

CT WiZ COVID-19 Vaccine Provider Enrollment Training Guide

State of Connecticut



October 2020
Version 1.0

Table of Contents

Introduction	3
Request a User ID.....	3
Review the checklist	5
Getting Started	6
Adding Assets	6
Review Clinic Information	8
Update Clinic Address/Name.....	9
Update Clinic Contact Information	10
Update Delivery Hours	10
Update Clinic Staff and Training	11
Add new staff	11
Remove staff:.....	12
Update an existing staff member's information:.....	14
Add Training for Clinic Staff	15
Complete the Enrollment.....	16
Sign the Agreement	24
Help with CT WiZ.....	28

Introduction

Welcome to the CT WiZ COVID-19 Vaccine Provider Enrollment Training Guide, a detailed and user-friendly document for the clinics.

All providers must enroll in CT WiZ. This is an electronic form and signature.

This guide is for the CT WiZ Immunization Information System. It focuses on how to complete your COVID-19 Vaccine Provider Enrollment into the Connecticut Vaccine Program (CVP). Additional training materials can be found on the Connecticut Immunization Program website at:

<https://portal.ct.gov/DPH/Immunizations/COVID-19-Vaccine-Providers>

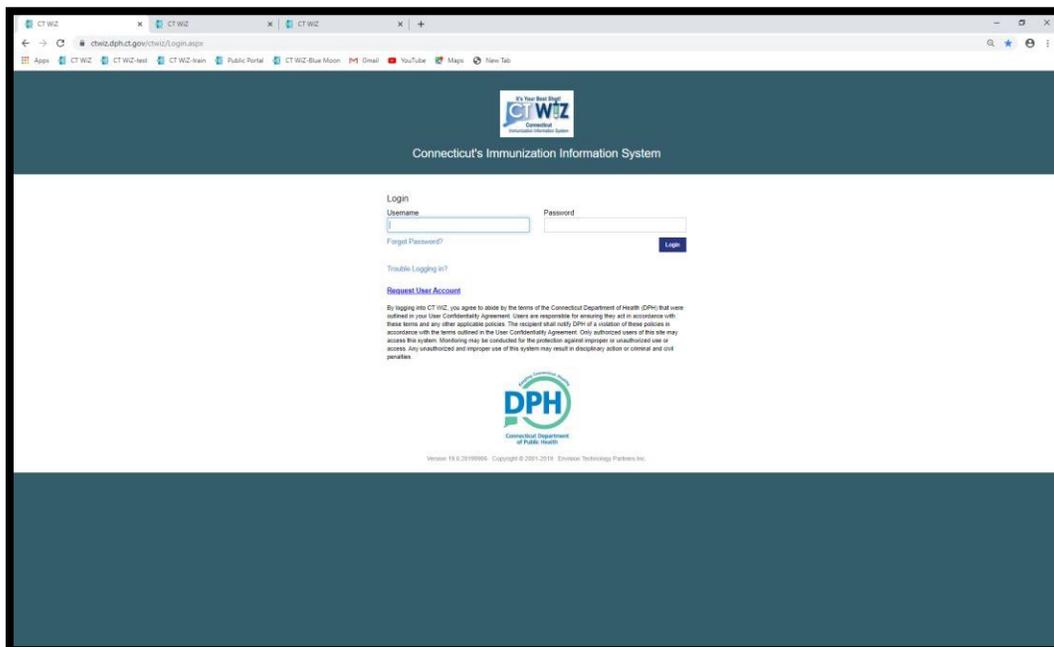
Request a User ID

Before you get started with the enrollment, you want to make sure you have a few things completed.

Make sure the primary/backup coordinator, Chief Medical Officer (or equivalent), and the Chief Executive Officer (or Chief Fiduciary) have access to CT WiZ. If you already have access, you do not need to request access again.

NOTE: If you already have a CT WiZ username but do not see the Clinic Tools module in the left menu, send a [helpdesk ticket](#) to have your permissions updated. Please indicate this is for the Provider Profile enrollment.

1. If you need to request access, you may do so on our website by clicking on the Request User Account link. You must have a unique email address to request a user account.



2. Fill in all fields with a red asterisk.
 - a. Your Access Requested depends on your role in the clinic.
 - Coordinators should choose Primary or Backup Coordinators from the drop down.

- Chief Medical Directors should choose 'Chief Medical Officer/Physician Signing Agreement'.
 - Chief Executive Officers should choose 'Chief Executive or Fiduciary Officer Signing Agreement'.
- b. If you belong to multiple PINs, do not register multiple times. Complete the registration form and enter the PINs (separated by a comma) in the "Organization Name" field. We can associate multiple PINs to your user account.
 - c. Review the CT WiZ User Agreement. You must open this document, review it, close it and click accept in order to complete this section.

3. Move the slider until you see a green check and click on "Submit Registration".

Once your request has been approved, you will be sent 2 e-mails. One e-mail contains your username, and the second email contains your temporary password.

NOTE: You may need to check your spam or junk folder in your email if you do not receive them.

4. Login to CT WiZ once you receive the emails.
5. Once signed in, reset your password, and set up your security questions.

In the future, if you forget your password, you can use your security questions to reset your password by using the "Forgot Password" link. You can also click on "Forgot Username" link if you cannot remember your username.

Review the checklist

Refer to the checklist, also available on our webpage, for steps to take before you enroll.

COVID-19 Vaccine Provider Enrollment Checklist

Please use the following checklist to help you complete all the sections in the COVID-19 Enrollment. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed. **This checklist is just to help you. It does not need to be completed only viewed in the enrollment.**

Prior to completing the Enrollment

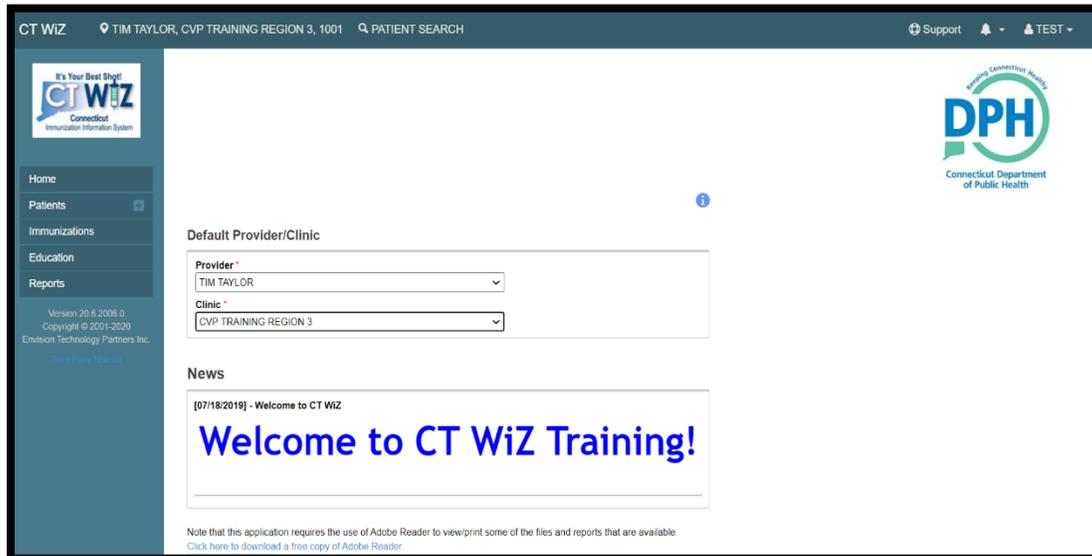
- Make sure the Primary/Backup Coordinator, Chief Medical Officer (or Equivalent) and the Chief Executive Officer (or Chief Fiduciary) have access to CT WiZ. If you need to request access, please visit <https://ctwiz.dph.ct.gov/ctwiz/Login.aspx> and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (primary or backup), and physician's signing the agreement (or equivalent) should choose "Chief Medical Officer/Physician Signing Agreement".
- Confirm that the Primary and Backup coordinators have completed the CDC module [You Call the Shots-Module Ten-Storage and Handling](#).
- To avoid having to do so during the enrollment, update all clinic information and assets in CT WiZ using the Clinic Tools screen. This includes your clinic's assets, address, contact information, delivery hours, staff, and staff training. **For Chief Medical Officer, please select the option of "Physician Signing the Agreement" as the contact type.**
- You will need the following information for the enrollment so have it handy:
 - Approximate number of children 18 years and younger at your location _____
 - Approximate number of adults 19-64 years of age at your location _____
 - Approximate number of adults 65 years of age and older at your location _____
 - Approximate number of unique patients seen per week on average _____
 - Approximate number of influenza vaccine doses administered during the **peak week** of the 2019-20 influenza season _____
 - How many full-time equivalent providers at your clinic can administer immunizations _____
 - What is the maximum number of immunizations your clinic can administer in a single day _____
 - How many days per week does your clinic offer immunizations _____

When Completing the Enrollment

- After the enrollment is completed, remember that the Chief Medical Officer and Chief Executive Officer (or equivalent) must log in to CT WiZ to electronically sign the agreement. **The Primary Coordinator cannot sign the document.**
- If a question is not applicable to your clinic, please write UNK, NA or enter a 0. All questions must have a value in the field to submit the enrollment.
- Click 'Save Progress' in the upper right-hand corner after completing each section to save your work.
- All providers must enroll with the COVID-19 Vaccine Enrollment directly in CT WiZ to receive COVID-19 vaccines.

Getting Started

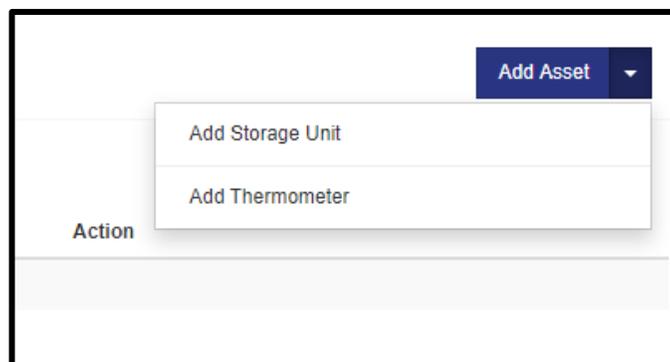
Before you begin, make sure you are in the correct Provider and Clinic. In the Provider and Clinic dropdowns in CT WiZ, you can see all the providers and clinic's your username is associated with. An enrollment must be processed for each clinic.



Adding Assets

On the left-hand navigation, click on Clinic Tools- Manage Assets. Here you will add your refrigerator and freezer as well as the thermometers in each unit.

1. Click on the down arrow on the blue 'Add Asset' button in the right-hand corner and select 'Add Storage Unit'.



2. Fill in all fields with an *, as well as others if you choose.
3. Click 'Create'. Once you click Create you will notice that your Status defaults to Pending. DPH will review and approve refrigerator and freezer assets.

Edit Storage Unit ? ! Cancel Update

Reminder: Do not store vaccine in this storage unit until approved.

Name * SCIENTIFIC PRO Status * PENDING

Date of Purchase MM/DD/YYYY Storage Type * REFRIGERATOR Manufacturer * SCENETIFIC PRO

Make * ZFG454 Model * ELITE Serial NumberID SHQ165465-121

Assigned Thermometer Storage Grade * PHARMA

Comments COMMENTS

Storage Unit

- Edit Storage Unit
- Temperature Readings
- Log Temperature

- Click 'Cancel' to return to the asset home screen.
- Click the 'Add Asset' button and select "Add Thermometer".
- Fill in all fields with an * as before.
 - CTM refers to Continuous Temperature Monitoring, or in other words, would qualify as a data logger thermometer.
 - Manual thermometers would be thermometers that do not record temperatures and require to be manually checked.

NOTE: Manual thermometers are not allowed by the Immunization program for use in storing state supplied vaccines.

- For Assigned Storage Unit, select the storage unit previously created. By doing this, you are specifying that this thermometer is measuring the temperature in this specific unit.
- When all information has been entered, click 'Create'. For thermometers assigned to a storage unit, the status will automatically display as Active.
- Click 'Cancel' to go back to the Manage Asset home screen.
- Continue these steps for all your units that store state supplied vaccines. Remember to always assign your unit to the correct thermometer. CT WiZ will only display units that do not currently have an assigned thermometer in the drop down.

Once you have finished, on the Manage Asset home screen you should see Pending for all storage units and Active for all Thermometers.

Manage Assets ? ! Add Asset

Showing 1 to 4 of 4 entries

Name	Type	Status	Audit	Action
BERLINGER (SCIENTIFIC PRO)	THERMOMETER	ACTIVE	?	VIEW
BERLINGER COLD (FREEZER PROS)	THERMOMETER	ACTIVE	?	VIEW
FREEZER PROS (BERLINGER COLD)	STORAGE UNIT	PENDING	?	VIEW
SCIENTIFIC PRO (BERLINGER)	STORAGE UNIT	PENDING	?	VIEW

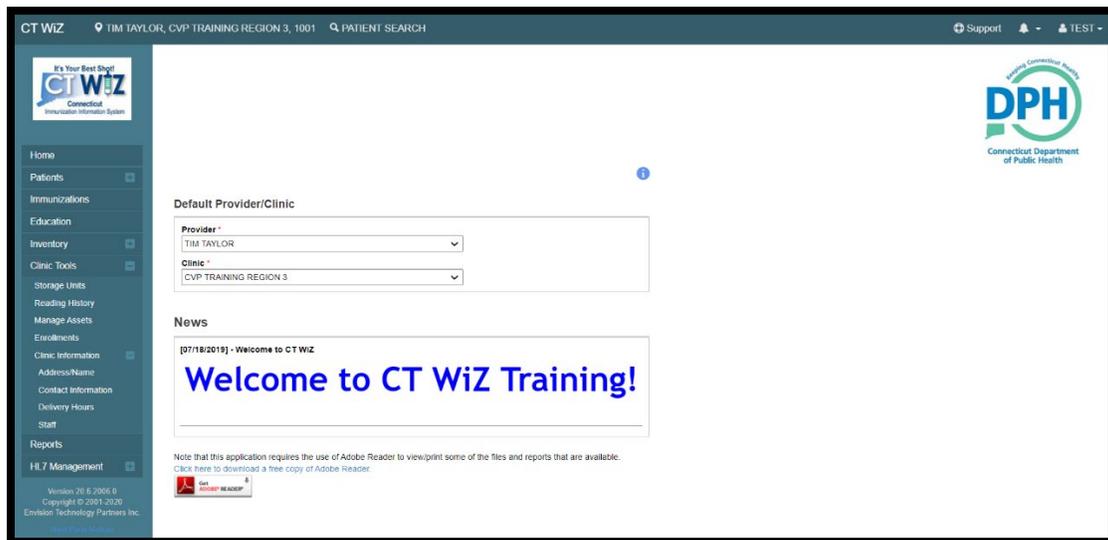
Showing 1 to 4 of 4 entries

← Previous 1 Next →

Review Clinic Information

Your clinic information may be outdated so review the information and make updates as needed. When you make changes to a clinic's information such as the clinic's name, address or staff contact, a notification is submitted to the CVP team to review and either approve or reject the change. Keep this in mind before you begin the enrollment. The change must be approved first to reflect on your enrollment.

In CT WiZ, click on Clinic Tools in the left navigation menu then Clinic Information. These four screens show your clinic's name and address, phone and fax numbers, shipping information and the staff in your clinic.



Update Clinic Address/Name

On the Address/Name screen, you can make changes to the clinic's name, email address, mailing and shipping address. Please enter the effective date the change is taking place. The shipping address is what is used to ship your vaccines to. Click 'Create' when finished.

Clinic Address / Name Change Request ? i Create

Effective Date *
09/18/2020

Submit a request to update the clinic address, name or email address. When the request is approved or denied it will show up in the history below.

Clinic Name *
CVP TRAINING REGION 3

E-mail
EMAIL@DOMAIN.COM

Mailing Address Clear

Street # *
222

Prefix
▼

Street Name *
PARK ROAD

Type
▼

Suffix
▼

Unit Number
P.O. Box

City *
NORWICH

Out of State City
Out of State County
NEW LONDON

County *
State *
CONNECTICUT

Country
UNITED STATES

Zip Code *
06360

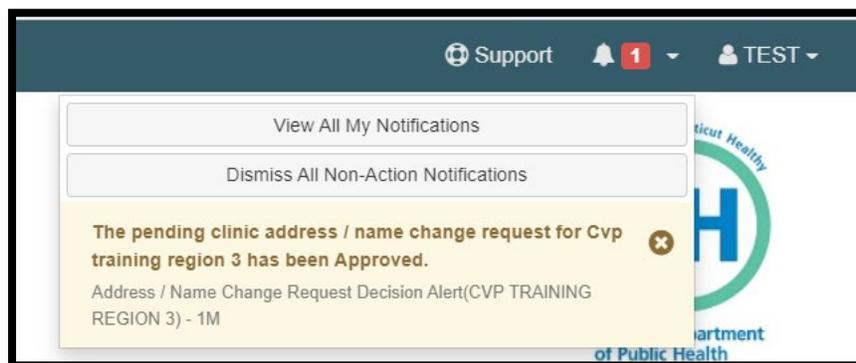
Census Tract
▼

Make Shipping Address same as Mailing Address?

Change Request History EDIT

Submitted On	Status	Approved/Rejected Date	Effective Date	Action
--------------	--------	------------------------	----------------	--------

Changes made on this screen require CVP approval. You will receive a notification in your bell icon when the change is approved or rejected. You cannot make additional changes on this screen while the change is waiting to be approved.



Update Clinic Staff and Training

Review the list of clinic staff shown. It is important that you have a Primary Vaccine Coordinator, a Back-up Vaccine Coordinator, and a Physician Signing Agreement (this would be what you would list your Chief Medical Officer) and Chief Executive Officer listed in your contacts. A 'Clinic Staff Roles' document is available on the website for your reference.

Name	Type	Phone	Audit	Action
ONEILL, BILL	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/TRCKS)	999-999-9999	?	EDIT
TAYLOR, TIM	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/TRCKS)	999-999-9999	?	EDIT
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/TRCKS)		?	EDIT

Submitted On	Name	Clinic	Status	Action
09/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
09/11/2019	ONEILL, BILL	CVP TRAINING REGION 3	COMPLETED	

If you do not have all four contact types listed and do not document them now, you will have to leave the enrollment screens later to complete this information. Missing information will prevent you from submitting the enrollment.

NOTE: Changes made on this screen require CVP approval. The CVP team receives a notification when there is a change. The team reviews the change(s) and approve or reject the change(s) with a comment. When you receive a notification in the bell icon that your change has been approved, you may continue with the enrollment process. If you do not wait for the approval of these changes, the changes will not reflect on your enrollment.

Add new staff: (Do not overwrite existing staff with new staff):

1. Click on the 'Add New Contact' button.
2. Select the correct contact type from the dropdown. If they have an alternate role, choose this from the 'Alternate Contact Type' dropdown.
3. Complete the remaining fields. Be sure to include the license number, NPI, specialty and title.
4. When finished, click on 'Create'.
5. **You must have all prescribers added in this section i.e., MD, DO, NP, PA, RPh. Please make sure their titles and license numbers are included.**

NOTE: When adding your Chief Medical Officer (or equivalent) please make sure to give them the contact type of "Physician Signing the Agreement." They cannot sign off on the enrollment unless this is done.

Remove staff:

1. For the staff that is no longer there, click on the 'EDIT' dropdown next to the staff's name.
2. Click on 'REMOVE'.

Submitted On	Name	Clinic	Status	Action
00/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	PENDING	VIEW
00/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
00/11/2019	ONELL, BILL	CVP TRAINING REGION 3	COMPLETED	

3. A pop-up message appears to confirm or cancel the removal of the staff member.

4. Click OK to continue. Click Cancel if the change request should not happen.

The staff's name appears in the Change Request History section with 'Pending' next to it. You also do not have an 'EDIT' option next to the staff's name in the section above. Only 1 change can be made to a staff member at a time. CVP will review the request and either approve it or reject it.

Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Showing 1 to 3 of 3 entries

Name	Type	Phone	Audit	Action
ONEILL, BILL	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/TRCKS)	000-000-0000	?	EDIT
TAYLOR, TIM	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/TRCKS)	000-000-0000	?	EDIT
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/TRCKS)		?	EDIT

Showing 1 to 3 of 3 entries

Change Request History

Submitted On	Name	Clinic	Status	Action
09/18/2020	TAYLOR, TIM	CVP TRAINING REGION 3	PENDING	VIEW
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	PENDING	VIEW
09/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
09/11/2019	ONEILL, BILL	CVP TRAINING REGION 3	COMPLETED	

Showing 1 to 4 of 4 entries

When the request(s) is approved or rejected, you will see a notification(s) in the bell icon.

Support 3 TEST

View All My Notifications

Dismiss All Non-Action Notifications

- The clinic staff change request for Harry Potter has been Approved. Staff Change Request Decision Alert(CVP TRAINING REGION 3) - 1M
- The clinic staff change request for Tim Taylor has been Approved. Staff Change Request Decision Alert(CVP TRAINING REGION 3) - 1M
- The clinic staff change request for Harry Potter has been Approved. Staff Change Request Decision Alert(CVP TRAINING REGION 3) - 1M

In the Change Request History section, you should also see all requests with either a Completed or Rejected status. Pending indicates the CVP team has not approved nor rejected the request yet.

Change Request History

Submitted On	Name	Clinic	Status	Action
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	COMPLETED	
09/18/2020	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	COMPLETED	
09/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
09/11/2019	ONEILL, BILL	CVP TRAINING REGION 3	COMPLETED	

Showing 1 to 5 of 5 entries

Update an existing staff member's information:

1. Click on 'EDIT' next to the staff's name.
2. Add information to a blank field or type the new information over the existing information in the specific field. For example, a staff member's last name changed due to marriage or divorce.
3. Type a note in the 'Comments' field to let the CVP know of any other changes.
4. Click 'Update'.

Clinic Staff Change Request Cancel Update

Contact Type *
NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS) [v]
CHOOSE
NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)
PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)
NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)
PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)
PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)
HOSPITAL CONTACT (Z8 - VFC/VTRCKS)
MAILING CONTACT (Z9 - VFC/VTRCKS)

Alternate Contact Type
CHOOSE [v]

Last Name *
POTTER

NPI

License Number

Medicaid Provider ID

Specialty
CHOOSE [v]

Comments
HE IS NOW THE BACK-UP

Employer ID Number

Title
CHOOSE [v]

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
-------------	-----------	-----------------	--------------------	--------------

Add Training for Clinic Staff

For the Primary and Back-up Vaccine Coordinators, training must be documented to complete the enrollment. As shown on the checklist, the training is watching [You Call the Shots-Module Ten-Storage and Handling](#).

NOTE: You must enter the training otherwise you will receive an error message when you are completing the enrollment.

1. Click on 'EDIT' next to the appropriate clinic staff.
2. Click on 'Add Training' at the bottom.
3. Select a course name; 'You Call the Shots-Module Ten-Storage and Handling'.
4. Enter the date the training was completed. If you have the certificate saved for the module, you can upload it here, but it is not required.
5. Click on 'Save' when finished.
6. When finished with all the updates on this screen, click on 'Update' then 'Cancel'.
7. Repeat the steps above to document training for additional staff.

Clinic Staff Change Request ?

[Cancel](#) [Update](#)

Contact Type * Alternate Contact Type

Edit Clinic
[Address / Name](#)
[Contact Information](#)
[Delivery Hours](#)
[Staff](#)

First Name * Middle Name Last Name *

E-mail NPI

Telephone Ext. Fax Number

License Number Comments

Medicaid Provider ID Employer ID Number

Specialty Title

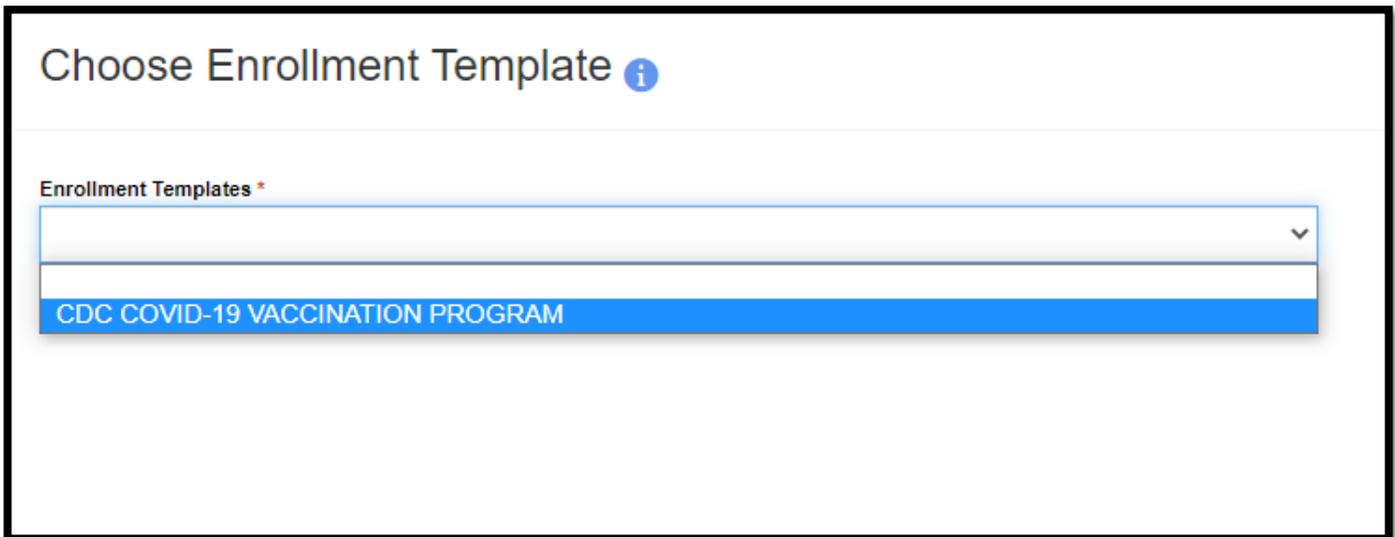
Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
VACCINES FOR CHILDREN (VFC)	49502	09/18/2020	<input type="text"/>	<input type="button" value="⊗"/>
VFC STORAGE AND HANDLING	49502	09/18/2020	<input type="text"/>	<input type="button" value="⊗"/>

Complete the Enrollment

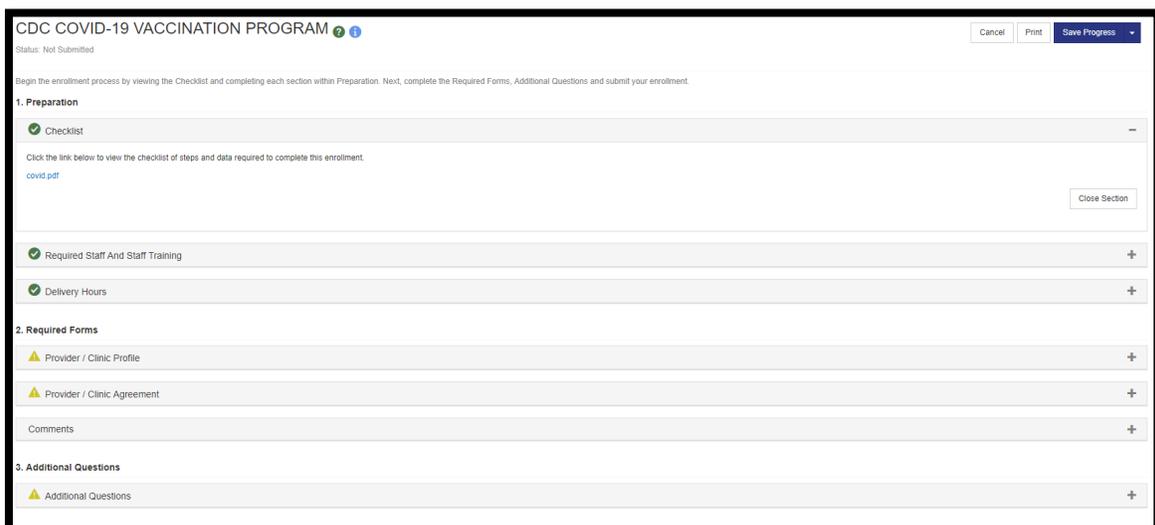
After all your clinic updates and training has been documented, you can begin the enrollment.

1. Click on 'Clinic Tools' in the left navigation menu.
2. Click on 'Enrollments'. This screen lists all your enrollments, past and present. You can also see when the enrollment was submitted and the status of either accepted or rejected with the date.
3. Click on 'Add Enrollment'.
 - a. If you see a row with this year's enrollment(s) and a 'Not Submitted' status, click on 'View' to the right of the 'Not Submitted' one. You can continue working on this one.
4. Select 'COVID-19 Vaccine Program Enrollment' in the dropdown.



The screenshot shows a web interface titled "Choose Enrollment Template" with an information icon. Below the title is a dropdown menu labeled "Enrollment Templates *". The dropdown is open, showing a list of options. The option "CDC COVID-19 VACCINATION PROGRAM" is highlighted in blue.

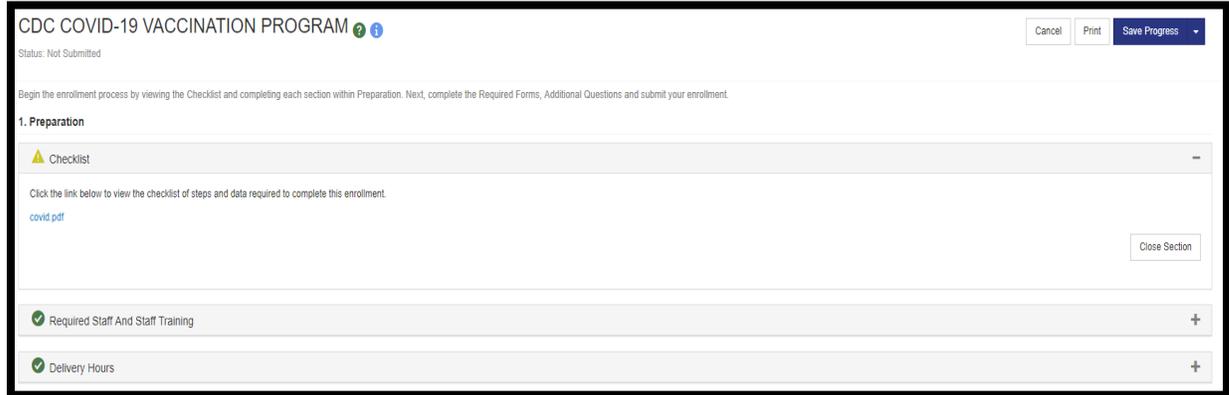
When in the enrollment, there are 3 modules and sections/questions within each module that must be completed. Each section with a yellow exclamation point indicates the section has not been completed yet. A green checkmark indicates the section is complete.



The screenshot shows the enrollment process for the "CDC COVID-19 VACCINATION PROGRAM". The status is "Not Submitted". The interface is divided into three main sections:

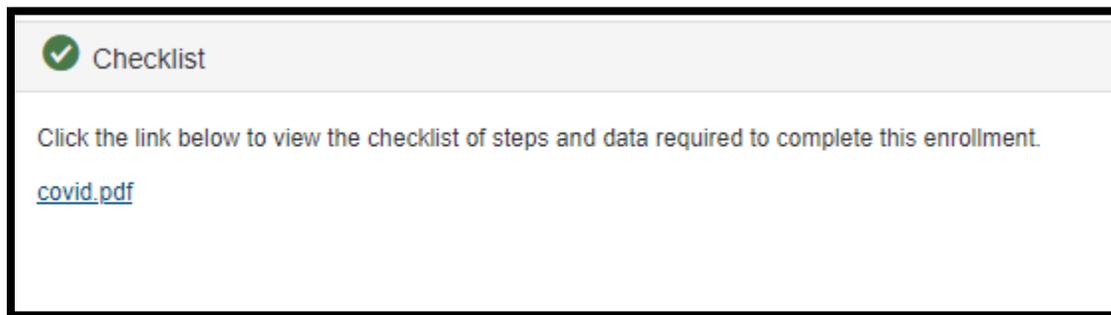
- 1. Preparation**: Contains three sub-sections, all marked with a green checkmark, indicating they are complete:
 - Checklist
 - Required Staff And Staff Training
 - Delivery Hours
- 2. Required Forms**: Contains three sub-sections, all marked with a yellow exclamation point, indicating they are not completed:
 - Provider / Clinic Profile
 - Provider / Clinic Agreement
 - Comments
- 3. Additional Questions**: Contains one sub-section marked with a yellow exclamation point, indicating it is not completed:
 - Additional Questions

5. Click on the '+' sign on the right side of each section to open it and complete the information.
6. Start at the top and click on 'Checklist'.



7. Click on the blue link for the Enrollment checklist.
 - a. The checklist opens in a separate window showing everything that needs to be done prior to enrolling, as well as things to help you fill out the enrollment.
 - b. The PDF includes links to the CDC training modules, as well as the insurance breakdown table.
 - c. Once you have reviewed this PDF you can minimize or print it.
 - a. If you are all set reviewing the information, simply close the checklist then click on 'Close Section'.

Notice that the yellow exclamation point changed to a green checkmark.

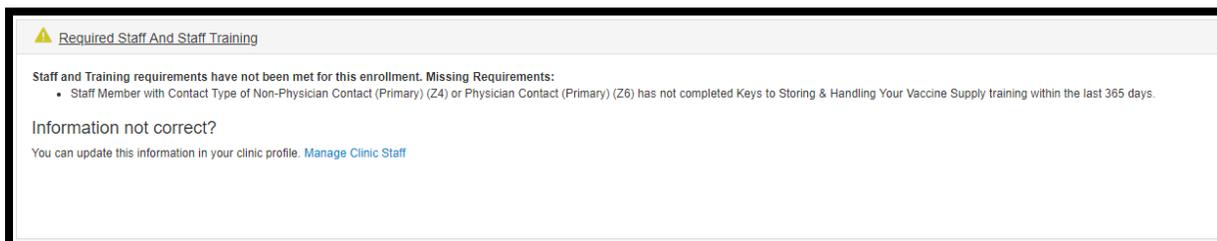


NOTE: Click on 'Save Progress' in the top right corner to save your work as you go.

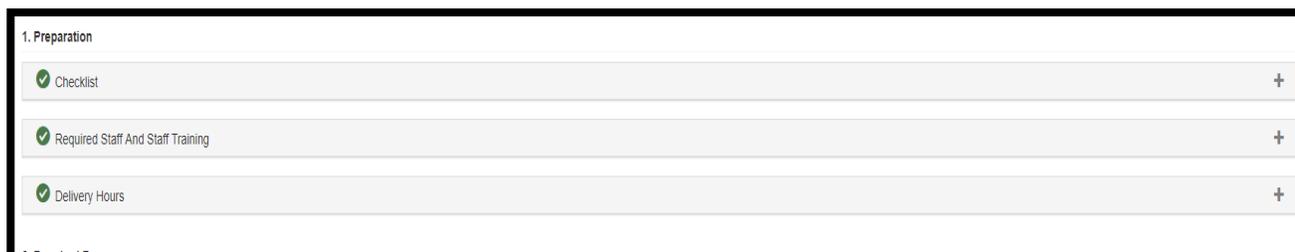
1. You can also print your enrollment. The printout shows all the information that has been entered thus far, as well as any PDF documents included in the enrollment.
2. Click on 'Required Staff and Staff Training'.
 - a. If all the necessary training was documented on the 'Clinic Staff' screen for the primary and back-up vaccine coordinators you should see a green checkmark.



- b. If the training was not documented, the missing requirements for each staff member will be listed in this section. The error message specifically lists the staff contact type who is missing the training.



- c. You can document the missing training by clicking on 'Manage Clinic Staff'. This link brings you out of the 'Enrollment' screen and to the 'Manage Clinic Staff Change Request' screen where you can document the required training.
3. There is already a green checkmark in 'Delivery Hours'. Since you have your delivery hours loaded in CT WiZ and reviewed them prior to completing the enrollment, no further action is required.



4. Click on 'Save Progress' to save the work you have completed thus far.
5. In the 'Required Forms' section, click on 'Provider/Clinic Profile'.
6. Click on 'Review Facility/Clinic Information'. This shows the provider name, the clinic name, the delivery address, phone number, email, and clinic type.
- Verify the information is correct. If you made changes before starting the enrollment, ensure the changes you made show here. Remember, any changes to the clinic name, address or staff must be approved first by the CVP team for it to reflect on the enrollment.
 - If you need to make changes**, click on the blue 'Edit Clinic Info' link. Again, this link brings you out of the Enrollment screen and to the Manage Address Name Change Request screen where you can make changes.
 - If the information is correct**, check the box confirming all information is correct. You should see a green check mark for this section.
7. Click on 'Source of Data'. Select how you determined your population totals (you will have to enter these totals later in the enrollment). Select all that apply. You should see a green check

mark when done. This completes the Provider/Clinic Profile section.

2. Required Forms

- ✓ Provider / Clinic Profile
- ✓ Review Facility/Clinic Information +
- ✓ Source of Data +

Close Section

In the 'Provider /Clinic Agreement' section, you are confirming the clinic information, the medical director, vaccine coordinators, and prescribing staff members are entered correctly in CT WiZ.

1. Click on 'Review Facility/Clinic Information'.
 - a. Confirm the information is correct.
 - b. **If any changes need to be made**, click on the blue 'Edit Clinic Info' link. Remember, this brings you out of the enrollment screen and to the appropriate screen.
2. **If the information is correct**, click on the "I confirm" checkbox in each section. Green check marks should appear for each section you complete.

✓ Review Facility/Clinic Information

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

Facility/Clinic Name	VFC Pin
CVP TRAINING REGION 3	1001
Facility/Clinic Address	Shipping Address
222 NW PARK RD NE	222 NW PARK RD NE
UNIT 167 PO BOX 567	UNIT 167 PO BOX 567
NORWICH, CT 06360	NORWICH, CT 06360
Phone	Fax
999-999-9999	

Information not correct?
Click here to update your clinic profile information. [Edit Clinic Info](#)

I confirm that the Facility/Clinic Information is correct.

Close Section

3. Click on 'Review Medical Director or Equivalent Information'.
 - a. This staff member is the one who must sign the Enrollment.
 - b. Confirm the information is correct.
 - c. **If any changes need to be made**, click on the blue 'Manage Clinic Staff' link. Remember, this brings you out of the enrollment and to the appropriate screen.
 - d. **If the information is correct**, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

✓ Review Medical Director or Equivalent Information

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

Name	Title
TEST USER21	
Email	Specialty
TEST.USER21@YAHOO.COM	
License Number	Medicaid Number
NPI Number	Employee Identification Number

Information not correct?
You can update this information in your clinic profile. [Manage Clinic Staff](#)

I confirm that the Medical Director or Equivalent Information is correct.

Close Section

4. Click on 'Review Vaccine Coordinators'.
 - a. Review the information.
 - b. The Primary and Back-up Coordinators names only display when their training has been documented on the Clinic Staff screen.
 - c. **If any changes need to be made**, click on the blue 'Manage Clinic Staff' link. Remember, this brings you out of the enrollment screen and to the appropriate screen.
 - d. When the Coordinators information is listed and training documented correctly, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

 [Review Vaccine Coordinators](#)

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

Primary Coordinator

Name	Telephone	Email
BILL ONEILL		

Training

Course Name	Date Completed	CE Number	Upload Certificate
Vaccines for Children (VFC)	09/18/2020	49502	
VFC Storage and Handling	09/18/2020	49502	
Keys to Storing & Handling Your Vaccine Supply	10/01/2020		

Backup Coordinator

Name	Telephone	Email
HARRY POTTER	860-555-1234	

Training

Course Name	Date Completed	CE Number	Upload Certificate
Keys to Storing & Handling Your Vaccine Supply	09/30/2020		
Vaccines for Children (VFC)	10/05/2020		
VFC Storage and Handling	10/05/2020		

Information not correct?
 You can update this information in your clinic profile. [Edit Clinic Staff](#)

I confirm that the Vaccine Coordinators information is correct.

5. Click on 'Prescribing Staff Members'.
 - a. Confirm the information is correct.
 - b. If the information listed is correct, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.
 - c. To add new prescribers, click on the blue Edit Clinic Staff link.

 Prescribing Staff Members

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff info

Name	Title	License Number
TAYLOR, TIM	DOCTOR OF NURSING PRACTICE	
USER21, TEST		
USER22, TEST		

Information not correct?
 You can update this information in your clinic profile. [Edit Clinic Staff](#)

I confirm that the Prescribing Staff Member information is correct.

The next section is the 'Primary Agreement'. Only users with the physician signing the agreement access can electronically sign the agreement. The following message appears if you do not have the proper access: "You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements".

The Primary Agreement attachment is NOT a fillable PDF. This document does not need to be filled out and sent to us.

Primary Agreement

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:
 The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement* (Section A). *CDC COVID-19 Vaccination Program Provider Profile Information* (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

ORGANIZATION IDENTIFICATION

Organization's legal name: _____

Number of affiliated vaccination locations covered by this agreement: _____

Organization telephone number: _____ Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): _____

Organization address: _____

RESPONSIBLE OFFICERS

For the purposes 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

Last name	First name	Middle initial
Title		Licensure (state and number)
Telephone number:		Email:
Address:		

Chief Executive Officer (or Chief Fiduciary) Information

You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements.

6. In the Comments section, enter any other comments you would like the CVP to see.
7. Click on 'Save Progress' to save your work.
8. Answer all questions listed under Additional Questions. All fields must have a value, either NA, UNK or 0 if the question does not apply to your specific clinic. Remember the Chief Executive Officer must electronically sign the appropriate question.
9. Once questions have been answered, click on 'Save Progress.'

3. Additional Questions

⚠ Additional Questions

Q. Did you complete the COVID-19 Vaccine Program Provider Information Packet? *

YES

NO

Q. Estimated number of 10-dose multidose vials your location is able to store refrigerated (2C to 8C) *

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

Q. If answered yes and another location will order COVID-19 for this site, please provide organization

Q. Is the organization address of location where COVID-19 vaccine will be administered? *

Q. COVID-19 Vaccination Provider type for this location (select one) *

Commercial vaccination service provider

Corrections/detention health services

Health Center-community (non-Federally Qualified Health Center/non-rural health clinic)

Health Center-migrant or refugee

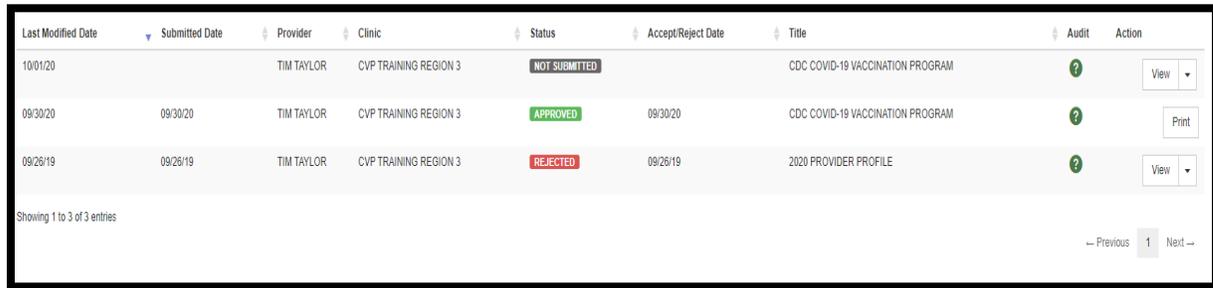
Health Center-occupational

At this time, the Medical Director/Chief Medical Officer (physician signing agreement) must complete the enrollment by logging into CT WiZ.

Sign the Agreement

When the Medical Director/Chief Medical Officer is ready to sign the enrollment, all the sections should show complete except for the Agreement.

1. Log into CT WiZ with your username and password.
2. Click on 'Clinic Tools' in the left navigation menu.
3. Click on 'Enrollments'.
4. Click on 'View' for the COVID-19 Enrollment. The status should be 'Not Submitted'.

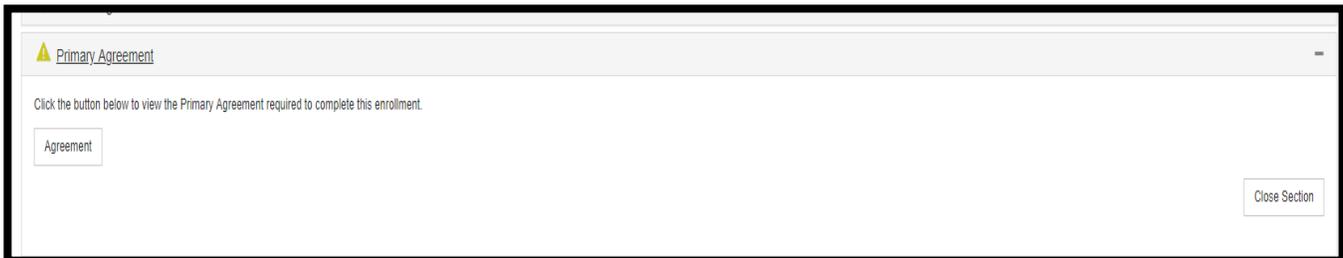


Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Audit	Action
10/01/20		TIM TAYLOR	CVP TRAINING REGION 3	NOT SUBMITTED		CDC COVID-19 VACCINATION PROGRAM	?	View
09/30/20	09/30/20	TIM TAYLOR	CVP TRAINING REGION 3	APPROVED	09/30/20	CDC COVID-19 VACCINATION PROGRAM	?	Print
09/26/19	09/26/19	TIM TAYLOR	CVP TRAINING REGION 3	REJECTED	09/26/19	2020 PROVIDER PROFILE	?	View

Showing 1 to 3 of 3 entries

← Previous 1 Next →

5. Click on the 'Provider/Clinic Agreement' section.
6. Click on 'Primary Agreement'.
7. Click on 'Agreement'.



Primary Agreement

Click the button below to view the Primary Agreement required to complete this enrollment.

Agreement

Close Section

The provider agreement appears in a separate window.

8. Review the agreement.

Please print or save a copy for your records. You do **not** need to send us a copy of the agreement.

9. Click on the checkbox, which provides your electronic signature to accept all things stated in the agreement.

10. Click on 'Click to Accept'.

Primary Agreement

ViewFile 1 / 8

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement* (Section A). *CDC COVID-19 Vaccination Program Provider Profile Information* (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

ORGANIZATION IDENTIFICATION

Organization's legal name:

Number of affiliated vaccination locations covered by this agreement: _____

Organization telephone number: Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):

Organization address:

RESPONSIBLE OFFICERS

For the purposes 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

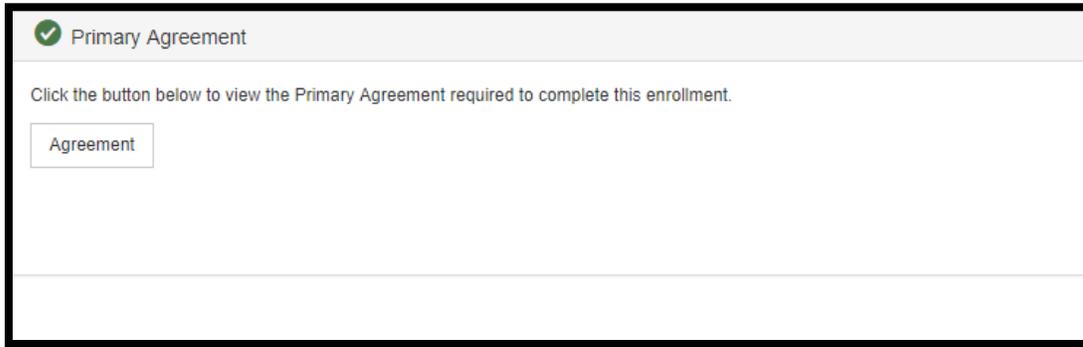
Last name	First name	Middle initial
Title		Licensure (state and number)
Telephone number:	Email:	
Address:		

Chief Executive Officer (or Chief Fiduciary) Information

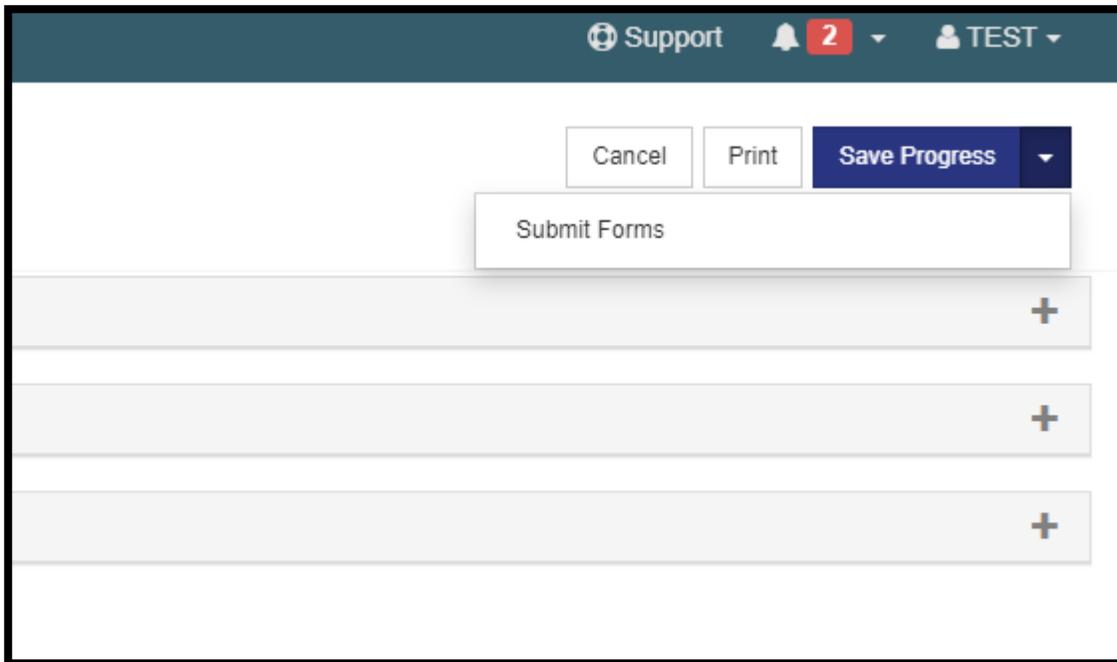
You agree that by selecting the "Click To Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

Cancel Click To Accept

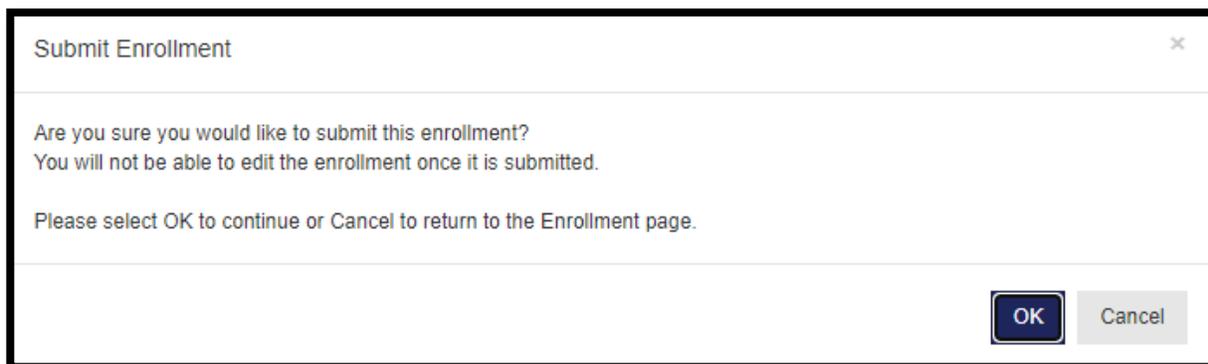
11. Click on 'Save Progress' at the top to save your work. All sections should have green checkmarks.



12. When you are ready to submit the enrollment, click on the 'Save Progress' dropdown, and click on 'Submit Forms'. If you do not have all the sections complete, CT WiZ will not allow you to click on this option.



13. Click 'OK' to complete the enrollment.



When your enrollment is successfully submitted, the status shows 'Pending Review'.

After you submit the enrollment, the CVP team is notified and reviews the submitted agreement. You

can print your enrollment or go back to the original enrollment screen to see your status.

The screenshot displays a web interface for managing enrollments. At the top, there are filter options for a date range (October 7, 2019 - October 7, 2020) and dropdown menus for Provider (WEBINAR TRAINING PEDIATRICS), Clinic (WEBINAR TRAINING PEDIATRICS HL7), Status (ALL), and Title (ALL). A 'Filter' button is located to the right of these options. Below the filters, the text 'Showing 1 to 3 of 3 entries' is displayed. The main content is a table with the following columns: Last Modified Date, Submitted Date, Provider, Clinic, Status, Accept/Reject Date, Title, Audit, and Action. The table contains three rows of data:

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Audit	Action
10/07/20		WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS HL7	NOT SUBMITTED		COVP ENROLLMENT	?	View
10/05/20	10/05/20	WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS HL7	APPROVED	10/05/20	COVP ENROLLMENT	?	Print
10/09/19	10/09/19	WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS HL7	PENDING REVIEW		2020 PROVIDER PROFILE	?	View

At the bottom of the table, the text 'Showing 1 to 3 of 3 entries' is repeated.

When your enrollment has been reviewed and either approved or rejected, you will receive a notification via email or in the bell icon of the status.

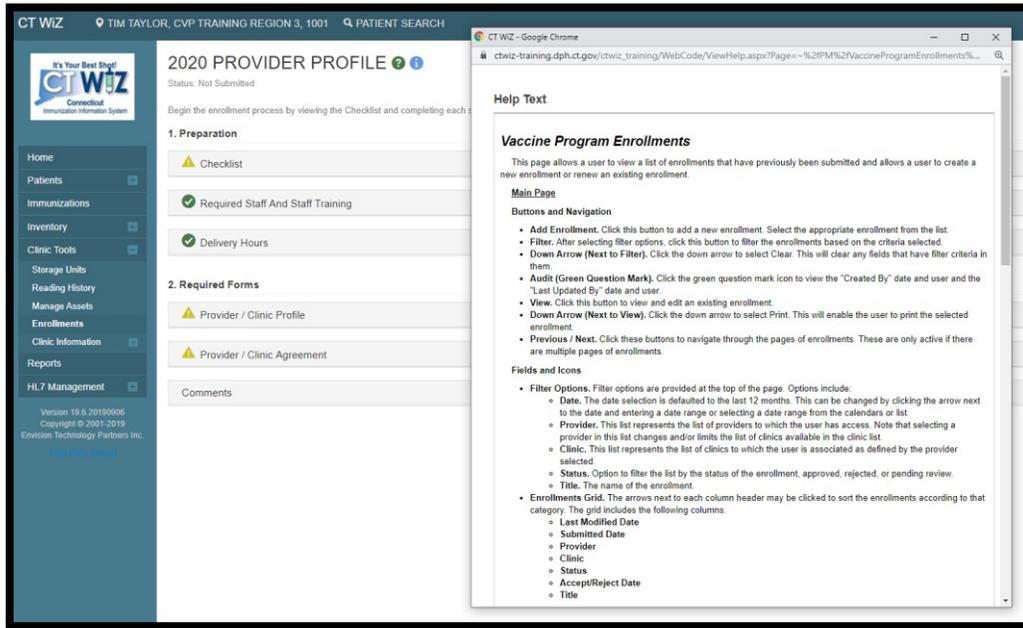
If your enrollment was approved, the status on the Enrollment screen shows Approved and the 'Accept Date' is listed in the next column.

If you see a Rejected status, you can click on 'View' to see the comments made by the CVP team in the 'Jurisdiction Comments' field. You can make changes to the enrollment and resubmit it when ready. You do not need to have the Medical Director sign the agreement again.

Help with CT WiZ

If you have questions about the process, there are many ways to find information and receive help.

1. In CT WiZ, there is an  icon located next to the screen name. Click on the  for a detailed explanation of the page you are on.



2. On our website, we have a specific COVID-19 Vaccine Providers webpage where you can find training documents to guide you in the completion of your Provider Profile and Provider Agreement. Once you have this webpage up, we highly recommend you bookmark it to quickly find it again.

- Immunization Homepage >
- Immunization Laws and Regulations >
- Vaccine Preventable Disease Surveillance >
- About CT WiZ >
- EHR Data Exchange- HL7 >
- Connecticut Vaccine Program- CVP >
- For CVP Providers >
- For Healthcare Providers >
- Immunization Action Plan - IAP >
- For Adults >
- For Parents >
- For Pregnant Women >
- International Travel >
- Preventing Seasonal Influenza >
- COVID-19 Vaccine Providers >
- Contact Us >

Search Department of Public Health

COVID-19 Vaccine Providers

This page contains information for COVID-19 Vaccine Providers, such as communications previously sent out by the Immunization Program and links to partner websites. We will continue to add information to this site as it becomes available.

- [Invitation to practicing healthcare providers to pre-register to participate in CT's COVID-19 vaccination campaign](#) 9/14/2020
- [CVP Provider Interest in Administering COVID-19 Vaccine](#) 9/9/2020
- [Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#) (CDC)
- [COVID-19 and Flu Resources](#) (AAP)
- [Vaccination and COVID-19](#) (IAC)
 - [Repository of Resources for Maintaining Immunization during COVID-19 Pandemic](#) (IAC)
- [Vaccine Education Center at CHOP Q & A about COVID-19 Vaccines](#) (CHOP)

CT WiZ COVID-19 Vaccine Program (CoVP) Enrollment Training Resources

- [Enrollment Checklist](#)
- [Enrollment FAQs](#)
- [Enrollment Training Manual](#)
- [CT WiZ User Account Roles](#)

3. After you have exhausted all these help topics and still cannot find your answer, simply submit a helpdesk ticket. During this busy enrollment time, this is the quickest way to contact us. We will review the ticket and respond to you in a timely manner.

