



**Complete an  
Enrollment for the  
CVP / CVFA Program(s)**

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# Prior to Starting an Enrollment

# Prior to Starting an Enrollment

CT WiZ UI TRAINING, UI TRAINING, 7000 PATIENT SEARCH Support Notifications

Public Health

Home Patients Immunizations Education IZ Quick Add Inventory Clinic Tools Storage Units Reading History Enrollments Manage Assets Clinic Information

**Default Provider/Clinic**

**Provider/Clinic \***

[UI TRAINING] UI TRAINING - C9004P7000 (7000)

Select a clinic by typing Provider, Clinic, VTrckS PIN, or Clinic Code

**News**

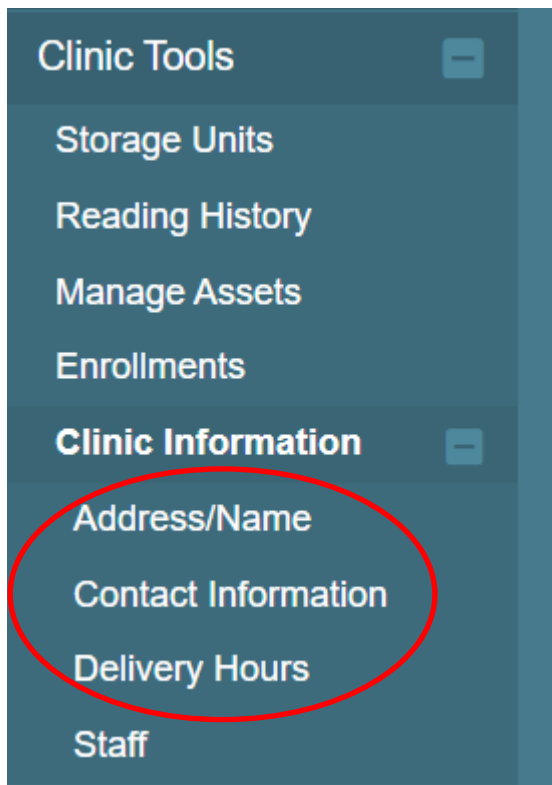
**Test Environment**

Posted on 01/31/2019 by ALEJANDRA ARIAS

CT WIZ Test Environment is available Monday to Friday up 8:00 am to 5:00 pm.

If you are associated to multiple clinics, check the Provider/Clinic search bar and blue banner at the top of the page to ensure you are in the correct clinic.

## Prior to Starting an Enrollment



Click **Clinic Tools-Clinic Information** to update:

Address/Name  
Contact Information  
Delivery Hours

To make clinic changes or updates view [How can I update my access, clinic information and user account in CT WiZ?](#)

For additional enrollment questions submit a [DPH helpdesk](#) and select Immunizations (CT WiZ) > Clinic Administration > Enroll/Re-enroll in CVP.

# Update Clinic Staff and Add Training

# Update Clinic Staff and Add Training

CT WIZ

UI TRAINING, UI TRAINING, 7000

PATIENT SEARCH

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CT WIZ

Connecticut

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Clinic Information

Address/Name

Contact Information

Delivery Hours

Staff

CONNECTICUT

Public Health

Default Provider/Clinic

Provider/Clinic \*

[UI TRAINING] UI TRAINING - C9004P7000 (7000)

Select a clinic by typing Provider, Clinic, VTrckS PIN, or Clinic Code

News

**Test Environment**

Posted on 01/31/2019 by ALEJANDRA ARIAS

CT WIZ Test Environment is available Monday to Friday up 8:00 am to 5:00 pm.

Modify News

Click on:

- Clinic Tools
- Clinic Information
- Staff

Connecticut Public Health

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# Update Clinic Staff and Add Training

Clinic Staff						
Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action	
DUCK, DAFFY	NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)	860-999-9999	NO	?	VIEW	▼
MOUSE, MINNIE	PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)	860-999-9999 EXT. 999	NO	?	VIEW	☐
MOUSE, MICKEY	NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)	860-999-9999	NO	?	REMOVE	VIEW ▼

Showing 1 to 3 of 3 entries

Previous 1 Next

To remove a staff member no longer at the clinic, click on:

- View
- Remove



# Update Clinic Staff and Add Training

CT WiZ

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Enrollments

Clinic Information

Address/Name

Contact Information

Delivery Hours

Staff

Reports

HL7 Management

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.

Clinic Staff

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
MOUSE, MINNIE	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)		NO	?	VIEW
USER101, TEST	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)		YES	?	VIEW
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		NO	?	VIEW

Showing 1 to 3 of 3 entries

Previous1Next

Change Request History

Name	Submitted On	Clinic	Status	Audit	Action
------	--------------	--------	--------	-------	--------

Add New Contact

Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

To add new staff to your clinic, click on **Add New Contact**.

# Update Clinic Staff and Add Training

CT WIZ WEBINAR TRAINING PEDIATRICS, WEBINAR TRAINING PEDIA... PATIENT SEARCH Support Notifications 1 KIMBERLY

## Clinic Staff Change Request

MM/DD/YYYY

Cancel Create

**Contact Type \*** Alternate Contact Type

**First Name \*** Middle Name **Last Name \***

Email NPI

Telephone Ext Fax Number

License Number Comments

Medicaid Provider ID Employer ID Number

Specialty Title

☐ Administers Immunizations  
☐ Prescribes Immunizations  
☐ Back Up Coordinator  
☐ Main Contact/Shipping Contact

Add Training

### Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Action
-------------	-----------	-----------------	--------------------	--------

All fields with a \* are required.

Once finished, click create to add the staff to your clinic.

All new staff must be approved by DPH. Once you have created your staff, DPH will review and either reject or approve.

You will receive a notification in the bell icon with this information.

All CVP and CVFA clinics must have one (1) primary vaccine coordinator and one (1) backup vaccine coordinator at all times.

# Update Clinic Staff and Add Training

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Clinic Information

Address/Name

Contact Information

Delivery Hours

Staff

Reports

Clinic Staff Change Request

Add New Contact

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

Clinic Staff

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
MOUSE, MINNIE	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)		NO	?	VIEW
USER101, TEST	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)		YES	?	VIEW
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		NO	?	VIEW

Showing 1 to 3 of 3 entries

Previous1Next

Change Request History

Edit Clinic

Address / Name

Contact Information

Delivery Hours


Staff

To add training to clinic staff, click on **View**.


Connecticut Public Health

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# Update Clinic Staff and Add Training

Clinic Staff Change Request 

Cancel Update

Effective Date / / 

Contact Type \*  
PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)

Alternate Contact Type

First Name \*  
MINNIE

Middle Name

Last Name \*  
MOUSE

Email  
MINNIE.MOUSE@GMAIL.COM

NPI

Telephone  
860-999-9999

Ext  
999

Fax Number  
999-999-9999

Assigned User  
MOUSE, MINNIE

License Number

Comments

Medicaid Provider ID

Employer ID Number

☒ Administers Immunizations  
☒ Prescribes Immunizations  
☐ Main Contact/Shipping Contact

Specialty

Title

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

**Training** should be completed **before starting** a CVP/CVFA enrollment.

View the [Enrollment Checklist](#) for the two required training modules.

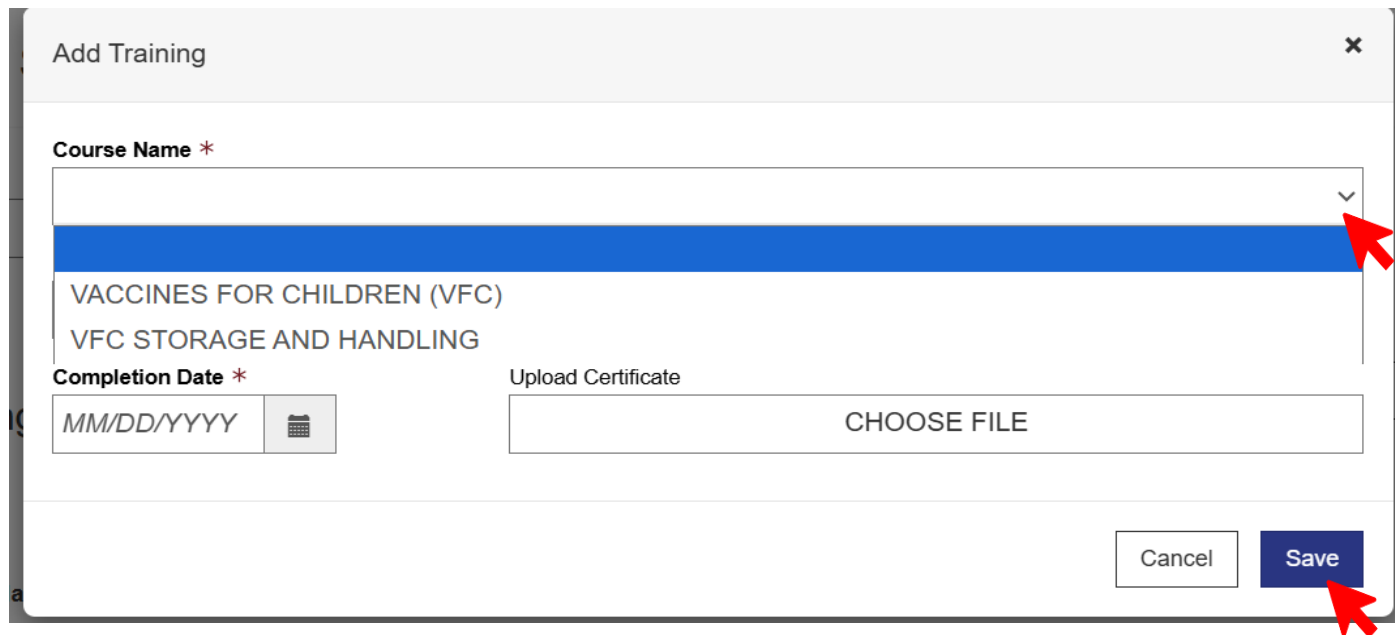
Training Section

Add Training 

Click **Add Training**.

Course Name	CE Number	Completion Date	Upload Certificate	Action
<input type="text" value="COURSE NAME"/>	<input type="text" value="CE NUMBER"/>	<input type="text" value="COMPLI"/>	<input type="text" value="UPLOAD CERTIFICATE"/>	<span>Clear All Filters</span>

## Update Clinic Staff and Add Training



The screenshot shows a web form titled "Add Training" with a close button (X) in the top right corner. The form contains the following fields:


- Course Name \***: A dropdown menu with a downward arrow on the right. A red arrow points to this dropdown. The menu is open, showing two options: "VACCINES FOR CHILDREN (VFC)" and "VFC STORAGE AND HANDLING".
- Completion Date \***: A date input field with a placeholder "MM/DD/YYYY" and a calendar icon.
- Upload Certificate**: A text input field with a placeholder "CHOOSE FILE".
- Buttons**: "Cancel" and "Save" buttons at the bottom right. A red arrow points to the "Save" button.

Both the Primary and Backup coordinator need to document the required training modules under as instructed per the enrollment

- Select the training course under **Course Name**.
- Add a **Completion Date**.
- Click **Save**.

# Start a CVP/CVFA Enrollment

# Start a CVP/CVFA Enrollment





- Home
- Patients
- Immunizations
- Education
- IZ Quick Add
- Inventory
- Clinic Tools
- Storage Units
- Reading History
- Manage Assets
- Enrollments**
- Clinic Information

## Vaccine Program Enrollments

**Add Enrollment**

**Filter Options**

**Date Range**

**Start Date \*** 09/23/2024  **End Date \*** 09/23/2025 



**Provider / Clinic \***

[WEBINAR TRAINING PEDIATRICS] WEBINAR TRAINING PEDIATRICS UI - C7000P7000 (7000)

Select a clinic by typing provider, clinic, vfc pin, or clinic code

**Status**  **Title**  ☐ Include Inactive Titles

**Program**  **Activity**

 Filter 

Click on:

- Clinic Tools
- Enrollments
- Add Enrollment

# Start a CVP/ CVFA Enrollment

Filter Options

Title

Program

Activity

Filter

Title (Click the Title link to view full description.)	Program	Activity	Action
<a href="#">2026 CVFA ENROLLMENT/RE ENROLLMENT</a>	VFC	ENROLLMENT RENEWAL	<div>SELECT TEMPLATE</div>
<a href="#">2026 CVP ENROLLMENT/RE ENROLLMENT</a>	VFC	ENROLLMENT RENEWAL	<div>SELECT TEMPLATE</div>

Showing 1 to 2 of 2 entries

Previous

1

Next

Click **Select Template** to start the Enrollment for **CVP (pediatric vaccine)** or **CVFA (adult vaccine)**

If you select the wrong template, submit a [DPH helpdesk](#) and select: Immunizations (CT WiZ) > Clinic Administration > Enroll/Re-enroll in CVP, to have the enrollment deleted.




# Start a CVP/CVFA Enrollment

Filter Options

Date Range


Start Date \*

09/23/2024



End Date \*

09/23/2025



Change the Date Range to view older enrollments.

Provider / Clinic \*

[WEBINAR TRAINING PEDIATRICS] WEBINAR TRAINING PEDIATRICS UI - C7000P7000 (7000)

Select a clinic by typing provider, clinic, vfc pin, or clinic code

Status



Title

☐ Include Inactive Titles

Program

Activity

Filter

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
09/22/2025		WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS UI	NOT SUBMITTED		2026 CVP ENROLLMENT/RE ENROLLMENT	VFC	ENROLLMENT RENEWAL		<div>VIEW</div>
09/19/2025		WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS UI	NOT SUBMITTED		2026 CVFA ENROLLMENT/RE ENROLLMENT	VFC	ENROLLMENT RENEWAL		<div>VIEW</div>

- Click **Filter** to view past or present enrollments.
- Click **View** to continue an enrollment.

# Complete a CVP/CVFA Enrollment

# Complete a CVP/CVFA Enrollment





## Vaccine Program Enrollment

[Cancel](#) [Print](#) [Save Progress](#) 

Status: NOT SUBMITTED

Begin the enrollment by reviewing the Enrollment Guide (if it is present for the enrollment), then fill-out all remaining sections saving progress frequently. When all sections are complete, press Submit Form to submit the enrollment.

Please note that all clinic and staff change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

 Enrollment Guide - Incomplete	
 Required Staff And Staff Training - Completed	
 Delivery Hours - Completed	
 Review Facility/Clinic Information - Incomplete	
 Provider/Clinic Population - Incomplete	
 Source of Data - Incomplete	

- All fields with a yellow triangle must be completed. Click on the **plus + symbol** to expand the field.
  - Click on **Save Progress** to get a green checkmark and complete the field.

# Complete a CVP/CVFA Enrollment

CT WIZ WEBINAR TRAINING PEDIATRICS, WEBINAR TRAINING PEDIA... PATIENT SEARCH Support Notifications KIMBERLY

## Vaccine Program Enrollment

Clinic: WEBINAR TRAINING PEDIATRICS HL7  
Template: 2026 CVP ENROLLMENT/RE ENROLLMENT  
Enrollment Expiration: 12 months  
Status: NOT SUBMITTED

Begin the enrollment by reviewing the Enrollment Guide (if it is present for the enrollment), then fill-out all remaining sections saving progress frequently. When all sections are complete, press Submit Form to submit the enrollment.

Please note that all clinic and staff change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

Enrollment Guide - Incomplete

Click the Enrollment Guide link below to view the instructions for completing this enrollment.

[Open Enrollment Guide](#)

Cancel Print Save Progress

The Enrollment Guide section will contain a link to a guide with all enrollment information. This link will open in a separate window.

You must click on this link to complete this section.

### Enrollment Guide

ViewFile 1 / 1 56%

#### CVP Re-Enrollment Checklist

Please use the following checklist to help you complete all the sections in the Provider Re-enrollment process. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed.

**Prior to completing the Re-enrollment:**

- ☐ Make sure the Primary Vaccine Coordinator, Back-up Vaccine Coordinator, and the Physician Signing the Agreement (or equivalent) have access to CT WIZ. If you need to request access, please visit the [CT WIZ login page](#) and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (Primary or Back-up), and Physician's Signing the Agreement (or equivalent) should choose Chief Medical Officer/Physician Signing Agreement. Please remember the CVP PIN should be included with all CT WIZ requests. For more information on user accounts, visit our [user account webpage](#).
- ☐ Confirm that the Primary and Back-up have completed the required trainings within the last 12 calendar months. The Primary and Back-up Vaccine Coordinator must complete [You Call the Shots: Vaccines for Children \(VFC\)](#) and [You Call the Shots: Vaccine Storage and Handling](#).
- ☐ Please keep your clinic information and staff up to date throughout the year, as make changes as they occur. During re-enrollment review and [update all clinic information](#) in CT WIZ using the Clinic Tools, Clinic Information screens. This includes your clinic's address, contact information, delivery hours, staff, and staff training. Just a reminder, there can only be one Primary Vaccine Coordinator, a Back-up Vaccine Coordinator, and a Physician Signing the Agreement.

# Complete a CVP/CVFA Enrollment

## ⚠ Required Staff And Staff Training - Incomplete

### Staff and Training requirements have not been met for this enrollment. Missing Requirements:

- Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6) has not completed You Call the Shots-Modue Ten-Storage and Handling training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6) has not completed Vaccines for Children (VFC) training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) has not completed You Call the Shots-Modue Ten-Storage and Handling training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) has not completed Vaccines for Children (VFC) training within the last 365 days.

### Information not correct?

If Training is missing, click the link below. On the Clinic Staff Change Request page, press the Edit button for a clinic staff member, then press 'Add Training' in the Training section at the bottom of the page. If a required staff member is missing, click the link below and submit a change request to add a new clinic staff member.

[Add Training Or Submit Change Request For Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

If the required staff and staff training is not marked as completed, ensure the two course names are listed for the Training Section for both the Primary and Backup vaccine coordinator under Clinic Staff.  
View slide 11 to add a missing training(s).

View the enrollment checklist for the required trainings the enrollment your clinic is attempting to complete. These can be found in the enrollment itself under the Enrollment Guide section.

# Complete a CVP/CVFA Enrollment

✔ Provider/Clinic Population - Completed

## Provider Population

Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

## Patient Data

Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	>= 19 Years	Total
CHIP <sup>[1]</sup>	0	8	0	7	15
VFC Eligible - American Indian/Alaska Native	88	5	0	5	98
VFC Eligible - Medicaid/Medicaid Managed Care	7	3	3	1	14
VFC Eligible - Underinsured At FQHC <> <sup>[2]</sup>	9	7	6	6	28
VFC Eligible - Uninsured <sup>[3]</sup>	4	3	1	0	8
Total	108	26	10	19	163

## POPULATION CATEGORY FOOTNOTES

[1] [7] Husky B

[4] [10] Patients with insurance but it does not cover the cost of immunizations

[5] [4] Patients with no insurance

Non-Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	>= 19 Years	Total
Not VFC Eligible <sup>[1]</sup>	0	0	8	0	8
Total	0	0	8	0	8

## POPULATION CATEGORY FOOTNOTES


[1] Patients with private insurance

	< 1 Year	1 - 6 Years	7 - 18 Years	>= 19 Years	Total
Grand Total	108	26	18	19	171

Provider/Clinic Population must have data in all boxes.

These estimates are used for vaccine planning. This is an approximate number of patients you may see in a calendar year.

# Complete a CVP/CVFA Enrollment

 Prescribing Staff Members - Incomplete

Please review the information below to make sure it's up to date.

Name	Title	License Number	Medicaid Number	NPI Number
USER21, TEST				
USER22, TEST				

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

*\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.*

☐ I confirm that the Prescribing Staff Member information is correct.

[Update clinic staff](#) to add or remove staff that prescribes immunizations.

If a name still appears under Prescribing Staff Members, submit a [DPH helpdesk](#) and select Immunizations (CT WiZ) > Clinic Administration > Update Clinic Information, with a list of names that should be removed.

# Complete a CVP/CVFA Enrollment

⚠ Primary Agreement - Incomplete

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

View Agreement

Required Signers

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				

Only the Physician Signing Agreement will have access to CT WiZ to click **Review and Accept** the primary agreement.

If the Physician Signing Agreement does not see this option, they should submit a [DPH helpdesk](#) and select Immunizations (CT WiZ) > CT WiZ Login (Username or Password Issues) > Update CT WiZ user account), for access to the PIN location as the physician signing. **The physician must log in under their username to sign off on this agreement. No other staff will be able to view this option.**

Vaccine Program Enrollment ? i

Cancel Print Save Progress

⚠ Primary Agreement - Incomplete

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

View Agreement

Required Signers

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				Review And Accept



# Submit a CVP/ CVFA Enrollment

# Submit a CVP/CVFA Enrollment

Vaccine Program Enrollment ? i

Cancel Print Save Progress

Submit Forms

✓ Vaccines Offered - Completed

✓ Provider/Clinic Population - Completed

✓ Source of Data - Completed

✓ Review Medical Director or Equivalent Information - Completed

✓ Review Vaccine Coordinators - Completed

✓ Prescribing Staff Members - Completed

✓ Primary Agreement - Completed

- All green checkmarks indicate you are ready to submit the CVP/CVFA Enrollment.
  - Select **Submit Forms** from the dropdown.

The Connecticut Vaccine Program will be notified the enrollment has been submitted for review.

# Submit a CVP/CVFA Enrollment

UI TRAINING, UI TRAINING, 7000 PATIENT SEARCH Support Notifications

Notifications

View All My Notifications

Dismiss All Non-Action Notifications

**Alert: Enrollment Approved**  
Clinic: UI TRAINING  
Created: 2 Minutes ago. Dismiss

Date	Type	Status	Provider	Clinic
09/22/25 - 11:33 AM	ENROLLMENT APPROVED ALERT	NONE	UI TRAINING	UI TRAINING
09/22/25 - 10:54 AM	ENROLLMENT REJECTION ALERT	NONE	UI TRAINING	UI TRAINING

Click **Notifications** to view alerts on approved or rejected enrollments.

If you receive an **Enrollment Rejection Alert**, please view the Comments section of the enrollment.

The Connecticut Vaccine Program provides **Jurisdiction Comments** with required corrections and updates to resubmit the enrollment for approval.

Comments


Clinic Comments

Jurisdiction Comments

Please fill out provider population entirely, put zeros in the field if you do not see any patients in that age group. Also please answer all questions in the comments section and resubmit the enrollment. Thank You CVP team.

# How to Get Help

## How to Get Help

- Click on the  located at the top of the webpage to read a description of the screen you are currently on in CT WiZ.
- Some CT WiZ webpages have a “[Learn More](#)” link. Click on this to see how to videos. These appear on a separate page so you can play the videos while navigating through CT WiZ.
- Visit the [CT WiZ training page here](#). CT WiZ training webpages have numerous trainings to help you.
- If you still need help, please submit a [DPH helpdesk ticket](#) and select Immunizations (CT WiZ) > and the applicable category and topic.