Onboarding Registration Form

Complete this form to register your desire to onboard for data exchange with the Rhode Island immunization information system (IIS), RICAIR/KIDSNET. If your organization’s electronic health record (EHR) or health IT system is already connected to the IIS, you can use this form to indicate a change to your existing interface. This registration is an initial step in the onboarding process to establish a new interface connection or to test modification(s) to an existing interface connection between an EHR/health IT system and the IIS. Submit completed forms to [RIDOH.RICAIROnboarding@health.ri.gov](mailto:RIDOH.RICAIROnboarding@health.ri.gov).

Once you submit this information, you will receive an email confirmation. Be sure you have completed the additional activities outlined in the [Readiness Checklist](https://health.ri.gov/forms/registration/RICAIR-KIDSNET-Readiness-Checklist.docx) to prepare for onboarding with the IIS. If you have any questions, please contact the IIS team at [RIDOH.RICAIROnboarding@health.ri.gov](mailto:RIDOH.RICAIROnboarding@health.ri.gov). Thank you for your interest in data exchange with RICAIR/KIDSNET.

# Organizational onboarding contact

Provide contact information for the person responsible for oversight and coordination of the organization’s onboarding efforts. This person will be the main point of contact for the IIS during the onboarding process.

|  |  |
| --- | --- |
| Name |  |
| Title/role |  |
| Email address |  |
| Phone number |  |

# Organization information

Provide information about your organization and any associated facilities.

|  |  |
| --- | --- |
| Organization name |  |
| Organization address (street, city, state, ZIP) |  |
| Type of organization | *Select the most applicable option:*   * Commercial vaccination service provider * College / University Health Center * Corrections/detention health services * Health center –Federally Qualified Health Center * Health center – migrant or refugee * Health center – occupational/employee health * Health center – STD/HIV clinic * Home health care provider * Hospital * Indian Health Service (IHS) * Tribal Health * Mass Community Immunizer * Medical practice – family medicine * Medical practice – pediatrics * Medical practice – internal medicine * Medical practice – OB/GYN * Medical practice – other specialty * Occupational/employee health * Pharmacy – chain * Pharmacy – independent * Public health provider – Federally Qualified Health Center * Long-term care – nursing home, skilled nursing facility, federally certified * Long-term care – nursing home, skilled nursing facility, non-federally certified * Long-term care – assisted living * Long-term care – intellectual or developmental disability * School Health Center – School Nurse Teacher * Urgent care * VNA * Other |
| If other: Indicate type. |  |
| Is this organization currently enrolled in the IIS? | *Select one*   * Yes * No * Unknown |
| If yes: Indicate organizational IIS identifier, if known. |  |
| Total number of facilities (distinct physical locations/sites) associated with the organization |  |
| Are there any mergers or acquisitions planned that would change the number of facilities associated with the organization? | *Select one*   * Yes * No |
| If yes: Indicate plans and timeline. |  |
| Does your organization administer immunizations? | *Select one*   * Yes * No |
| If yes: Does your organization administer publicly purchased vaccine (e.g., Vaccines for Children (VFC) vaccine)? | *Select one*   * Yes * No * Unknown |

# Registration information

Provide information about the reason for the registration and technical onboarding needs.

|  |  |
| --- | --- |
| Reason for registration | *Select one*   * Establish a new interface * Change to an existing interface |
| If change to an existing interface: Indicate change(s). | *Select all that apply*   * Change in transport * Change in message format * Transition to a different EHR/health IT system * Addition/removal of facility/facilities * Add query to a submission-only interface * Other (describe) |
| Indicate desired transport. SOAP Web Services is preferred. | *Select one*   * SOAP Web Services, CDC WSDL * HTTPs POST |
| If other than SOAP Web Services, CDC WSDL, indicate reason. |  |
| Indicate desired message format. HL7 2.5.1 is the standard | *Select one*   * HL7 2.5.1 |
| If other than HL7 2.5.1, indicate reason. |  |
| Indicate desired interface type. Submission with query is preferred/recommended. | *Select one*   * Submission with query: Allows for the reporting of data from EHR/health IT system to IIS and for clinicians to access patient immunization information from the IIS while working within the EHR/health IT system. * Submission only: Allows for reporting of data from EHR/health IT system to IIS. * Query only: Allows for clinicians to access patient immunization information from the IIS while working within the EHR/health IT system. Currently not prioritized. |
| Provide additional comments as needed regarding registration. |  |

# Electronic health record/health IT system information

Provide information about your organization’s EHR/health IT system(s) used in data exchange with the IIS. Note: If more than one interface connection is needed between the provider organization and the IIS, each will be treated as a distinct onboarding project.

|  |  |
| --- | --- |
| EHR/health IT system vendor/developer |  |
| Are all facilities/sites within the organization using the same EHR/health IT system? | *Select one*   * Yes * No * Unknown |
| If no or unknown: Are additional interface connections needed with other EHRs and/or health IT systems? | *Select one*   * Yes * No * Unknown |
| Provide additional comments as needed regarding EHR/health IT system(s). |  |