



**How do I request a  
CT WiZ Account?**

# Navigate to CT WiZ

The “All About CT WiZ” webpage is the main informational place for all things concerning CT WiZ on the ct.gov website. It can be reached at [ct.gov/allaboutctwiz](https://ct.gov/allaboutctwiz). We suggest you bookmark both the webpage link and Healthcare Provider Login link in your internet browser.



## All About CT WiZ

CT WiZ is Connecticut's secure web-based Immunization Information System (IIS) that:

- Meets national standard requirements for effective tracking and administration of immunizations in a public health setting.
- Maintains complete and accurate immunization records for patients vaccinated in Connecticut.

All personal information, including immunization status and dates of immunization of individuals, is kept confidential as required by Connecticut law. Only patients, parents/legal guardians, doctors, and other health care workers have access to information on CT WiZ.

CT WiZ has a [CT WiZ Public Portal](#) that allows individuals who were vaccinated in Connecticut to securely access their own immunization records or parents/guardians to access their minor child's immunization records.

# Things You Should Know

CT WiZ is accessed on the web.

These web browsers are recommended when using CT WiZ:

- Chrome- Download at <https://www.google.com/chrome>
- Firefox- Download at <https://www.mozilla.org/en-US/firefox/new>



CT WiZ may now work as expected when using Internet Explorer or Edge.

# Start Here



## Connecticut's Immunization Information System

Login

Username

Password



[Forgot Password?](#) | [Forgot Username?](#)

[Trouble Logging in?](#)

[Request User Account](#)

Click here  
to begin

Login

By logging into CT WiZ, you agree to abide by the terms of the Connecticut Department of Health (DPH) that were outlined in your User Confidentiality Agreement. Users are responsible for ensuring they act in accordance with these terms and any other applicable policies. The recipient shall notify DPH of a violation of these policies in accordance with the terms outlined in the User Confidentiality Agreement. Only authorized users of this site may access this system. Monitoring may be conducted for the protection against improper or unauthorized use or access. Any unauthorized and improper use of this system may result in disciplinary action or criminal and civil penalties.

# Complete the Registration

- Complete your Contact Information.
- You must have a unique email address (preferably not a shared clinic email).
- Complete the Organization section.

All fields with a \* are required.



## Account Registration

### Contact

Enter your contact information.

<b>First Name *</b> ROSIE	<b>Middle Name</b> THE	<b>Last Name *</b> VFCCOORDINATOR
<b>Phone Number *</b> 888-888-8888	<b>Email *</b> ROSIE@ROSEGARDENPEDS.COM	<b>Fax</b> 888-888-8887
<b>Role</b> NURSE	<b>VFC Pin</b> 999999999	<b>Access Requested *</b> DATA ENTRY/REPORTS/INVENTO
<b>Requesting Registrant's NPI</b> 9999999		

### Organization

Enter your organization information.

<b>Organization Name *</b> ROSE GARDEN PEDIATRICS	<b>Type *</b> PRIVATE PRACTICE	
<b>Address Line 1 *</b> 25 HAPPY STREET	<b>Address Line 2</b>	
<b>City *</b> MIDDLETOWN	<b>State *</b> CONNECTICUT	<b>Zip *</b> 06457
<b>Provider Name</b> DR JONES		

# Review & Accept the User Agreement and Confidentiality Agreement

- Scroll further down the page to the Documents section.
- Click on “Review” to read each document.

## Documents

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Review and Accept all documents.

CT WiZ User Agreement



CT WiZ Confidentiality Agreement



Review

Review

# CT WiZ User Agreement

The user agreement will pop up in a new window.

Read the agreement carefully.

After reading, return to the CT WiZ Account Registration tab to review the CT WiZ Confidentiality Agreement.

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### CT WiZ User Agreement

The Connecticut Immunization Information System ("CT WiZ") is a confidential, secure, web-based system that collects and selectively discloses information to authorized individuals about the identity, demographics and vaccination history of people vaccinated in the State of Connecticut. The information in CT WiZ must be treated in a manner that preserves the confidentiality and privacy of those individuals and promotes access to timely, complete and accurate information.

**By checking the 'Click to Accept' button on the CT WiZ Account Registration page, I confirm that I agree to the following:**

1. I have selected the correct user access type as described at: [Which User Access Do I Need?](#)
2. I have read and will comply with Connecticut General Statutes Section 19a-7h and the [CT WiZ Policies and Procedures](#) or regulations adopted thereunder.
3. If I am a vaccinating health care provider, I will electronically report or enter immunization data to CT WiZ as required by Connecticut General Statutes Section 19a-7h(c) and the CT WiZ Policies and Procedures or regulations.
4. I will not knowingly report or enter invalid or false data into CT WiZ or falsify any data obtained from CT WiZ.
5. I will not use CT WiZ to obtain or disclose information of any type on any individual enrolled in CT WiZ except as permitted by the CT WiZ Confidentiality Agreement.

I understand that if I violate this CT WiZ User Agreement, my access to CT WiZ may be terminated and the Connecticut Department of Public Health may take necessary legal action.



Connecticut Department of Public Health  
410 Capitol Avenue, MS 11 MUN  
Hartford, Connecticut 06134-0308  
Phone: (860) 509-7929 Fax: (860) 707-1925  
Website: [CT WiZ Training](#)




# CT WiZ Confidentiality Agreement

The confidentiality agreement will pop up in a new window.

Read the agreement carefully.

After reading, return to the CT WiZ Account Registration tab to accept **both** the CT WiZ User Agreement and the CT WiZ Confidentiality Agreement.

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor


### CT WiZ CONFIDENTIALITY AGREEMENT

The Connecticut Department of Public Health (CT DPH) Immunization Program's Connecticut Immunization Information System ("CT WiZ") allows real-time, comprehensive immunization information and inventory management to providers and users who are authorized by [Connecticut General Statutes \(CGS\) Section 19a-7h](#) and the [CT WiZ Policies and Procedures](#) ("Policies and Procedures") or any regulations adopted pursuant to CGS Section 19a-7h which replace the Policies and Procedures ("regulations"). Only authorized providers and users may access CT WiZ. In order to access CT WiZ, all authorized providers and users must read and sign this CT WiZ Confidentiality Agreement, which is also posted on the CT DPH Immunization Program's [Laws and Regulations webpage](#).


Pursuant to Section 19a-7h-5 of the Policies and Procedures, this CT WiZ Confidentiality Agreement must be signed upon the initial request for access to CT WiZ and must be renewed every two years. The CT WiZ Confidentiality Agreement must be signed electronically in CT WiZ by checking the "Click to Accept" button.

**By signing this agreement, I confirm that I understand and agree that:**

- I am a health care provider, as defined in CGS Section 19a-7h(a), a school nurse, as defined in Section 10-212-1 of the Regulations of Connecticut State Agencies, a director of a local health department or district or such director's designee, a representative of a federal health care service provider entity that administers vaccinations, or a representative of a state or city with an immunization information system approved by CT DPH to report to CT WiZ.
- I will use CT WiZ and the information contained therein only for the purposes authorized by CGS Section 19a-7h and the Policies and Procedures or regulations adopted thereunder, as follows:
  - For health care providers, pursuant to CGS Sections 19a-7h(c) and (d), to input information on vaccinations administered (and vaccinations not administered due to contraindication, exemption, or titer test), to determine if patients require immunizations, and to officially document immunization status to meet immunization entry requirements for child care, school, or higher education.
  - For school nurses, pursuant to CGS Sections 19a-7h(c) and (e), to verify the immunization status of school children in the school nurse's jurisdiction and, if applicable, to input information on vaccinations administered.



Phone: (860) 509-7929 • Fax: (860) 706-5429  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
*Affirmative Action/Equal Opportunity Employer*



# Accepting the Agreements

Once you have opened **both** the CT WiZ User Agreement and CT WiZ Confidentiality Agreement documents, the “Review” button will become the “Click to Accept” button.

## Documents

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Review and Accept all documents.

CT WiZ User Agreement



CT WiZ Confidentiality Agreement



Click To Accept

Click To Accept


# Validation

Complete all tasks to prove you are a human.

## Validation

Complete all tasks to prove you are a human.

☐ I'm not a robot

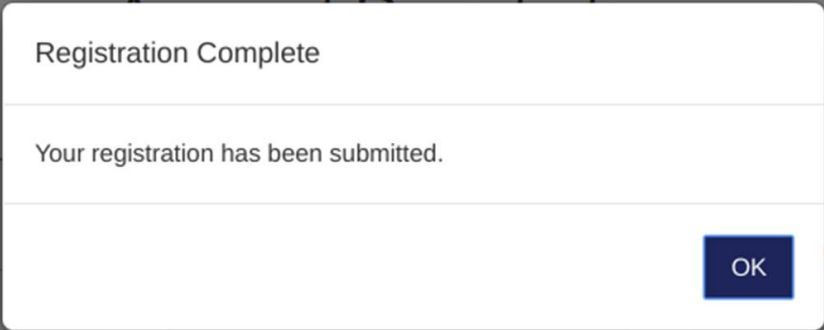
  
reCAPTCHA  
[Privacy](#) - [Terms](#)

CancelSubmit Registration

1. Check the box that says “I’m not a robot”.
2. Click the “Submit Registration” button.

# Registration Submitted

Click “OK” to complete the registration. You will be returned to the log in page.



Registration Complete

Your registration has been submitted.

OK

Email \* EMAIL@DOMAIN.COM

Fax 999-999-9999

The image shows a web form with a modal dialog box. The dialog box has a title bar 'Registration Complete', a message 'Your registration has been submitted.', and an 'OK' button. Below the dialog, the form fields for 'Email \*' and 'Fax' are visible, with the email field containing 'EMAIL@DOMAIN.COM' and the fax field containing '999-999-9999'.

# Your Registration is Complete!

- Access to CT WiZ is not immediate.
- DPH Staff review your registration and approve it with the correct permissions according to the role in your clinic.
- Account approvals are completed during regular state business hours.
- You will receive 2 emails when your account has been approved.