User Guide

Monkeypox
Pre-Registration Form
User Manual

Introduction

Welcome to the Virginia Electronic Registration for Immunization Programs (VERIP)! This site is designed for facilities to complete and submit a Monkeypox Pre-Registration form. In addition, a new registration can be submitted and an existing registration can be updated.

VIIS Help Desk:

Monday-Friday
8:30 am – 5:00 pm
(866) 375-9795
VIIS_HelpDesk@vdh.virginia.gov

To Access the Monkeypox Pre-Registration form:

- Enter the following URL into your browser: https://apps.vdh.virginia.gov/VERIP/Home.aspx.
  Note: It is recommended that you use Google Chrome as Internet Explorer is not supported by VERIP.

- If you are unsure whether a registration exists for your organization, send an email to VIISInfo@vdh.virginia.gov . A VIIS staff member will contact you.

- Click on the *Monkeypox - Register Here* hyperlink in the *VERIP Pre-Registrations* box.

- Complete and submit a Pre-Registration form

Pre-Registration Form:

On the Pre-Registration Form, fill in all required fields marked with a red asterisk. *NOTE: If there are multiple locations for one organization, each location will have to submit a Pre-Registration Form.*

MONKEYPOX PRE-REGISTRATION FORM

General

Organization Name: *	Organization Type: * [Select Organization Type ▼]
	Other (specify): **

Do you attest to store, handle, administer, and report JYNNEOS or ACAM2000 vaccines in accordance with the CDC Monkeypox Vaccination Program Provider Agreement?: *   ○ Yes ○ No

Note: Vaccine administration data elements required to be submitted to VIIS will be in accordance with VDH data exchange requirements and inventory and wastage reporting will be through VaxMaX.

Attested by?: * [   ]   9/29/2022 [📅]

Physical Address

Organization Phone #: *	(___)-___-____ - ____	Fax #:	(___)-___-____
Address Line 1: *		Address Line 2:	
Zip Code: *	-----	City: *	State

Are you currently using VIIS?: *   ○ Yes ○ No   If Yes, What is your VIIS Org Code: **

How do you report immunizations to VIIS?   ○ Data Exchange ○ Manual Entry ○ Do Not Report   What is the name of your EMR (Electronic Medical Record): **

Primary Contact Info

Title	[Select Title ▼]	Legal First Name*		Last Name*	
Middle Initial		Email*		Phone* ex:(123) 456-7890 - 1234	(___)-___-____ - ____

Backup Contact Info

Title	[Select Title ▼]	Legal First Name*		Last Name*	
Middle Initial		Email*		Phone* ex:(123) 456-7890 - 1234	(___)-___-____ - ____

Please enter the captcha to submit the form.

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Type the code from the image:
[   ]

[Submit]

Organization Information:

- ▪ **Organization Name:** The official name of the organization must be listed in the Organization Name field.

- ▪ **Organization Type:** If "Other Org" is selected, you will be required to specify the type of organization in the "Other (specify)" field.

- • **Attestation Question:** "Do you attest to store, handle, administer, and report JYNNEOS or ACAM2000 vaccines in accordance with the CDC Monkeypox Vaccination Program Provider Agreement?:"
  - • If "Yes" is selected for this question, you will be able to complete and submit the pre-registration form.
  - • If "No" is selected for this question, you will not be able to complete the pre-registration form. The pop-up warning below will appear and you will be directed to the VERIP Homepage.
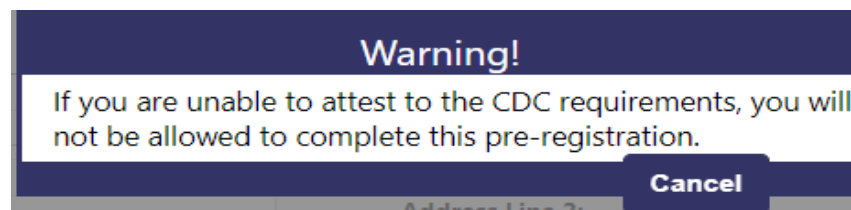
- • **Attested by:** "*Note: Vaccine administration data elements required to be submitted to VIIS will be in accordance with VDH data exchange requirements and inventory and wastage reporting will be through VaxMax.*" If the person completing the pre-registration form is in agreement with what is stated, that person will type their name in the Attested by field.

- • **Attested Date:** The date will automatically populate the current date when the form is opened.

Physical Address:

Physical Address

Organization Phone #: *	(___) - ___ - ____ - ___	Fax #:	(___) - ___ - __
Address Line 1: *		Address Line 2:	
Zip Code: *	- - - - -	City: *	State

- The physical address must reflect the medical facility that will be reporting immunization data to VDH.

- The city and state will populate based on the zip code entered. If there are multiple cities linked to a zip code, a pop-up will open. Select your city from the po-pup by clicking on the zip code hyperlink.

Vaccine Questions: All of the vaccine questions are required.

Are you currently using VIIS?: *	○ Yes ○ No	If Yes, What is your VIIS Org Code: **	
How do you report immunizations to VIIS?	○ Data Exchange ○ Manual Entry ○ Do Not Report	What is the name of your EMR (Electronic Medical Record): **	

Contact Information:

Primary Contact Info

Title	Select Title	Legal First Name*		Last Name*	
Middle Initial		Email*		Phone* ex(123) 456-7890 - 1234	(___) - ___ - __ . - __ .

Backup Contact Info

Title	Select Title	Legal First Name*		Last Name*	
Middle Initial		Email*		Phone* ex(123) 456-7890 - 1234	(___) - ___ - __ . - __ .

The Contact Information should list the individuals who will be the "**Primary Contact**" and the "**Backup Contact**" for the registration and Monkeypox vaccine. The Primary Contact is required but the Backup Contact is optional. *Note: VERIP requires a unique email address for contacts. Shared or group email addresses are not allowed.*

Captcha Code:

The Captcha Code at the bottom of the Pre-Registration form adds an extra layer of security for the information that you provide.

- Type the captcha code in the empty field below it.
- Then click the Submit button.

Please enter the captcha to submit the form.

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Type the code from the image:

Submit

System Messages:

If any of the required questions were not answered, the Pre-Registration form cannot be submitted. An Error box will appear listing the fields that need a response. Example below.

Error!

Monkeypox Attested
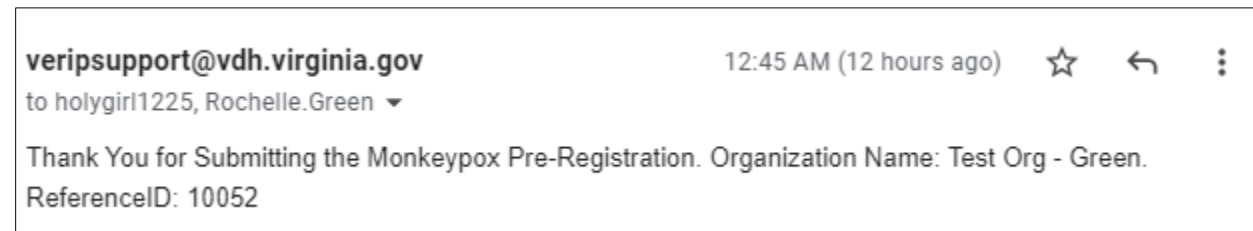*Type Manual into EMR Name field if you do not participate in DE*

OK
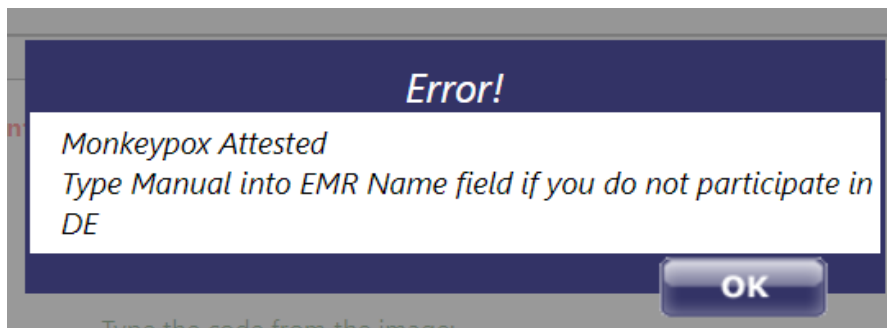
- Once the questions are answered, scroll to the bottom of the form and enter the new captcha code.
- Click the Submit button.
- If the Pre-Registration is submitted successfully, the message below will appear.

Success!

MONKEYPOX PRE-REGISTRATION FORM SUBMITTED SUCCESSFULLY.
YOUR REFERENCE ID IS: **10046**

OK
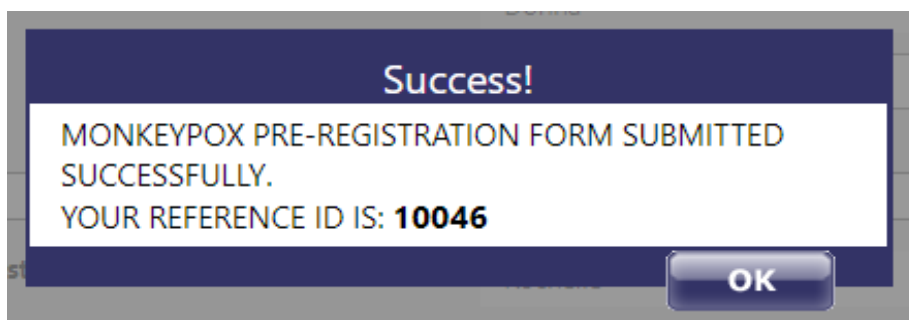
VERIP Emails:

When the Pre-Registration is submitted successfully, you will receive an email from VERIPSupport@vdh.virginia.gov . Example of the email is below.

Monkeypox Pre Registration Form

| veripsupport@vdh.virginia.gov | 12:45 AM (12 hours ago) | ☆ | ↩ | ⋮ |

to holygirl1225, Rochelle.Green ▾

Thank You for Submitting the Monkeypox Pre-Registration. Organization Name: Test Org - Green. ReferenceID: 10052

Providers who have never submitted a VERIP registration will receive two emails from VERIP (Virginia Electronic Registration for Immunization Programs). The titles of the emails are below:

- **Temporary Password for VERIP – Monkeypox Registration** – This email will guide you through how to create a VERIP User account.
- **New VERIP User Monkeypox Registration–** You will receive a second email from VERIP with instructions on how to complete the registration.

VIIS Training:

A VIIS Trainer will review your registration and will contact the VERIP User/VIIS Administrator to discuss training for staff members who will need access to VIIS.

Live Webinar trainings are currently offered on Tuesdays – Fridays at 12:00 pm daily. Depending upon how a provider is reporting immunization data to VIIS, will determine which training session is appropriate for the staff.

- **Mondays - Administrator Training @ 9:00 am and Look Up Training @ 3:00 pm**
- **Tuesdays and Thursdays @ 12:00 pm** – **Full Access Training** (Practices that will use the VIIS Inventory Module)
- **Wednesdays and Fridays @ 12:00 pm** – **Look Up Training** (Practices that are sending data electronically)
- **Online Training Videos are also available.**

NOTE: Training can be scheduled with your VIIS Trainer if the 12:00 pm training session will not work for your staff. Find your VIIS Trainer on the next page.

Contact Information for VIIS Staff:

<div style="border:1px solid;">

VIIS Regional Trainers

Zenobia Blue-Bey, South Central Region
Zenobia.Blue-Bey@vdh.virginia.gov

Kimberly Jones, South West Region
Kimberly.Jones@vdh.virginia.gov

Reena Patel, West Central Region
Reena.Patel@vdh.virginia.gov

Theresa Woodyard, Northern Region
Theresa.Woodyard@vdh.virginia.gov

Elfreda Tyler-Anderson, South East Region
Elfreda.Tyler-Anderson@vdh.virginia.gov

Rochelle Green, VIIS Trainer Supervisor
Rochelle.Green@vdh.virginia.gov

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Data Exchange Contacts

Richard Bradley, CDC Public Health Advisor
Richard.Bradley@vdh.virginia.gov

Sateria Jeffress, VIIS Data Quality Manager
Sateria.Jeffress@vdh.virginia.gov

VIIS_HelpDesk@vdh.virginia.gov
1-866-375-9795

Send Questions and Training Requests to:
VIISInfo@vdh.virginia.gov

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VIIS