



User Guide

Pre-Registration Form

2022 Vaccine Reporting Mandate



Introduction

Welcome to the Virginia Electronic Registration for Immunization Programs (VERIP)! This site is designed for facilities to complete and submit a Pre-Registration form as part of the 2022 Vaccine Mandate. In addition, a new registration can be submitted, a COVID-19 Vaccine Provider Intent Form can be submitted and existing registrations can be updated.

VIIS Help Desk:

Monday-Friday

8:30 am – 5:00 pm

(866) 375-9795

VIIS_HelpDesk@vdh.virginia.gov



To Access VERIP:

- 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.



Virginia Department of Health - VERIP Registration System

Welcome! - QA Environment

Social Distancing and Wearing A Face Covering Saves Lives!

This is the Virginia Electronic Registration for Immunization Programs (VERIP) within the Division of Immunization (DOI). The mission of DOI is to reduce the morbidity and mortality associated with vaccine-preventable diseases. Two programs within DOI that greatly assist in this mission and are available to providers for electronic registration through this website are the Virginia Immunization Information System (VIIS) and Virginia Vaccines for Children (VVC). To learn more about these programs, see below.

To register or renew your participation in these programs, choose from the links below. Note: this is not the immunization registry website or the VDH Meaningful Use website.

? If you have any difficulty with this process, please contact the VIIS Help Desk at 1-866-375-9795 or VIIS_Helpdesk@vdh.virginia.gov. Note the guidance documents below. Be sure to review the VERIP Guide before beginning the process if you are new to VERIP.

<div style="background-color: #003366; color: white; padding: 5px; text-align: center;">New to VERIP?</div> <div style="background-color: #006699; color: white; padding: 5px; text-align: center;">Register Here</div>	<div style="background-color: #333333; color: white; padding: 5px; text-align: center;">COVID-19 Vaccine Provider Intent FORM</div> <div style="background-color: #cccccc; color: #0000ff; padding: 5px; text-align: center;">Click here to complete form</div>
<div style="background-color: #999999; color: #000000; padding: 5px; text-align: center;">Already Registered?</div> <div style="background-color: #cccccc; color: #0000ff; padding: 5px; text-align: center;">Login Here</div>	<div style="background-color: #ffff00; color: #000000; padding: 5px; text-align: center;">Guidance Documents</div> <div style="background-color: #ffff00; color: #0000ff; padding: 5px; text-align: center;">VERIP Guide</div> <div style="background-color: #ffff00; color: #0000ff; padding: 5px; text-align: center;">VERIP Q&A</div>
<div style="background-color: #006633; color: white; padding: 5px; text-align: center;">2022 Mandate Pre-Registration</div> <div style="background-color: #cccccc; color: #0000ff; padding: 5px; text-align: center;">Register Here</div>	

To Access Pre-Registration form:

- Click on the Register Here hyperlink in the 2022 Mandate Pre-Registration box.
- Complete and submit a Pre-Registration form

NOTE: If your organization already has access to VIIS, you do not need to complete and submit the Pre-Registration form.



Organization Information:

On the Pre-Registration Form, fill in all required fields marked with a red asterisk. The official name of the organization should be listed in the Organization Name field. **NOTE: If there are multiple locations for one organization, each location will have to submit a Pre-Registration Form.**

2022 MANDATE PRE-REGISTRATION

General

Organization Name: *

Organization Type: * Select Organization Type

Other (specify): **

Physical Address

Organization Phone#: *

Fax #:

Address Line 1: *

Address Line 2:

Zip Code: *

City: * State:

- **Organization Type:** If 'Other Org' is selected, you will be required to specify the type of organization in the 'Other (specify)**' field.
- **Physical Address:**
 - 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 popup by clicking on the zip code hyperlink.

Vaccine Questions:

Are you currently using VIIS?: ☐ Yes ☐ No

How do you report immunizations to VIIS? ☐ Data Exchange ☐ Manual Entry ☐ Do Not Report

Which vaccines do you routinely administer? *

If Yes, What is your VIIS Org Code: **

What is the name of your EMR (Electronic Medical Record): **

Would you like to order COVID vaccine for your practice?: * ☐ Yes ☐ No

All of the vaccine questions above are required.



Point of Contact Information:

Contact Info					
Contact Type*	Select Contact Type				
Title	Select Title	Legal First Name*		Last Name*	
Middle Initial		Email*		Phone*	() - - - - -
				ex: (123) 456-7890 - 1234	

The Contact Info should list the person who will be the point of contact for the registration and VIIS. VERIP required a unique email address for the point of contact. Shared or group email addresses are not allowed.

There are two main user roles that can be selected, the VERIP User and VIIS Administrator. The responsibilities for these user roles are:

- **VERIP User** - will update the registration annually. The VERIP User can add VIIS Administrators to the registration and remove them from the registration if they leave the company or if their role changes. The VERIP User can also be the VIIS Administrator.
- **VIIS Administrator** - is the primary contact for staff using VIIS at an organization. The VIIS Administrator is expected to: ensure their staff has been properly trained to access the registry; reset passwords for users; reactivate and disable VIIS user accounts; be able to train their staff on VIIS, or, schedule training with a VIIS Trainer. Multiple VIIS Administrators can be added to the registration if needed. The medical license information is required for the Administrator user role.

Medical License Information:

Medical License			
Med. License#**		Is this your medical license #?	<div> <div></div> <div></div> </div>
		**	<div> <div></div> <div></div> </div>
Expiry Date**	mm/dd/yyyy		
License issued state**	Select Stat...	Type of license?*	Select Prof...
First Name**		Last Name**	

- **Medical License:** VERIP has a validation mechanism for the Medical License Number (MLN) that checks for corresponding MLNs. Medical licenses are verified with the Virginia Department of Health Professions. Please note that MLN includes MD, DO, NP, RN, LPN, etc.
- **Is this your medical license #?:** When 'Yes' is selected, the first and last name of the Contact will automatically populate in the First Name and Last Name fields. If 'No' is selected, the license holder's First Name and Last Name will have to be entered.
- **Expiry Date:** The MLN must have valid Expiry Date. Expired dates will be rejected.
- **License Issued State:** Select the state where the license was issued. If the license holder has a multi-state license, select one of the issuing states.
- **Type of License:** Select the work profession of the license holder.
- **First and Last Name Fields:** Include only first name and last name in the appropriate fields. Do not include middle names, middle initials or suffixes (i.e., Jr., Sr., MD, RN).




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.

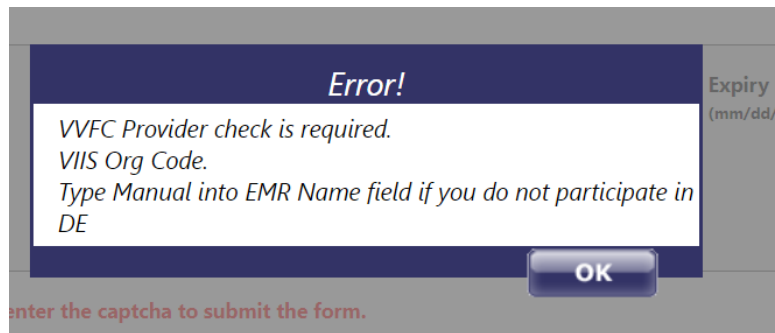
- Type the captcha code in the empty field below it.
- Then click the Submit button.

Please enter the captcha to submit the form.



Type the code from the image:

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!

VVFC Provider check is required.

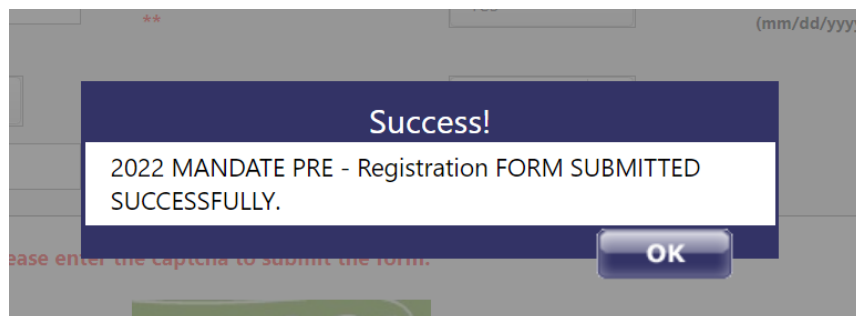
VIIS Org Code.

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

OK

Please enter the captcha to submit the form.

- 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!

2022 MANDATE PRE - Registration FORM SUBMITTED SUCCESSFULLY.

OK

Please enter the captcha to submit the form.



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.

From: <veripsupport@vdh.virginia.gov>
 Date: Wed, Jan 12, 2022, 12:11 PM
 Subject: Pre Registration Form 2022 Mandate
 To: <rochgreen90@gmail.com>
 Cc: <Rochelle.Green@vdh.virginia.gov>

Thank You for Submitting the Pre-Registration for the 2022 Mandate. Organization Name:
 Vaccine Mandate Test Org.

Providers who have never submitted a VERIP registration will receive two additional emails. The titles of the emails are below:

- **Temporary Password for VERIP 2022 Mandate** – This email will guide you through how to create a VERIP User account.
- **New VERIP User Registration 2022 Mandate** – 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.

- **Coming in February! Administrator Training on Mondays at 8:30 am and 4:00 pm**
- **Tuesdays and Thursdays – Full Access Training** (Practices that will use the VIIS Inventory Module)
- **Wednesdays and Fridays – 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.



Contact Information for VIIS Staff:

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

**Rochelle Green, VIIS Trainer Supervisor
(Interim Contact) South East Region**

Rochelle.Green@vdh.virginia.gov

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

