

Updating Clinic Information

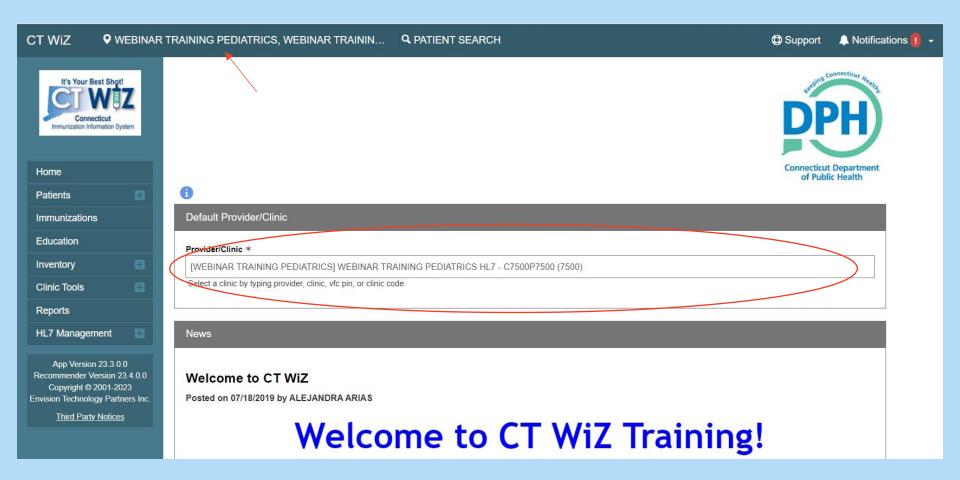






Home Screen- Begin Here





Before you begin, make sure you are in the correct clinic.

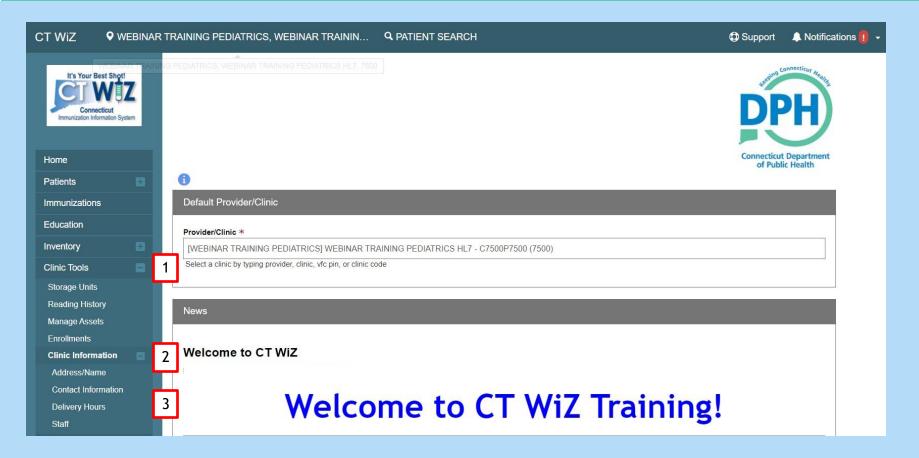
If you are associated to multiple clinics, type the PIN in the provider/clinic field.

Whichever clinic you are currently working in will be displayed in the top blue banner



Navigate to the Clinic Information Module





- Click on Clinic Tools
- Click on Clinic Information
- 3. Click on the type of information that needs to be changed





Updating your Clinic's Address and Name



Clinic Address/Name Change Request



When making Click Update Clinic Address / Name Change Request 1 Update a change, once Effective Date 1 make sure to Address / Name 09/20/2018 completed Contact Information An address, name, or email change request for this clinic has been approved. A change to the Effective Date or a include an Cancellation can be requested until the current change is completed Delvery Hours effective date WE LOVE KIDS PEDIATRICS SOUTH EMAL@DOMAIN.COM Clear Mailing Address Street Kame Street # AVE 470 CAPITOL Unit Number P.O. Box Out of State City Out of State County City 1 County 1 HARTFORD HARTFORD State * Zip Code * Consus Tract CONNECTICUT UNITED STATES 06134 Copy From Mailing Address Shipping Address Street # Street Name * 470 Unit Number History City* Out of State County Out of State City County* HARTFORD HARTFORD Census Tract State * Zip Code * CONNECTICUT UNITED STATES 06134 Change Request History EDIT

Action

09/20/2018

Submitted On

09/31/2018

Status.

Approved/Rejected Date

08/31/2018

All changes will be listed under the Change Request





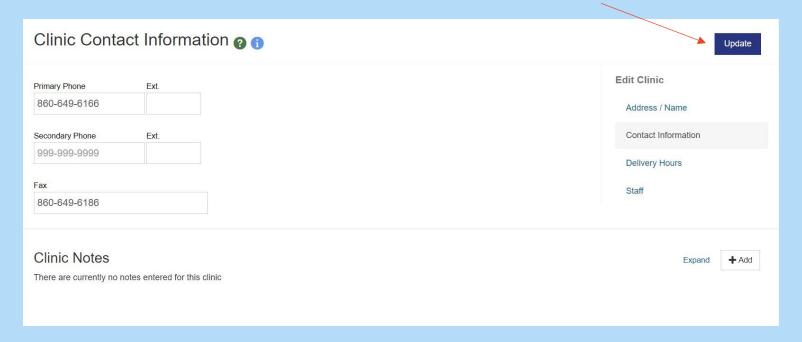
Updating Your Clinic's Contact Information



Clinic Contact Information



Click Update to save any changes



Update the primary/secondary phone number and fax number





Updating your Clinic's Delivery Hours



Delivery Hours



Clinic Delivery Hour	S @ (1)							Update
moriuay							Address / Name	There are currently no notes entered for this clinic
Delivery Time 1		То		Delivery Time 2	То		Address / Name Contact Information	
09:00	~		12:30	13:30		17:00	Delivery Hours	/
Tuesday							Staff	
Delivery Time 1				Delivery Time 2				/
09:00	~	То	12:30	13:30	То	17:00		/
Wednesday								
Delivery Time 1				Delivery Time 2				/
08:30	~	To	11:45	14:00	То	18:00	_ • -	
Thursday							Clid	ck Update to save
Delivery Time 1				Delivery Time 2				
09:00	~	To	12:30	13:30	То	17:00	any	/ changes
Friday								<u>-</u>
Delivery Time 1				Delivery Time 2				
09:00	~	То	12:30	13:30	То	17:00		
Saturday								
Delivery Time 1				Delivery Time 2				
CHOOSE	~	То	CHOOSE 🗸	CHOOSE 🗸	То	CHOOSE 🗸		
Sunday								
Delivery Time 1		То		Delivery Time 2				
CHOOSE	~		CHOOSE 🗸	CHOOSE 🗸	То	CH00SE 🗸		
Options								
Ship to mailing address instead of phy Special Instructions	rsical address?							

Update your delivery hours.

These hours will be submitted with all vaccine orders.

Please make sure to update these hours around vacations and holidays.



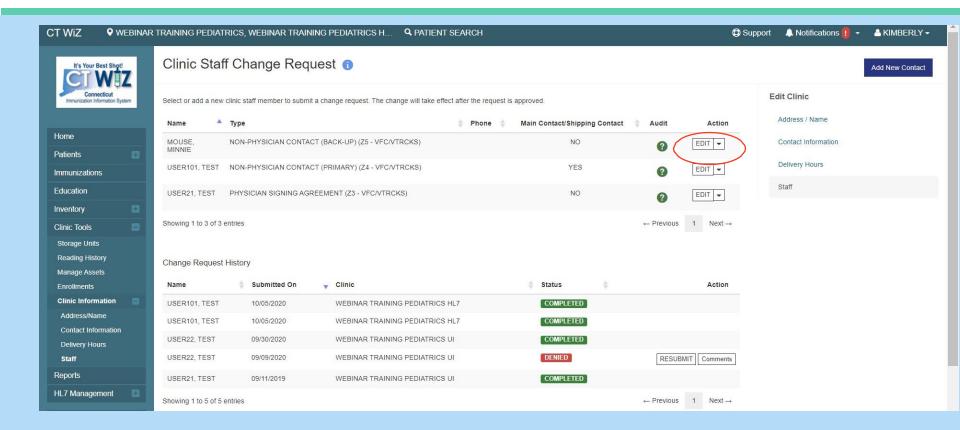


Updating your Clinic's Staff



Editing Existing Staff





Click **edit** next to the staff member you would like to change. This will bring you to the edit screen to make any necessary changes.



Editing Existing Staff



Clinic Staff Change Request (1)							
Effective Date 05/14/2025 Contact Type * NON-PHYSICIAN CONT/	Edit Clinic Address / Name Contact Information						
First Name *		Middle Name	Last Name *	Delivery Hours			
DAISY			DUCK	Staff			
Email DAISYDUCK@AOL.COM							
Telephone	Ext	Fax Number					
860-999-9999	99999	999-999-9999					
License Number		Comments					
Medicaid Provider ID		Employer ID Number					
Specialty	~	Title	✓ Main Contact/Shipping Contact				

Update any incorrect fields. All fields with a * are required.

If the contact will be administering vaccinations and/or prescribing vaccinations check the box indicating so.

If your clinic is using CT WiZ through the User Interface, these check boxes will populate your staff listing in the dropdowns when adding and administering vaccine to patient records.

If the contact will be the main contact/shipping contact, check the box indicating so. There can only be one main contact/shipping contact per location.



Adding Training to Clinic Staff



Clinic Staff Change Request 1				Cance
1234567	Comments			
Medicaid Provider ID	Employer ID Number		Administers Immunizations	
			✓ Prescribes Immunizations	
Specialty	Title	~	✓ Main Contact/Shipping Contact	
Training Section			Add Tra	ining
Course Name	E Number Date	npletion ↓ • Upload Certificate	Action	
COURSE NAME Q	CE NUMBER Q COM	DMPL Q UPLOAD CERTIFICA	ATE Q Clear All Filters	
VACCINES FOR CHILDREN (VFC)	05/14/	4/2025	⊗	
VFC STORAGE AND HANDLING	05/14/	4/2025	⊗	
Showing 1 to 2 of 2 entries				

You can add required training for the primary and backup vaccine coordinator:

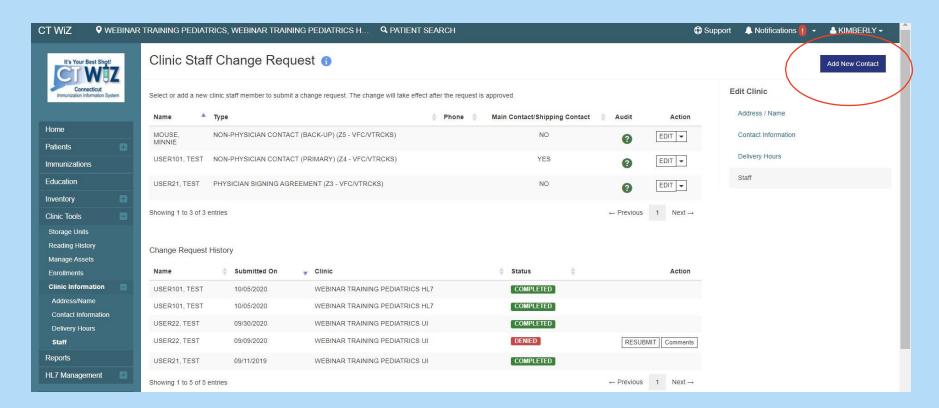
- Click Add Training and answer all required questions.
- A certificate and CE number is not required, only the date the training(s) were completed.

Click on **Update** to save any changes made. Once trainings have been added, you can use the filter options to search all current and past trainings.



Adding New Staff





All current staff is listed on the top half of the screen. Staff listed under the **Change Request History** are staff that have had changes made previously. These are not necessarily current and may be past changes.

To add new staff, click Add New Contact.



Adding New Staff



Clinic Staff Char	nge Request 🕦					Cancel Create	
Contact Type * CHOOSE First Name *		Widdle Name	Alternate Contact Type CHOOSE Last Name *		Edit Clinic Address / Name Contact Information	Click Create when finished	
E-mail EMAIL@DOMAIN.COM				NPI	Delivery Hours Staff		
Telephone 999-999-9999	99999	Fax Number 999-999-9999					
License Number		Comments					
Medicaid Provider ID		Employer ID Number					
Specialty CHOOSE	~	Title	~		If you are the		
Training Section Course Name CE Number		Completion Date	Upload Certificate	Add Training	coordinator, training will need to be added here as well		

Complete all fields with a *

Each clinic can have only one primary, backup, and physician signing the agreement contact type. Other contact types have no limit.



Removing Staff





To remove a staff member, click the down arrow next to edit and then remove.

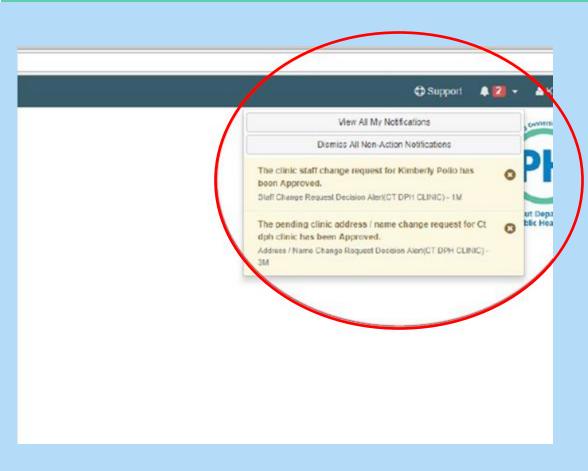


This message will appear, click **OK** to continue and return to the staff screen. The staff member will now be removed.



Bell Icon Notifications





Changes to the mailing address, shipping address, current or new staff will require approval.

Changes to the phone, fax or shipping hours will not require approval but the CVP team will be notified.

When your changes requiring approval have been approved/denied, a notification will appear in the bell icon. Click the down arrow to view all notifications.