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 on any search engine (e.g. Google, Bing) with the phrase "All About CT WiZ".

We suggest you bookmark both the webpage link and Healthcare Provider Login link in your internet browser.

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 not work as expected when using Internet Explorer or Edge.

Start Here

Connecticut's Immunization Information System

Login

Username

Password

Forgot Password?

Login

Trouble Logging in?

Request User Account

Click here to begin

By logging into CT WiZ, you agree to abide by the te[...]nt 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

Account Registration

Contact
Enter your contact information.

First Name *
ROSIE

Middle Name
THE

Last Name *
VFCCOORDINATOR

Phone Number *
888-888-8888

Email *
ROSIE@ROSEGARDENPEDS.COM

Fax
888-888-8887

Role
NURSE

VFC Pin
999999999

Access Requested *
DATA ENTRY/REPORTS/INVENTO

Requesting Registrant's NPI
9999999

Organization
Enter your organization information.

Organization Name *
ROSE GARDEN PEDIATRICS

Type *
PRIVATE PRACTICE

Address Line 1 *
25 HAPPY STREET

Address Line 2

City *
MIDDLETOWN

State *
CONNECTICUT

Zip *
06457

Provider Name
DR JONES

- 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.

Review & Accept the User Agreement

- Scroll further down the page to the Documents section.
- Click on Review to read the User Agreement.

Documents

Review and Accept all documents.

CT WiZ User Agreement   Review

Click here

CT WiZ User Agreement

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

CT WiZ User Agreement

The Connecticut Immunization Information System ("CT WiZ") is a confidential computer system that collects and selectively discloses information to authorized individuals about the identity, demographics and vaccination history of people in the State of Connecticut.

The information in CT WiZ must be treated in a manner that preserves the confidentiality and privacy of those people and promotes access to timely and accurate information.

By checking the 'Click to Accept' this Agreement box I indicate that I agree to the following:

1. I have received from my employer, read and will abide by the CT WiZ Confidentiality Agreement.
2. I will provide immunization data to CT WiZ in a timely and accurate manner.
3. I will not knowingly enter invalid or false data into CT WiZ or falsify any data obtained from CT WiZ.

I understand that, if I violate this CT WiZ User Agreement, my access to CT WiZ can be terminated; and I may be subject to criminal, civil or criminal and civil penalties under the law.
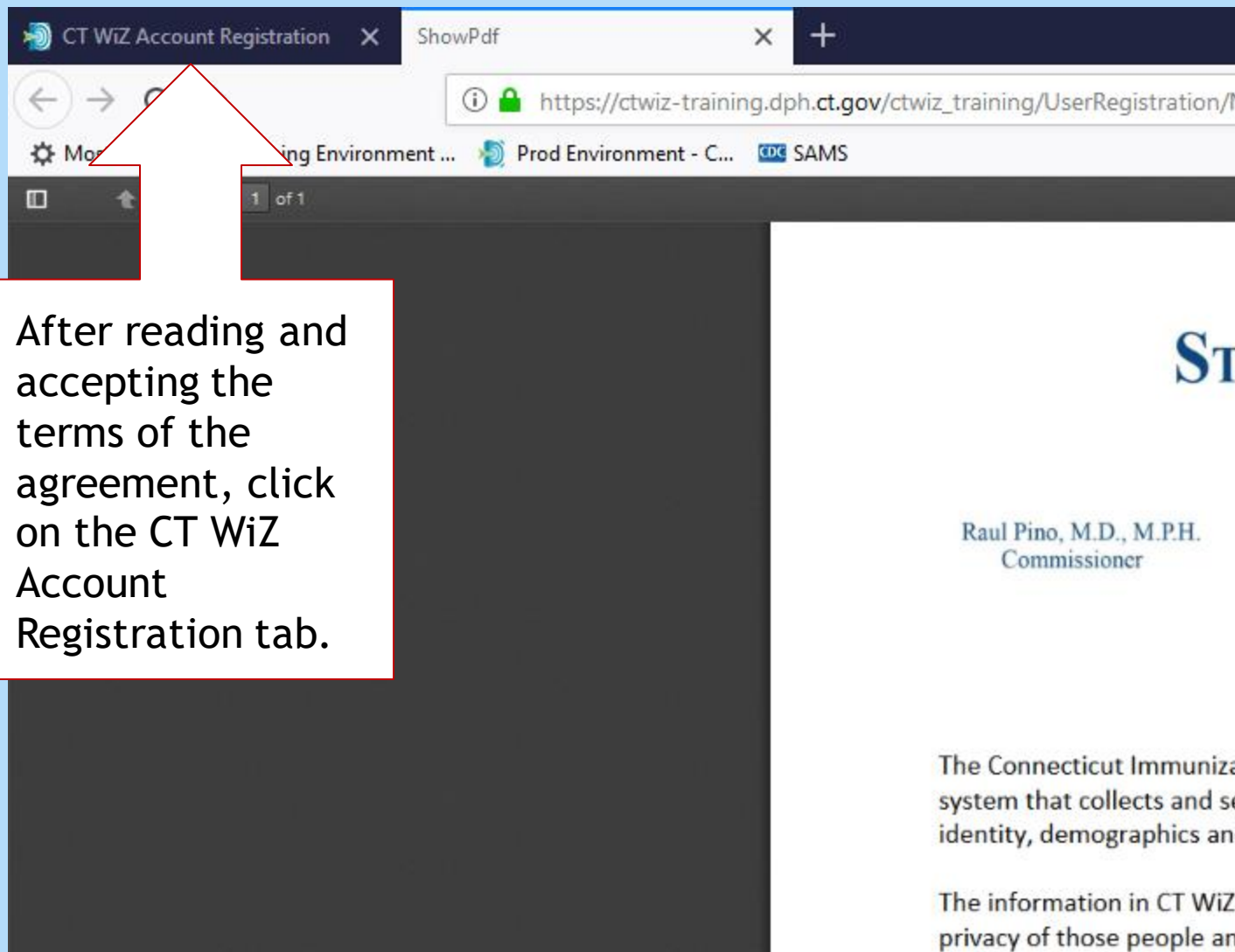
It's Your Best Shot!
CT WiZ
Connecticut
Immunization Information System

Phone: (860) 509-7929 • Fax: (860) 707-1925
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph/immunizations
Affirmative Action/Equal Opportunity Employer

Page 1 of 1

The user agreement will pop up in a new window.

Read the agreement carefully.

Click on the CT WiZ Confidentiality Agreement.

After reading and accepting the terms of the agreement, click on the CT WiZ Account Registration tab.
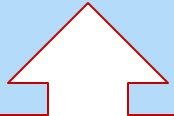
Click to Accept the User Agreement

Documents

Review and Accept all documents.

CT WiZ User Agreement   [PDF icon]   Click To Accept

Once you have opened the CT WiZ User Agreement Document, the 'Review' button will become the 'Click to Accept' button.

Click here to accept

Prove that You Are Not a Bot

Scroll further down the page to the Validation section

Documents

Review and Accept all documents.

CT WiZ User Agreement   📄   ✔ Accepted

Validation

Complete all tasks to prove you are a human.

1

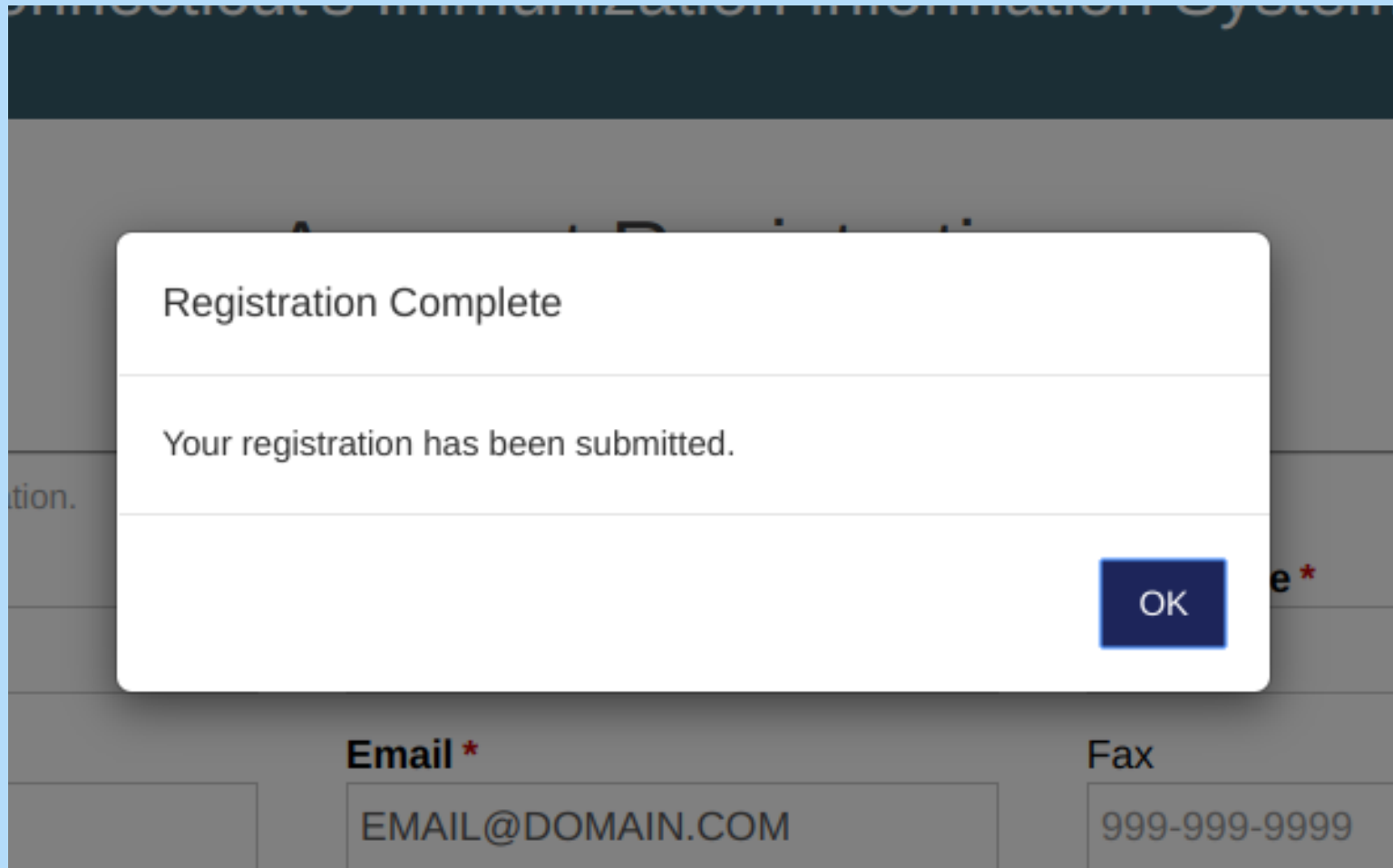Move slider until you see a green check ✖

Cancel   Submit Registration

2

1. Move the slider until the check turns green.
2. Click on the Submit Registration button.

Registration Submitted

Click on 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

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.