine Coordinator Middle Initial: []
- Backup Vaccine Coordinator Last Name: [Tyron]
- Backup Vaccine Coordinator Telephone xxx-xxx-xxxx: [919-111-2222]
- Backup Vaccine Coordinator Email: [marctyron653@gmail.com]

At the bottom of the form, there are three buttons: "Pause", "Previous", and "Next". The "Next" button is highlighted with a red box.

Step 6 of 10: Enter Initial User Information Details

Audience

Organization Administrator

Vaccine Coordinator

✓✓✓✓✓✓✓✓

Initial User

Review

S&H Attestation

Completed

SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING

Please identify an employee to be your site's first system administrator user. Within the COVID-19 Vaccine Management System (CVMS), the system administrator role is referred to as the *Healthcare Location Manager*. Within the North Carolina Immunization Registry (NCIR), the system administrator role is referred to as the *NCIR Administrator*. In either system, this user will be responsible for managing access for all other users at their designated site, in addition to other activities related to COVID-19 vaccine management. This individual can be the same as your location's primary or back-up vaccine coordinator, or it can be someone else within your organization.

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they must follow the steps below to register for one:

1. Navigate to <https://ncid.nc.gov/>
2. Click Register! (in the bottom right corner of the blue box)
3. If you are a Local Health Department user, you must register using the "Local Government Employee" account type, otherwise you must register using the "Business" account type
4. Complete the required fields to create an NCID
5. An email will be sent to the email address that was used to create the NCID with a link to verify your new user ID
6. Click the link and verify your NCID; Once verified, you will be prompted to log-in to NCID with the NCID and password you created
7. Select and answer the 5 security questions; after finalizing the 5 security questions, you will be routed to the NCID homepage

Ensure that the First name, Last name, and Email address entered into the NCID site matches the information entered below. Any discrepancy may delay the user from receiving access to the system.

Once this site is approved by NC DHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.

Add Initial User

* First Name

VacTest

* Last Name

Admin

* NCID Username

VacTestAdmin

* Email Address

avactest22@gmail.com


Pause


Previous

Next


1. Identify an employee to be your site's first **system administrator** (have them create an NCID if they do not have one) user by entering their details in the required fields under **ADD INITIAL USER**. Once this site is approved by NCDHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.
2. Click **NEXT**

COVID-19 vaccination practice type for this location

COVID-19 vaccination practice type 


Healthcare location type 


Settings where this location will administer COVID-19 vaccines


Where vaccine is administered 


Health care type for this location (see instructions on page 1)


Approximate number of patients/clients routinely served by this location


Number of patients (doctors and nurse) 


Number of COVID-19 vaccine staff 

Number of COVID-19 vaccine staff 


Number of COVID-19 vaccine staff 


Number of COVID-19 vaccine staff 

Number of COVID-19 vaccine staff 


Number of COVID-19 vaccine staff 

Influence vaccination capacity for this location

How number of people fits vaccine 


Number of COVID-19 vaccine staff 


Population(s) served by this location (select all that apply)


Population category 


Select one or more population categories and population characteristics of your organization

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?


Yes 


No 


What type of IIS? 


What type of IIS? 


Estimated number of 15-Over multiracial data (HMC) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperature


Temperature capacity (in °F) 

Temperature capacity (in °F) 


Temperature capacity (in °F) 


Temperature capacity (in °F) 


Temperature capacity (in °F) 


Temperature capacity (in °F) 


Storage unit details for this location


Storage unit information type 


Storage unit information type 


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1. **REVIEW** location details for accuracy
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

Organization Administrator

Vaccine Coordinator

Vaccine Coordinator

Step 8 of 10: Review and Sign Storage and Handling Attestation

Completed

Please Confirm

Location

Storage and Handling Attestation:

Location name:
Vie Care - Location 2

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit¹ can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including reduced potency/effectiveness and subsequent re-vaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperatures at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.²
- > Monitor and comply with COVID-19 vaccine expiration dates.
- > Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- > Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

* North Carolina Program guidance for reporting COVID-19 vaccine temperature excursions is under development and will be available soon.

To support provider compliance with the requirements listed above, the assigned primary and back-up COVID-19 vaccine coordinators will need to complete the following actions:

Review the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum³

Complete the COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers⁴

Complete the CDC's You Call the Shots Vaccine Storage and Handling module⁵

Ensure all employees that may come into contact with vaccine (including those who receive vaccine deliveries as well as those who handle and administer vaccine) are trained in vaccine-related practices and procedures specific to your facility.

1
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

2
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

3
<https://www2.cdc.gov/vaccines/imz/COVID19/>

4
<https://www2a.cdc.gov/hip/isl/yds/instl/touruses/wh/hs.asp>

Primary COVID-19 Vaccine Coordinator:

Primary Coordinator Full Name:

Primary Coordinator Telephone:

Primary Coordinator Email:

I, as the primary COVID-19 vaccine coordinator, attest to myself and the back-up vaccine coordinator having completed the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and the You Call the Shots Vaccine Storage and Handling module. I have read the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum. My facility has the appropriate vaccine storage units and personnel who monitor and deliver (digital data loggers, as described in the Toolkit) and will adhere to proper storage and handling practices noted therein. (Signature and date)

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

Date
January 10, 2022

Please be sure to visit the CDC's COVID-19 Vaccination site regularly for additional trainings as they become available. Continue to monitor your inbox for programmatic guidance and updates from the North Carolina Department of Health and Human Services North Carolina Immunization Branch.

1. **REVIEW** Storage and Handling Attestation
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

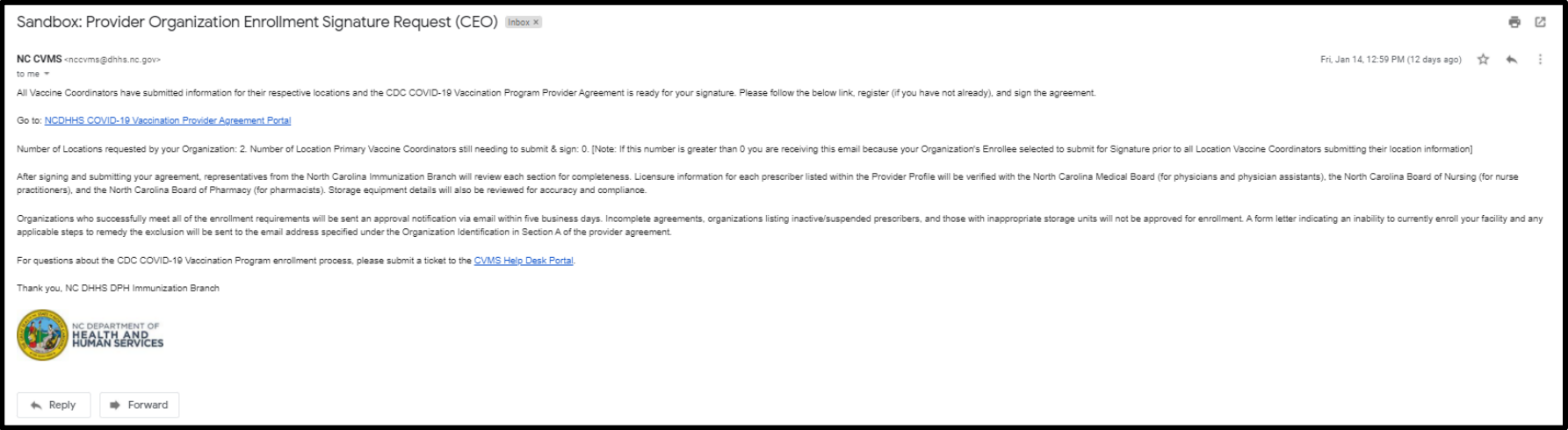
Audience

Organization Administrator

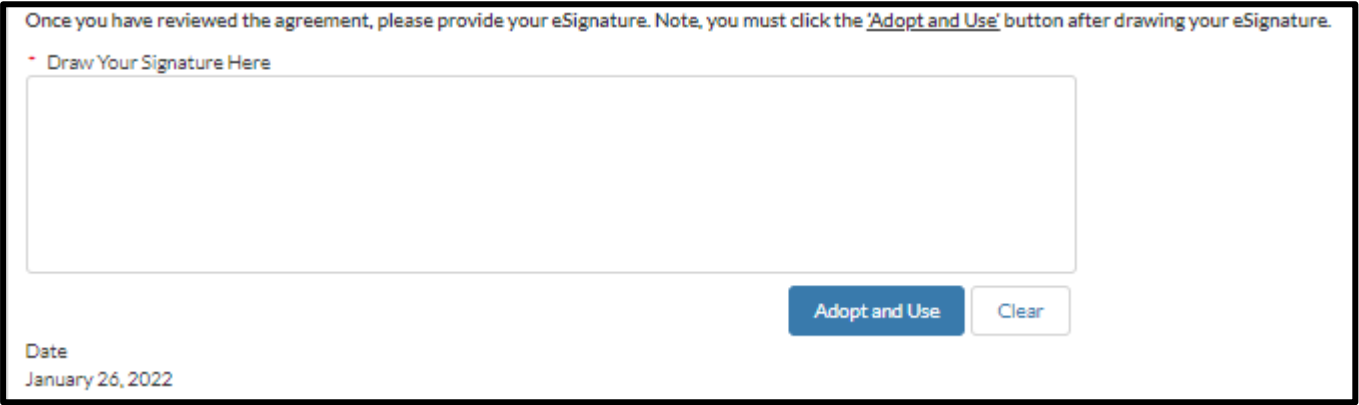
Vaccine Coordinator

Step 9 of 10: CEO and CMO Signs the New Agreements

The CEO and CMO will be notified by email of the updates.



The CEO and CMO should connect to the Provider Enrollment Portal to review and then electronically sign the agreements.



Audience

- Organization Administrator
- CEO
- CMO

Step 10 of 10: Confirm Completion of Steps

Once the CMO and CEO signatures have been obtained, the location enrollment resubmission process is considered **COMPLETE** and will be submitted to NCDHHS for review and approval.

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Completed


Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, 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 will be submitted to NCDHHS for review and approval.

Organizations who successfully 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 prescribers, 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.servicenow.services.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.



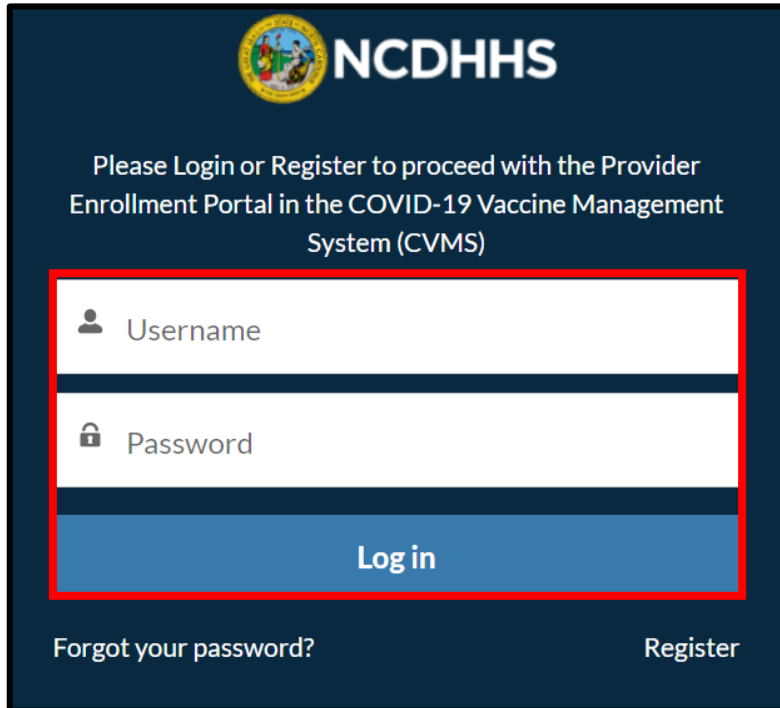
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES


Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO


Update Storage & Handling Information (images/make/model/capacity, etc.)


Step 1 of 10: Log In to the Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Vaccine Coordinator

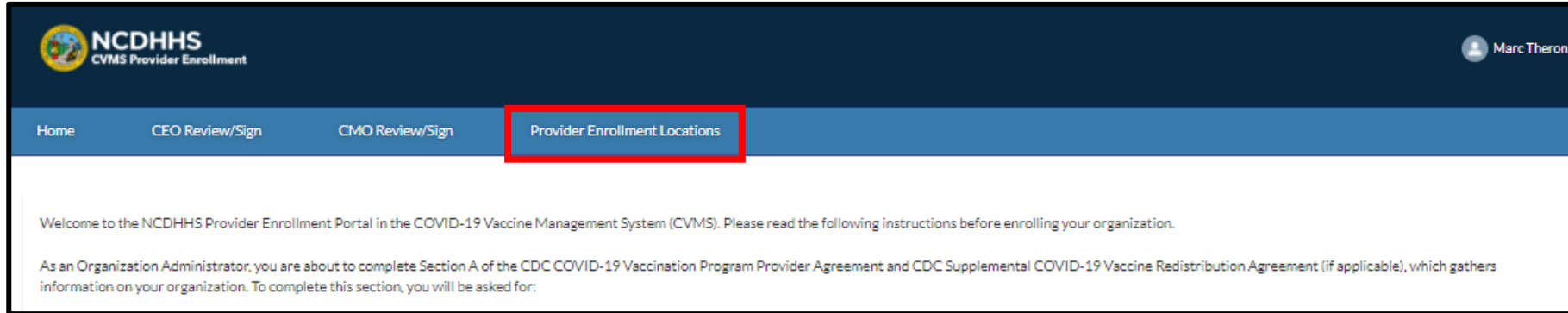
Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 2 of 10: Navigate to the Provider Enrollment Locations Tab

1. Navigate to the **PROVIDER ENROLLMENT LOCATIONS** tab.



Audience

Organization Administrator


Vaccine Coordinator

Step 3 of 10: Navigate to Agreement Details

- 1. Select the location with a new Vaccine Coordinator by clicking the toggle next to its name and select **AGREEMENT DETAILS**

Audience

- Organization Administrator
- Vaccine Coordinator



NCDHHS
CVMS Provider Enrollment

Marc Theron

[Home](#)[CEO Review/Sign](#)[CMO Review/Sign](#)[Provider Enrollment Locations](#)

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:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03494	Pharmacy Crest	Approved	<div><div>Agreement Details</div></div>

Step 4 of 10: Update Reason to Resubmit Field

- 1. Scroll to the bottom of the page and select Reason to resubmit your agreement: **STORAGE & HANDLING UPDATES (images/make/model/capacity, etc.)**, then select **RESUBMIT**

Audience

- Organization Administrator
- Vaccine Coordinator

Unique COVID-19 Organization ID (Sect A) ⓘ
ORG-07337

Unique Location ID ⓘ
LOC-05931

Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.

Select Options

Available Options

Days and Times to Receive Vaccine Shipment

Primary Vaccine Coordinator Contact Information

Storage & Handling Updates (images/make/model/capacity, etc.)

Vaccine Shipment or Vaccine Administration Address

Other

Selected Options

▶ Storage & Handling Updates (images/make/model/capacity, etc.) ▲

Resubmit

Step 5 of 10: Update and/or Add Storage Unit Details

Audience

Organization Administrator

Vaccine Coordinator

Storage Units

Practicing Provi...

Initial User

Review

S&H Attestation

Completed

STORAGE UNIT DETAILS FOR THIS LOCATION

List brand, model, and type of storage units to be used for storing COVID-19 vaccine at this location to avoid delays in the processing of your enrollment. The Centers for Disease Control and Prevention (CDC) recommends using purpose-built or pharmaceutical-grade units designed specifically for vaccine storage. Household combination units are acceptable for the refrigerated component only if a purpose-built refrigerator unit is not available. A separate, stand-alone freezer must be utilized for frozen vaccine. Vaccines must be stored in a separate shelf from any other biologics. Food must be stored separately and not in the same unit where vaccine is stored.

Storage Unit 1 Brand
US

Storage Unit 1 Model
Bull/Generator

Storage Unit 1 Type
N/A

Storage Unit 1 Inside Picture
Upload Files Or drop files

Storage Unit 1 Outside Picture
Upload Files Or drop files

Storage Unit 2 Brand

Storage Unit 2 Model

Storage Unit 2 Type
N/A

Storage Unit 2 Inside Picture
Upload Files Or drop files

Storage Unit 2 Outside Picture
Upload Files Or drop files

Storage Unit 3 Brand

Storage Unit 3 Model

Storage Unit 3 Type
N/A

Storage Unit 3 Inside Picture
Upload Files Or drop files

Storage Unit 3 Outside Picture
Upload Files Or drop files

Storage Unit 4 Brand

Storage Unit 4 Model

Storage Unit 4 Type
N/A

Storage Unit 4 Inside Picture
Upload Files Or drop files

Storage Unit 4 Outside Picture
Upload Files Or drop files

Storage Unit 5 Brand

Storage Unit 5 Model

Storage Unit 5 Type
N/A

Storage Unit 5 Inside Picture
Upload Files Or drop files

Storage Unit 5 Outside Picture
Upload Files Or drop files

Previous Next

UPDATE the details for your Storage Unit by modifying the previously populated information.

To **ADD** more than one Storage Unit:

1. Enter Storage Unit 2 Brand
2. Enter Storage Unit 2 Model
3. Enter Storage Unit 2 Type
4. Upload Storage Unit 2 Inside Picture
5. Upload Storage Unit 2 Outside Picture
6. Click **NEXT** until you reach the **Initial User** tab

Note: You can add up to 5 Storage Units

Step 6 of 10: Enter Initial User Information Details

Audience

Organization Administrator

Vaccine Coordinator

✓✓✓✓✓✓✓✓

Initial User

Review

S&H Attestation

Completed

SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING

Please identify an employee to be your site's first system administrator user. Within the COVID-19 Vaccine Management System (CVMS), the system administrator role is referred to as the *Healthcare Location Manager*. Within the North Carolina Immunization Registry (NCIR), the system administrator role is referred to as the *NCIR Administrator*. In either system, this user will be responsible for managing access for all other users at their designated site, in addition to other activities related to COVID-19 vaccine management. This individual can be the same as your location's primary or back-up vaccine coordinator, or it can be someone else within your organization.

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they must follow the steps below to register for one:

1. Navigate to <https://ncid.nc.gov/>
2. Click Register! (in the bottom right corner of the blue box)
3. If you are a Local Health Department user, you must register using the "Local Government Employee" account type, otherwise you must register using the "Business" account type
4. Complete the required fields to create an NCID
5. An email will be sent to the email address that was used to create the NCID with a link to verify your new user ID
6. Click the link and verify your NCID; Once verified, you will be prompted to log-in to NCID with the NCID and password you created
7. Select and answer the 5 security questions; after finalizing the 5 security questions, you will be routed to the NCID homepage

Ensure that the First name, Last name, and Email address entered into the NCID site matches the information entered below. Any discrepancy may delay the user from receiving access to the system.

Once this site is approved by NC DHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.

Add Initial User

* First Name

VacTest

* Last Name

Admin

* NCID Username

VacTestAdmin

* Email Address

avactest22@gmail.com

Pause

Previous

Next

1. Identify an employee to be your site's first **system administrator** (have them create an NCID if they do not have one) user by entering their details in the required fields under **ADD INITIAL USER**. Once this site is approved by NCDHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.
2. Click **NEXT**

Step 7 of 10: Review Details for Accuracy and Sign

The screenshot shows the 'Review' step of the NCDHHS COVID-19 vaccination provider registration process. A progress bar at the top indicates the current step. The 'Review' button is highlighted with a red box.

The screenshot shows the 'Next' step of the NCDHHS COVID-19 vaccination provider registration process. The 'Next' button is highlighted with a red box.

1. **REVIEW** location details for accuracy
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Step 8 of 10: Review and Sign Storage and Handling Attestation

Completed

Please Confirm

Location

Storage and Handling Attestation:

Location name:
Vie Care - Location 2

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit¹ can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including reduced potency/effectiveness and subsequent re-vaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperatures at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.²
- > Monitor and comply with COVID-19 vaccine expiration dates.
- > Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- > Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

* North Carolina Program guidance for reporting COVID-19 vaccine temperature excursions is under development and will be available soon.

To support provider compliance with the requirements listed above, the assigned primary and back-up COVID-19 vaccine coordinators will need to complete the following actions:

Review the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum³

Complete the COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers⁴

Complete the CDC's You Call the Shots Vaccine Storage and Handling module⁵

Ensure all employees that may come into contact with vaccine (including those who receive vaccine deliveries as well as those who handle and administer vaccine) are trained in vaccine-related practices and procedures specific to your facility.

1
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

2
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

3
<https://www2.cdc.gov/vaccines/imz/COVID19/>

4
<https://www2a.cdc.gov/hip/isl/ycta/html/touruses/wh/ta.asp>

Primary COVID-19 Vaccine Coordinator:

Primary Coordinator Full Name:

Primary Coordinator Telephone:

Primary Coordinator Email:

I, as the primary COVID-19 vaccine coordinator, attest to myself and the back-up vaccine coordinator having completed the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and the You Call the Shots Vaccine Storage and Handling module. I have read the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum. My facility has the appropriate vaccine storage units and personnel who monitor vaccine storage temperatures, as described in the Toolkit and will adhere to proper storage and handling practices noted therein. (Signature and date)

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

Date
January 10, 2022

Please be sure to visit the CDC's COVID-19 Vaccination site regularly for additional trainings as they become available. Continue to monitor your inbox for programmatic guidance and updates from the North Carolina Department of Health and Human Services North Carolina Immunization Branch.

1. **REVIEW** Storage and Handling Attestation
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

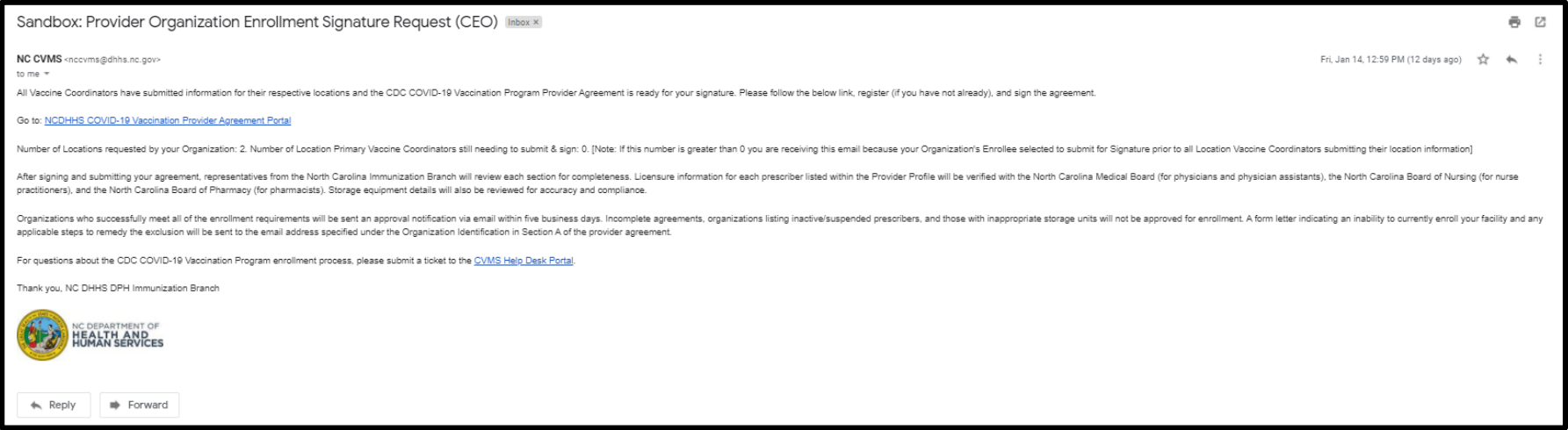
Audience

Organization Administrator

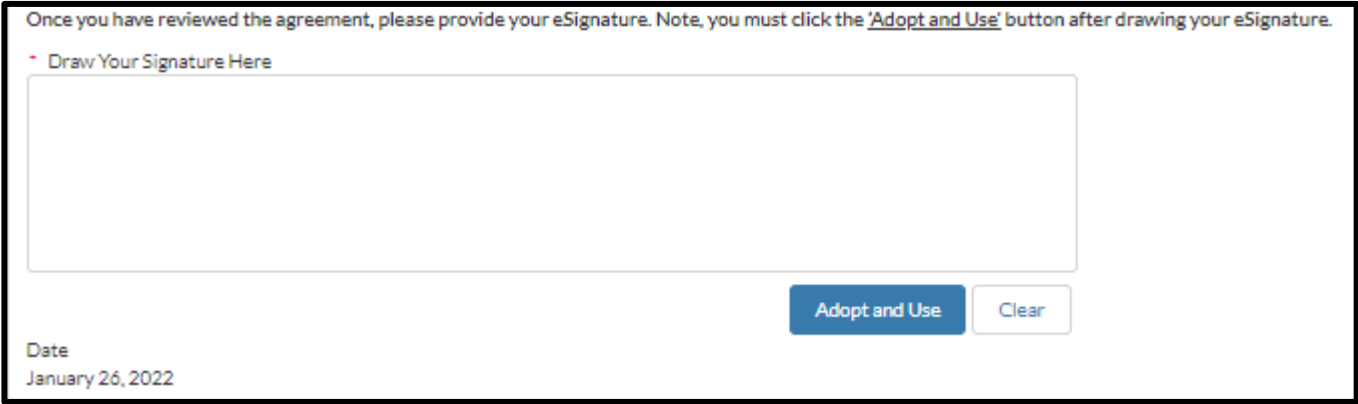
Vaccine Coordinator

Step 9 of 10: CEO and CMO Signs the New Agreements

The CEO and CMO will be notified by email of the updates.



The CEO and CMO should connect to the Provider Enrollment Portal to review and then electronically sign the agreements.



Audience

- Organization Administrator
- CEO
- CMO

Step 10 of 10: Confirm Completion of Steps

Once the CMO and CEO signatures have been obtained, the location enrollment resubmission process is considered **COMPLETE** and will be submitted to NCDHHS for review and approval.

✓✓✓✓✓✓✓✓✓✓✓✓✓

Completed


Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, 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 will be submitted to NCDHHS for review and approval.

Organizations who successfully 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 prescribers, 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.servicenow.services.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.



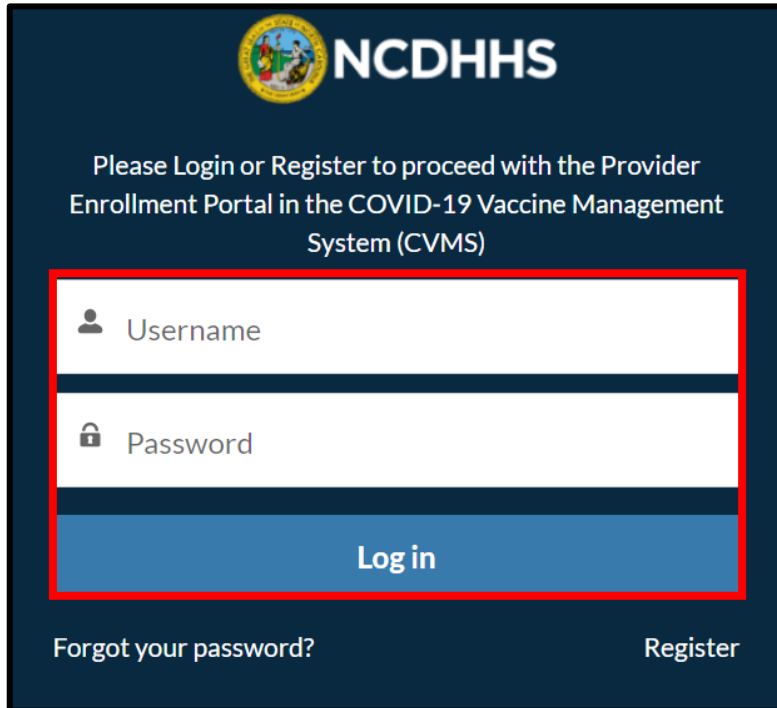
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES


Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO


Update Vaccine Shipment or Vaccine Administration Address


Step 1 of 10: Log In to the Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Vaccine Coordinator

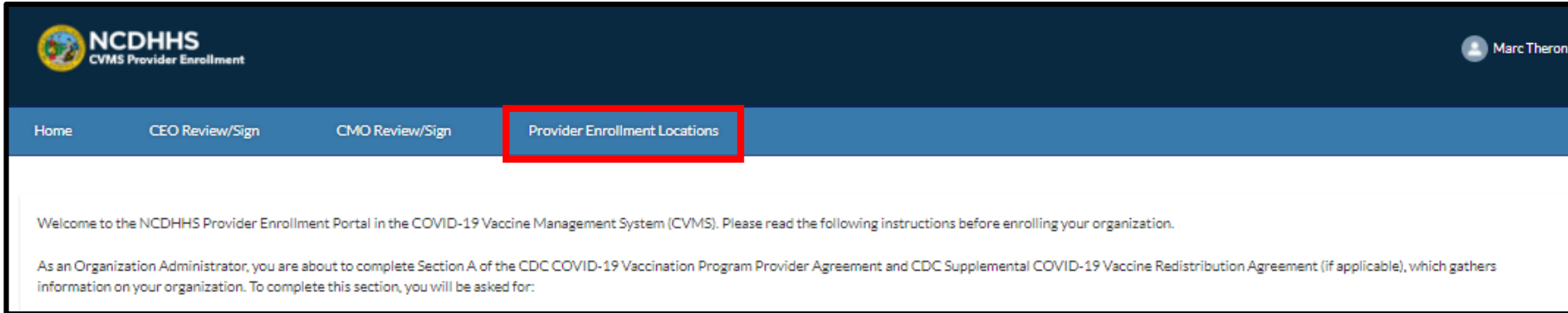
Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 2 of 10: Navigate to the Provider Enrollment Locations Tab

1. Navigate to the **PROVIDER ENROLLMENT LOCATIONS** tab.



Audience

Organization Administrator


Vaccine Coordinator

Step 3 of 10: Navigate to Agreement Details

- 1. Select the location with a new Vaccine Coordinator by clicking the toggle next to its name and select **AGREEMENT DETAILS**

Audience

- Organization Administrator
- Vaccine Coordinator



NCDHHS
CVMS Provider Enrollment

Marc Theron

[Home](#)[CEO Review/Sign](#)[CMO Review/Sign](#)[Provider Enrollment Locations](#)

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:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03494	Pharmacy Crest	Approved	<div><div>Agreement Details</div></div>

Step 4 of 10: Update Reason to Resubmit Field

- 1. Scroll to the bottom of the page and select Reason to resubmit your agreement: **STORAGE & HANDLING UPDATES (images/make/model/capacity, etc.)**, then select **RESUBMIT**

Audience

- Organization Administrator
- Vaccine Coordinator

Unique COVID-19 Organization ID (Sect A) ⓘ
ORG-07337

Unique Location ID ⓘ
LOC-05931

Please select the reason(s) you are resubmitting your Location's Provider Enrollment Agreement, Section B. The NCDHHS Immunization Branch will review your agreement and may Approve or Reject your location based on changes to your Agreement.

Select Options

Available Options

Days and Times to Receive Vaccine Shipment

Primary Vaccine Coordinator Contact Information

Storage & Handling Updates (images/make/model/capacity, etc.)

Vaccine Shipment or Vaccine Administration Address

Other

Selected Options

Storage & Handling Updates (images/make/model/capacity, etc.)

Resubmit

Step 5 of 10: Update Vaccination/Shipment Address

Location Inform... Vaccine Coordin... Availability Provider Type/S... Population Serv... Storage Units Practicing Provi... Initial User Review S&H Attestation Completed

Audience

Organization Administrator

Vaccine Coordinator

1. **UPDATE** Vaccination/Shipment Address by updating the following required fields:
 - Location Name
 - Street Address
 - City
 - County
 - State
 - Zip Code
 - Phone Number
 - Administration Location Same as Shipping (Drop Down Menu Selection)
 - Will another Organization location order COVID-19 vaccine for this site (Drop Down Menu Selection)

Section B. CDC COVID-19 Vaccination Program Provider Profile Information
ORGANIZATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

* Location Name
Colgate Pharmacy

* Street Address 1
Street Address 2

* City

* County
Pick a County

* State
North Carolina

* Zip

* Phone xxx-xxx-xxxx

Fax xxx-xxx-xxxx

* Administration Location Same as Shipping
Pick Yes or No

Additional Location
* Will another Organization location order COVID-19 vaccine for this site?
Pick Yes or No

Pause Next

Location Account Display on Vaccine Site Locator Address Available Vaccine Brands

2. Click **NEXT** until you reach the Initial User tab

Step 6 of 10: Enter Initial User Information Details

Audience

Organization Administrator

Vaccine Coordinator

Initial User

Review

S&H Attestation

Completed

SYSTEM ADMINISTRATOR USER FOR COVID-19 REPORTING

Please identify an employee to be your site's first system administrator user. Within the COVID-19 Vaccine Management System (CVMS), the system administrator role is referred to as the *Healthcare Location Manager*. Within the North Carolina Immunization Registry (NCIR), the system administrator role is referred to as the *NCIR Administrator*. In either system, this user will be responsible for managing access for all other users at their designated site, in addition to other activities related to COVID-19 vaccine management. This individual can be the same as your location's primary or back-up vaccine coordinator, or it can be someone else within your organization.

All employees who require system access must have an NCID username. If an employee does not already have an NCID username, they must follow the steps below to register for one:

1. Navigate to <https://ncid.nc.gov/>
2. Click Register! (in the bottom right corner of the blue box)
3. If you are a Local Health Department user, you must register using the "Local Government Employee" account type, otherwise you must register using the "Business" account type
4. Complete the required fields to create an NCID
5. An email will be sent to the email address that was used to create the NCID with a link to verify your new user ID
6. Click the link and verify your NCID; Once verified, you will be prompted to log-in to NCID with the NCID and password you created
7. Select and answer the 5 security questions; after finalizing the 5 security questions, you will be routed to the NCID homepage

Ensure that the First name, Last name, and Email address entered into the NCID site matches the information entered below. Any discrepancy may delay the user from receiving access to the system.

Once this site is approved by NC DHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.

Add Initial User

* First Name

VacTest

* Last Name

Admin

* NCID Username

VacTestAdmin

* Email Address

avactest22@gmail.com

Pause

Previous

Next

1. Identify an employee to be your site's first **system administrator** (have them create an NCID if they do not have one) user by entering their details in the required fields under **ADD INITIAL USER**. Once this site is approved by NCDHHS to be a COVID-19 Vaccination Provider, the user above will be sent an email with instructions on how to log in to the system and next steps.
2. Click **NEXT**

Step 7 of 10: Review Details for Accuracy and Sign

The screenshot shows the 'Organization' section of the NCDHHS COVID-19 vaccination provider registration form. The section is titled 'Organization' and includes fields for 'Organization Name', 'Organization Address', 'Organization City', 'Organization County', 'Organization State', 'Organization Zip Code', and 'Organization EIN'. A red box highlights the 'Organization' section.

The screenshot shows the 'COVID-19 Vaccination Provider Details' section of the NCDHHS COVID-19 vaccination provider registration form. The section is titled 'COVID-19 Vaccination Provider Details' and includes fields for 'Approximate number of patients/clients routinely served by this location', 'Influenza vaccination capacity for this location', 'Population(s) served by this location (select all that apply)', 'Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?', 'Estimated number of 10-Dose multivalent vials (MENV) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures', 'Storage unit details for this location', 'Providers practicing at this facility', and 'For Official Use Only'. A red box highlights the 'COVID-19 Vaccination Provider Details' section.

1. **REVIEW** location details for accuracy
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

Audience

Organization Administrator

Vaccine Coordinator

Step 8 of 10: Review and Sign Storage and Handling Attestation

Progress bar: 10 steps, Step 8 highlighted. **SHH Attestation** Completed

Please Confirm

Location

Storage and Handling Attestation:

Location name
Vie Care - Location 2

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit¹ can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including reduced potency/effectiveness and subsequent re-vaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperatures at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.²
- > Monitor and comply with COVID-19 vaccine expiration dates.
- > Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- > Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

* North Carolina Program guidance for reporting COVID-19 vaccine temperature excursions is under development and will be available soon.

To support provider compliance with the requirements listed above, the assigned primary and back-up COVID-19 vaccine coordinators will need to complete the following actions:

- Review the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum³
- Complete the COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers⁴
- Complete the CDC's You Call the Shots Vaccine Storage and Handling module⁵
- Ensure all employees that may come into contact with vaccine (including those who receive vaccine deliveries as well as those who handle and administer vaccine) are trained in vaccine-related practices and procedures specific to your facility.

1 <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

2 <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

3 <https://www2.cdc.gov/vaccines/hcp/covid19/>

4 <https://www2a.cdc.gov/hcp/isl/ycta/html/touruses/wh/ta.asp>

Primary COVID-19 Vaccine Coordinator:

Primary Coordinator Full Name
OrgTest Admin

Primary Coordinator Telephone
123-456-7891

Primary Coordinator Email
aorgtest5489@gmail.com

I, as the primary COVID-19 vaccine coordinator, attest to myself and the back-up vaccine coordinator having completed the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and the You Call the Shots Vaccine Storage and Handling module. I have read the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum. My facility has the appropriate vaccine storage units and personnel who monitor and document storage and handling practices as described in the Toolkit and will adhere to proper storage and handling practices noted therein. (Signature and date)

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
January 10, 2022

Please be sure to visit the CDC's COVID-19 Vaccination site regularly for additional trainings as they become available. Continue to monitor your inbox for programmatic guidance and updates from the North Carolina Department of Health and Human Services North Carolina Immunization Branch.

Pause Previous **Next**

1. **REVIEW** Storage and Handling Attestation
2. **DRAW YOUR SIGNATURE** using the mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**

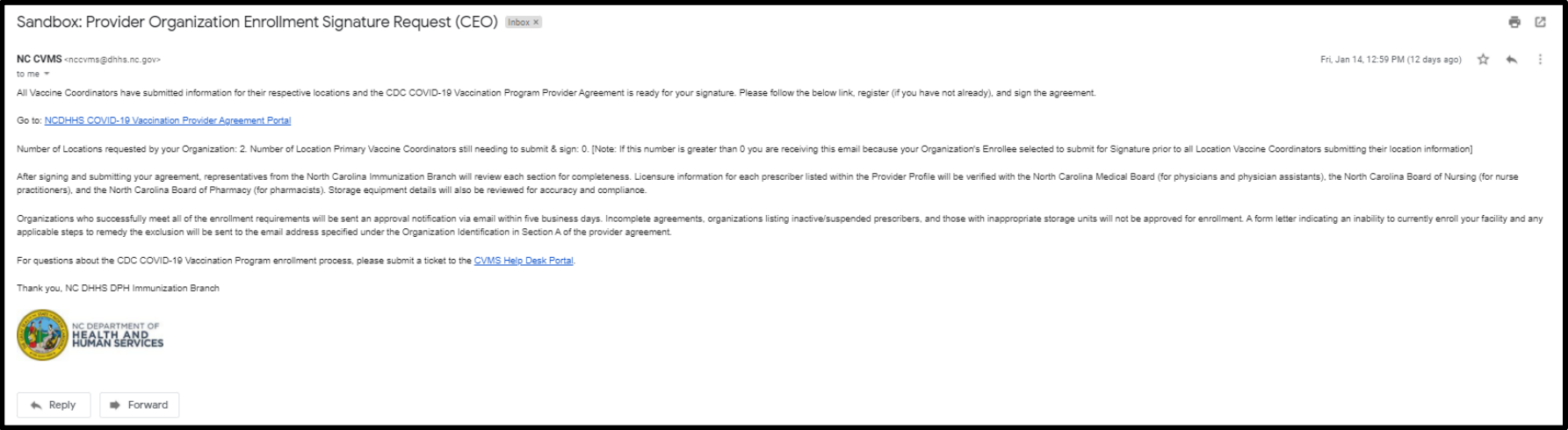
Audience

Organization Administrator

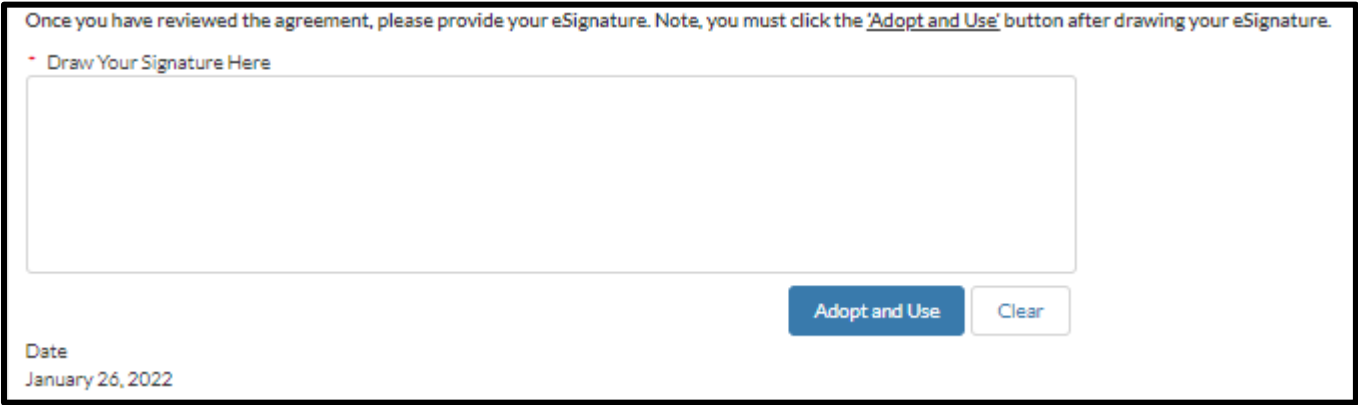
Vaccine Coordinator

Step 9 of 10: CEO and CMO Signs the New Agreements

The CEO and CMO will be notified by email of the updates.



The CEO and CMO should connect to the Provider Enrollment Portal to review and then electronically sign the agreements.



Audience

- Organization Administrator
- CEO
- CMO

Step 10 of 10: Confirm Completion of Steps

Once the CMO and CEO signatures have been obtained, the location enrollment resubmission process is considered **COMPLETE** and will be submitted to NCDHHS for review and approval.

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Completed


Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, 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 will be submitted to NCDHHS for review and approval.

Organizations who successfully 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 prescribers, 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.servicenow.services.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
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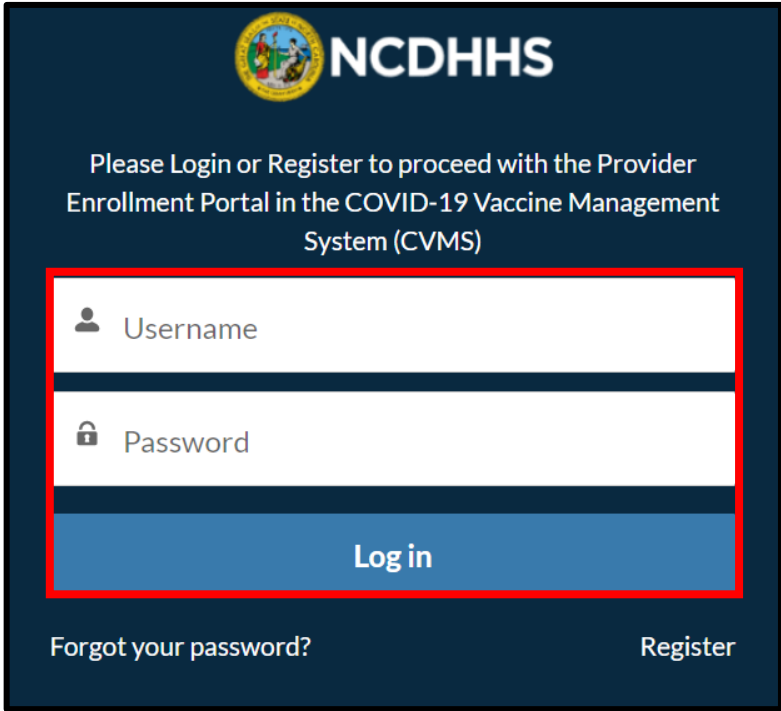
Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

Complete Storage and Handling Attestation

Step 1 of 5: Log In to the Provider Enrollment Portal

As a Primary Vaccine Coordinator or an Organization Administrator, you will need to review and sign the Storage and Handling Attestation to complete the enrollment of your organization in the COVID-19 Vaccine Program. This step should be completed before your first COVID-19 vaccine deliveries.

The image shows the login page for the NCDHHS Provider Enrollment Portal. At the top left is the NCDHHS logo. The text reads: "Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)". Below this is a login form with two input fields: "Username" (with a person icon) and "Password" (with a lock icon). A blue "Log in" button is below the fields. At the bottom left is a link "Forgot your password?" and at the bottom right is a link "Register". A red rectangular box highlights the Username, Password, and Log in button area.

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Vaccine Coordinator

Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 2 of 5: Navigate to the Storage and Handling Attestation


If your profile is Vaccine Coordinator, you will be directed to complete Section B

- 1. If you are an Organization Administrator, click on the **PROVIDER ENROLLMENT LOCATIONS** tab
- 2. Click on the **AGREEMENT DETAILS** button of the location you wish to complete
- 3. From the first page named **LOCATION INFORMATION**, navigate to the **REVIEW** page, by hitting the NEXT button at the bottom right of the screen to proceed through seven screens

Audience

Organization Administrator

Vaccine Coordinator



Marc Theron

Home

CEO Review/Sign

CMO Review/Sign

Provider Enrollment Locations

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:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03494	Pharmacy Crest	Approved	<div><div></div><div>Agreement Details</div></div>

Step 3 of 5: Review and Sign the Storage and Handling Attestation

1. On the **STORAGE AND HANDLING ATTESTATION** page, please review the agreement, draw your signature before clicking the **ADOPT AND USE** button.
2. Click the **NEXT** button located at the bottom left of the screen one last time. Your Storage & Handling Attestation is now completed.

Location

Storage and Handling Attestation:

Location Name
Colgate Pharmacy

Proper vaccine storage and handling practices will serve a critical role in the success of the COVID-19 vaccination response. Failure to strictly adhere to vaccine storage and handling guidelines as noted in the Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit* can result in vaccines being exposed to temperatures outside of the range deemed acceptable by the vaccine manufacturer. Exposed vaccines can have significant consequences including reduced potency/effectiveness and subsequent re-vaccination, thousands of dollars in wasted vaccine, and loss of patient confidence.

Providers enrolled in the COVID-19 Vaccination Program signed an agreement with CDC and have agreed to adhere to the following practices in relation to vaccine storage and handling:

- > Store and handle COVID-19 vaccines under proper conditions, including maintaining cold-chain conditions and chain of custody at all times in accordance with an Emergency Use Authorization (EUA) or vaccine package insert, manufacturer guidance, and CDC guidance within the Vaccine Storage and Handling Toolkit.
- > Monitor storage unit temperatures at all times, using equipment (digital data loggers) and practices that comply with guidance in the Vaccine Storage and Handling Toolkit.
- > Comply with immunization program guidance for handling temperature excursions.**
- > Monitor and comply with COVID-19 vaccine expiration dates.
- > Preserve all records related to COVID-19 vaccine management for a minimum of three years.
- > Comply with federal instructions and timelines for disposing of COVID-19 vaccine and diluent, including unused doses.

* North Carolina Program guidance for reporting COVID-19 vaccine temperature excursions is under development and will be available soon.

To support provider compliance with the requirements listed above, the assigned primary and back-up COVID-19 vaccine coordinators will need to complete the following actions:

Review the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum.¹

Complete the COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers.²

Complete the CDC's You Call the Shots: Vaccine Storage and Handling module.³

Ensure all employees that may come into contact with vaccine (including those who receive vaccine deliveries as well as those who handle and administer vaccine) are trained in vaccine-related practices and procedures specific to your facility.

1
<https://www.cdc.gov/vaccines/imz/downloads/storage-toolkit/index.html>

2
<https://www.cdc.gov/vaccines/imz/downloads/storage-toolkit/index.html>

3
<https://www2.cdc.gov/vaccines/imz/downloads/>

4
<https://www2.cdc.gov/vaccines/imz/downloads/courses/white.asp>

Primary COVID-19 Vaccine Coordinator:

Primary Coordinator Full Name
Darrell E. Lee

Primary Coordinator Telephone
704-555-1111

Primary Coordinator Email
dlee@pharmcity.com

I, as the primary COVID-19 vaccine coordinator, attest to myself and the back-up vaccine coordinator having completed the CDC's COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers and the You Call the Shots: Vaccine Storage and Handling module. I have read the CDC's Vaccine Storage and Handling Toolkit, which includes the COVID-19 Vaccine Addendum. My facility has the appropriate vaccine storage units and temperature monitoring devices (digital data loggers) as described in the Toolkit and will adhere to proper storage and handling practices noted therein. (Please sign and date.)

Now you have reviewed the agreement, please provide your signature. Note, you must click the **Adopt and Use** button after drawing your signature.

Draw Your Signature Here

Adopt and Use Clear

Date
December 20, 2021

Please be sure to visit the CDC's COVID-19 Vaccination site regularly for additional trainings as they become available. Continue to monitor your inbox for programmatic guidance and updates from the North Carolina Department of Health and Human Services North Carolina Immunization Branch.

Previous Next

Location Account Display on Vaccine Site Locator Address Available Vaccine Brands

Audience

Organization Administrator

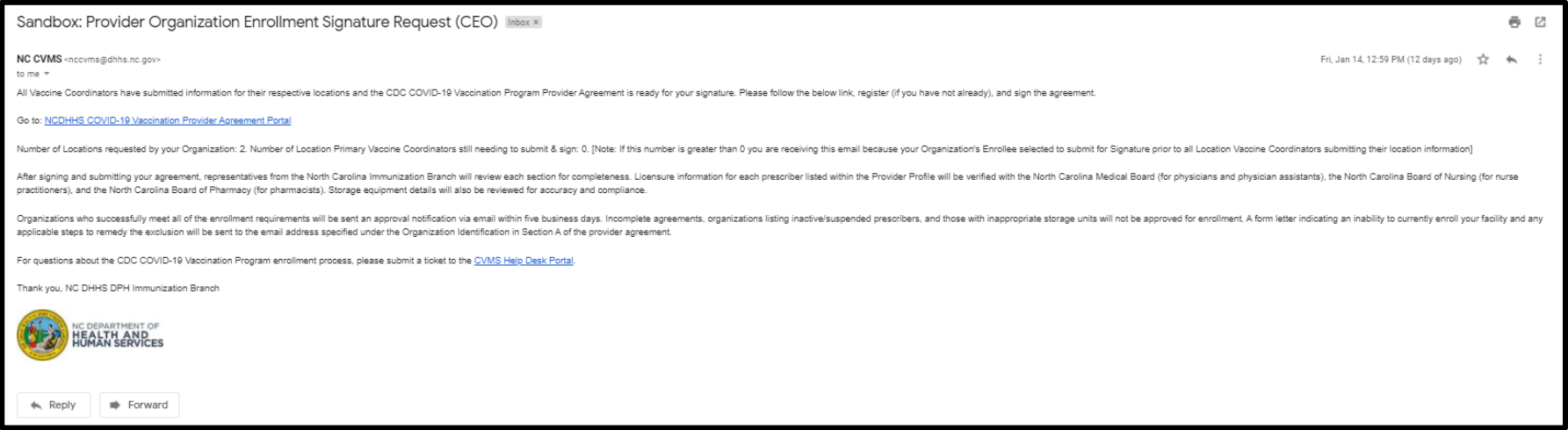
Vaccine Coordinator

Tips

If you are an Organization Administrator, you may need to repeat this process for all locations

Step 4 of 5: CEO and CMO Signs the New Agreements

The CEO and CMO will be notified by email of the updates.



The CEO and CMO should connect to the Provider Enrollment Portal to review and then electronically sign the agreements.

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

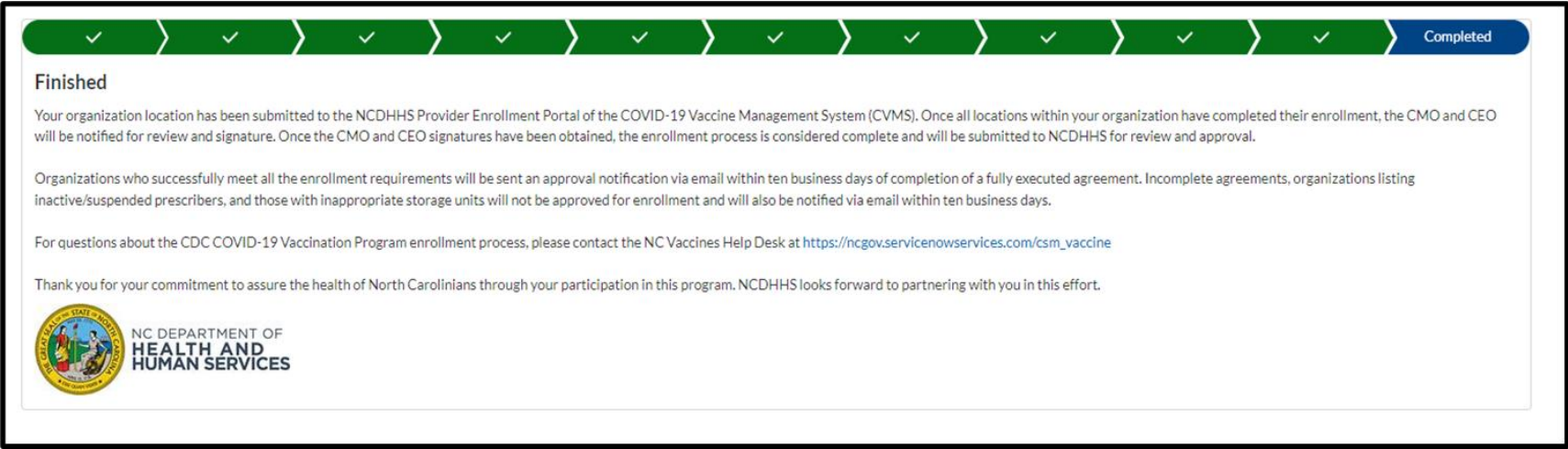
Date
January 26, 2022

Audience

- Organization Administrator
- CEO
- CMO

Step 5 of 5: Review and Sign the Storage and Handling Attestation

- 1. The CEO and CMO will be sent an email to review and sign the agreement. Users with an **ORGANIZATION ADMINISTRATOR**, **CEO** and **CMO** profiles will be sent a confirmation by email once the agreement has been reviewed by the NCDHHS team



Audience

Organization Administrator

Vaccine Coordinator

Tips

If you are an Organization Administrator, you may need to repeat this process for all locations

Sign Redistribution Agreement

Signing a Redistribution Agreement Job Aid Overview

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**.

This redistribution agreement will allow you to transfer inventories of vaccines between your locations without needing approval by the NC Immunization branch team.

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**.

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**.

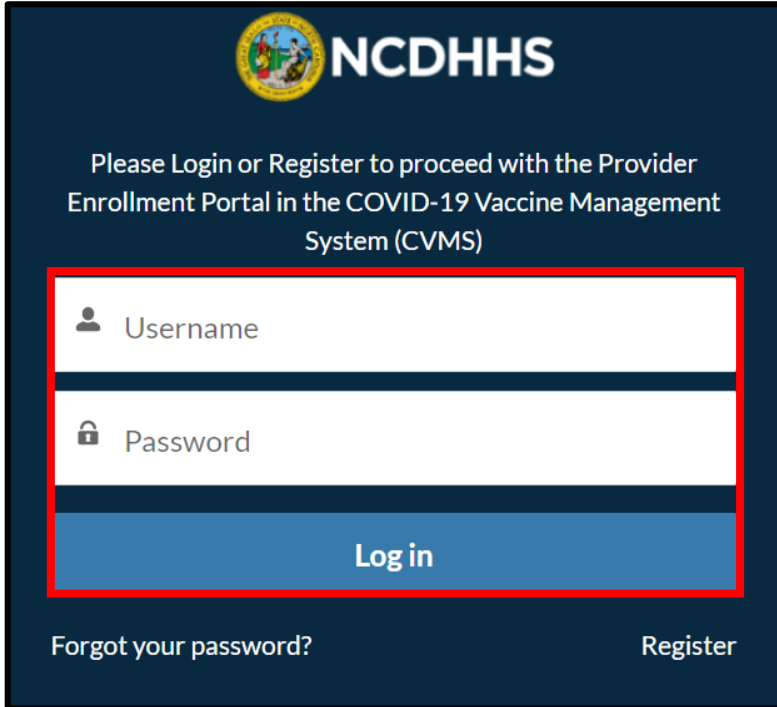
Audience


Organization Administrator

CEO


CMO


Step 1 of 12: Organization Administrator Logs In to the Provider Enrolment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

1. Enter your **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

Organization Administrator

Tip

If your organization enrolled via REDCAP and you did not later create a login for the Provider Enrollment Portal, you must register for an account.

Click REGISTER and use the same email registered in REDCAP.

Step 2 of 12: Review Redistribution Agreement Job Aid

1. 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.

Audience

Organization Administrator

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo and navigation links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. The main content area has a welcome message and instructions for Organization Administrators. Below this, the 'Provider Enrollment' section displays the current organization as 'Sunshine Health Care' and provides instructions on how to review or resubmit the organization record. A red box highlights the 'Review' option in a dropdown menu, and another red box highlights the 'Next' button at the bottom right of the form.

NCDHHS
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

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

Pause Next

Step 3 of 12: Review Redistribution Agreement Job Aid (continued)

- 1. 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

lola.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

77609

Redistribution Participant

No

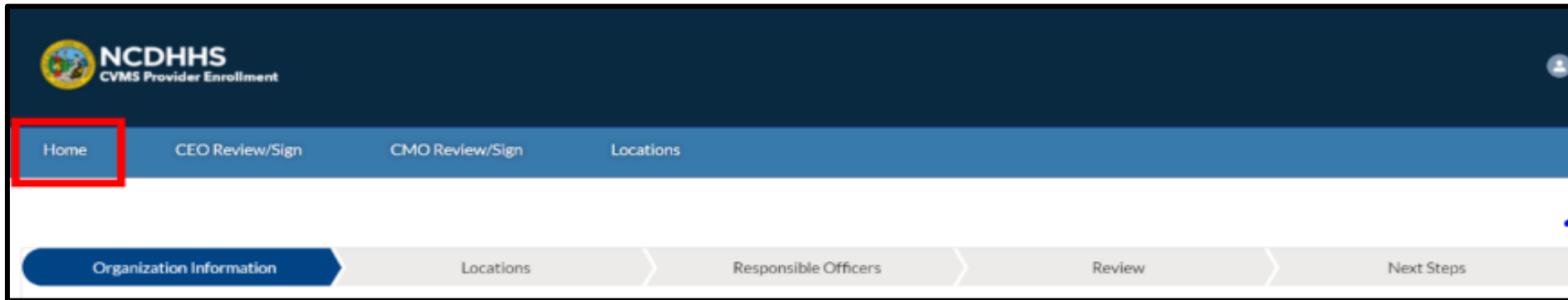
Responsible Officers:

Audience

Organization Administrator

Step 4 of 12: Navigate to the Home Tab

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



Audience

Organization Administrator

Step 5 of 12: Change Selection to Update Agreement

1. Select **RESUBMIT FOR CHANGES** under the question “Would you like to review or resubmit the organization record?”,
2. Click **NEXT**

Audience

Organization Administrator

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The header includes the NCDHHS logo and navigation links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. The main content area has a welcome message and instructions for Organization Administrators. Under the 'Provider Enrollment' section, it states that the organization 'Sunshine Health Care' is approved. It provides instructions on how to review the agreement or resubmit for changes. A red box highlights the question 'Would you like to review or resubmit the organization record?' with the 'Resubmit for changes' option selected. Another red box highlights the 'Next' button at the bottom right of the form.

Step 6 of 12: Make Redistribution Participant Selection

1. Select **YES** for **REDISTRIBUTION PARTICIPANT**
2. Click **NEXT** 2 times to navigate to **RESPONSIBLE OFFICERS**

Audience

Organization Administrator

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

Step 7 of 12: Send Agreement to CMO and CEO to Sign

- 1. Check the details entered for the CMO and CEO
- 2. Check box for question asking **SEND REQUEST FOR SIGNATURE NOW**
- 3. Click **NEXT** 2 times to navigate to the **NEXT STEPS** tab

✓✓✓Responsible OfficersReviewNext Steps

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named 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 Medical Officer (or Equivalent) Information

* First Name

CMOTest

Middle Initial

* Last Name

Boss

* Title

Chief Medical Officer

* License State

North Carolina

* License Number

123456789

* Telephone Number xxx-xxx-xxxx

123-321-1111

* Email

boscomotest@gmail.com

* Street Address 1

123 Main st.

Street Address 2

* City

Raleigh

* County

Wake

* State

North Carolina

* Zip

27607

☒ Send Request for Signature Now

Pause


PreviousNext

Audience

Organization Administrator

Tips

As an Organization Admin, you can obtain the CMO and CEO signatures by clicking “CEO Review/Sign and review and CMO Review/Sign tabs at the top of this page and having each individual complete and sign where indicated.



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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Step 8 of 12: Review Next Steps

1. Review for next steps and additional information.

Audience

Organization Administrator

✓

✓

✓

✓

✓

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.servicenow.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.



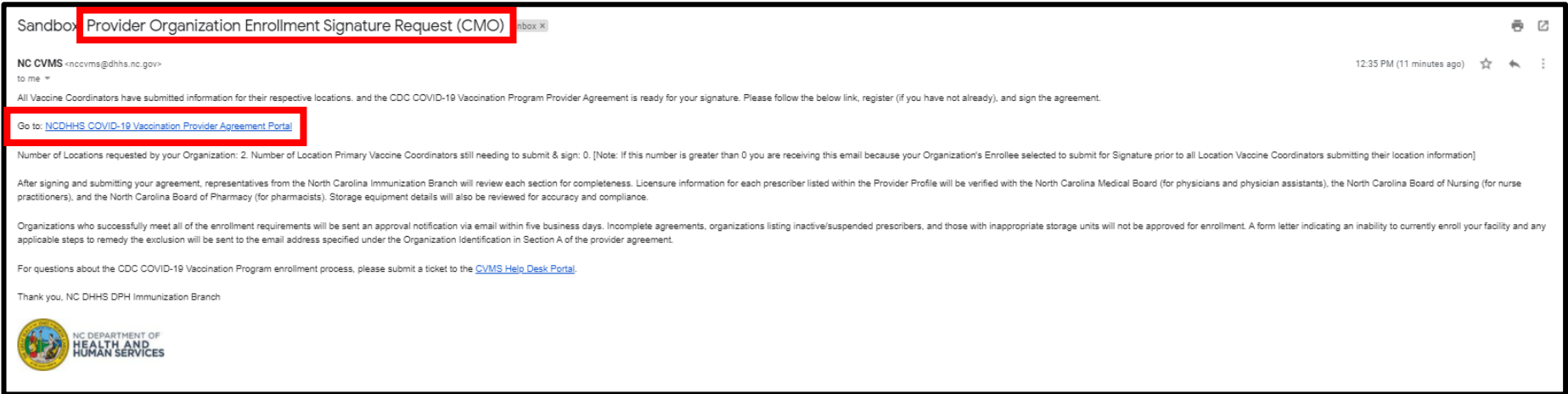
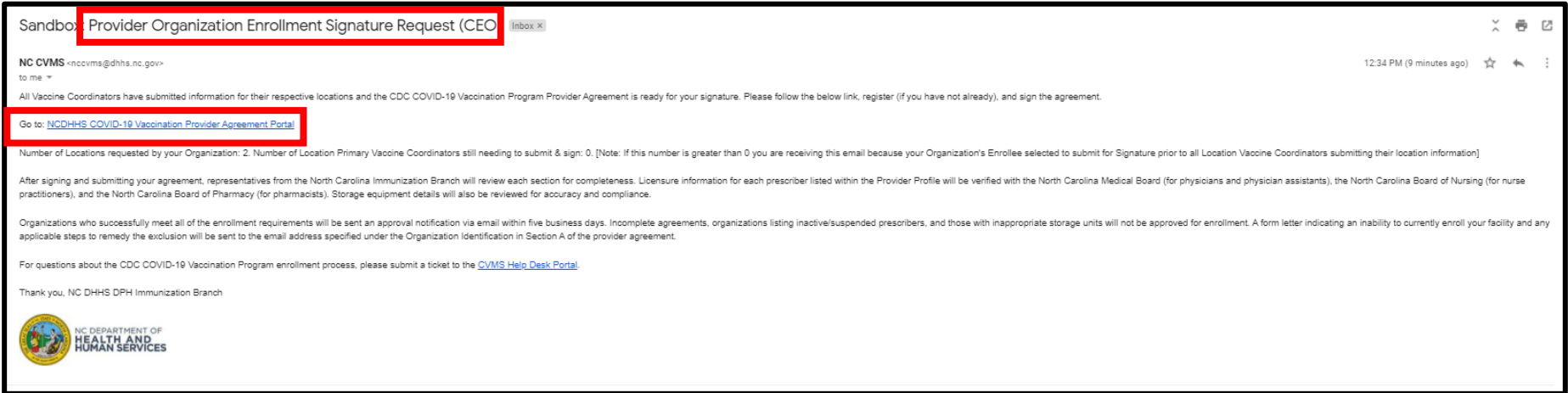
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

Step 9 of 12: CEO & CMO Receives Request to Sign


- 1. The CEO and CMO will click the **LINK** in the email to navigate to the Provider Enrollment Portal

Audience


CEO
CMO




Step 10 of 12: CEO and CMO - Log in to the Provider Enrollment Portal

**NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#)[Register](#)

1. Enter you **USERNAME** (Username is the email address used at the time of registration)
2. Enter your **PASSWORD**
3. Click **LOG IN**

Audience

CEO
CMO

Step 11 of 12: CEO & CMO Signs Agreement

1. Review Details under Review and Sign and scroll to the bottom of the page
2. Draw your **SIGNATURE** using your mouse
3. Click **ADOPT AND SAVE**
4. Click **NEXT** to navigate to **FINISH**

Audience

CEO

CMO

CEO

Organization Identification:

Organization Name
Org/Type/Region
Number of Locations/Records
2
Organization Telephone Number
123-234-5678
Organization Email
org@ncdhhs.com
Organization Address 1
123 Main St
Organization Address 2
Organization City
Raleigh
Organization County
Wake
Organization State
North Carolina
Organization Zip Code
27601
Selected COVID-19 Vaccine Documentation System
CVMS

Responsible Officers:

For the purpose of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information:

CMO (or equivalent) Last Name
Bates
CMO (or equivalent) First Name

Signature Area: Draw Your Signature Here

Buttons: ADOPT AND SAVE, NEXT

CMO

Organization Identification:

Organization Name
Org/Type/Region
Number of Locations/Records
2
Organization Telephone Number
123-234-5678
Organization Email
org@ncdhhs.com
Organization Address 1
123 Main St
Organization Address 2
Organization City
Raleigh
Organization County
Wake
Organization State
North Carolina
Organization Zip Code
27601
Selected COVID-19 Vaccine Documentation System
CVMS

Responsible Officers:

For the purpose of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information:

CMO (or equivalent) Last Name
Bates
CMO (or equivalent) First Name

Signature Area: Draw Your Signature Here

Buttons: ADOPT AND SAVE, NEXT

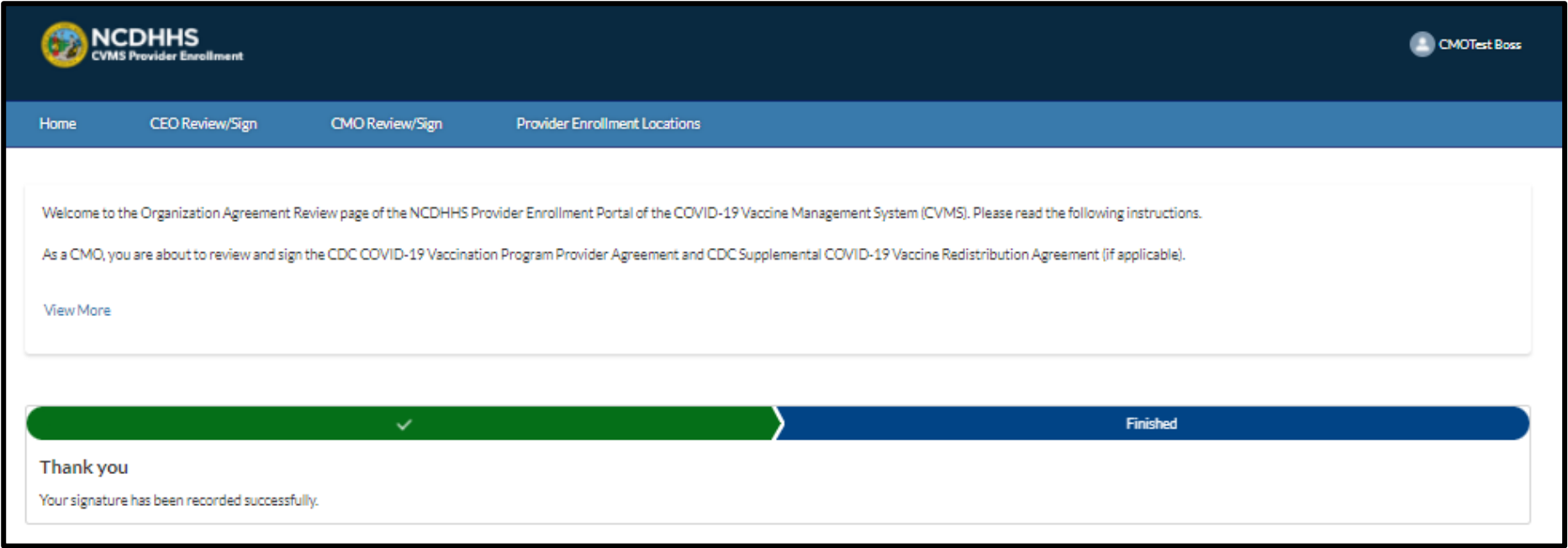
Step 12 of 12: Redistribution Agreement is Submitted

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 be sent a confirmation by email once the agreement has been reviewed by the NCDHHS team.

Audience

Organization Administrator
CEO
CMO



Appendix

Reset Password

Step 1 of 4: Initiate Password Reset

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

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

Audience

Organization Administrator


Vaccine Coordinator

CEO


CMO


Tips

Consider using a password manager to keep your password if your organization's security policy allows it.

**NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in


Forgot your password?

Register

Step 2 of 4: Trigger Email to Reset Password

PASSWORD RESET

To reset your password, we'll need your username.
We'll send password reset instructions to the email address associated with your account.

 Username

Reset Password

Cancel

NOW, CHECK YOUR EMAIL

Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't log in, contact your administrator.

Back to login

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**

Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

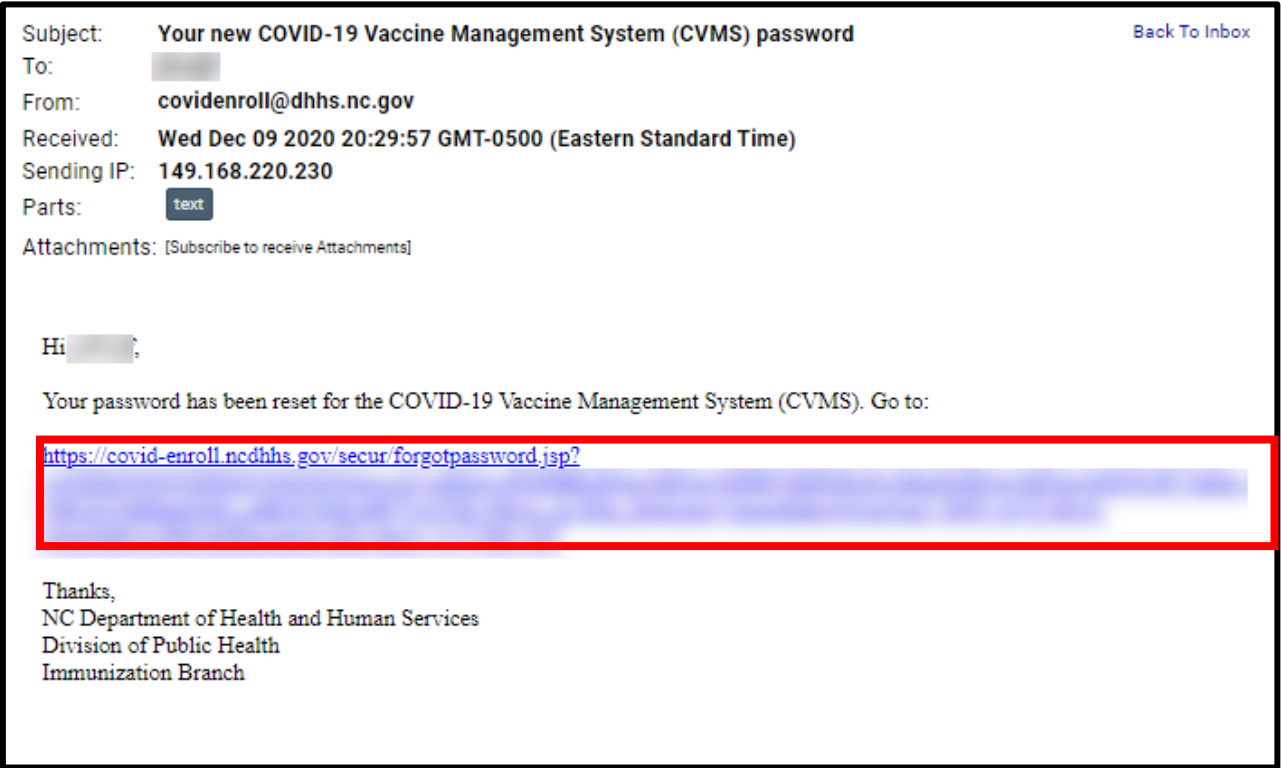
Tips

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




Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

Tips

Contact the **NC Vaccines 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

 **NCDHHS**

Change Your Password


Enter a new password for jfosijf@mailinator.com.
Make sure to include at least:

☐ 12 characters

☐ 1 uppercase letter

☐ 1 lowercase letter

☐ 1 number

☐ 1 special character 

* New Password

* Confirm New Password

Change Password

Password was last changed on 12/9/2020, 5:31 PM.

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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 Provider Enrollment Portal

Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

Tips

The Change Password will change color when all requirements have been met.

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 the Provider Enrollment Portal.
- For more information on supported browsers, see https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5
- Note: Internet Explorer and older versions of Edge (non-Chromium) browsers are not supported.

User Guide Change Log

Version	Date of Change	Changes Made	Author
1	01/18/2022	<ul style="list-style-type: none">• Original version	Niya Nelson