CT WiZ COVID-19 Vaccine Provider Enrollment Training Guide

State of Connecticut



October 2020 Version 1.0



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Introduction

Welcome to the CT WiZ COVID-19 Vaccine Provider Enrollment Training Guide, a detailed and userfriendly document for the clinics.

All providers must enroll in CT WiZ. This is an electronic form and signature.

This guide is for the CT WiZ Immunization Information System. It focuses on how to complete your COVID-19 Vaccine Provider Enrollment into the Connecticut Vaccine Program (CVP). Additional training materials can be found on the Connecticut Immunization Program website at:

https://portal.ct.gov/DPH/Immunizations/COVID-19-Vaccine-Providers

Request a User ID

Before you get started with the enrollment, you want to make sure you have a few things completed.

Make sure the primary/backup coordinator, Chief Medical Officer (or equivalent), and the Chief Executive Officer (or Chief Fiduciary) have access to CT WiZ. If you already have access, you do not need to request access again.

NOTE: If you already have a CT WiZ username but do not see the Clinic Tools module in the left menu, send a <u>helpdesk ticket</u> to have your permissions updated. Please indicate this is for the Provider Profile enrollment.

1. If you need to request access, you may do so on our website by clicking on the Request User Account link. You must have a unique email address to request a user account.



- 2. Fill in all fields with a red asterisk.
 - a. Your Access Requested depends on your role in the clinic.
 - Coordinators should choose Primary or Backup Coordinators from the drop down.



- Chief Medical Directors should choose 'Chief Medical Officer/Physician Signing Agreement'.
- Chief Executive Officers should choose 'Chief Executive or Fiduciary Officer Signing Agreement'.
- b. If you belong to multiple PINs, do not register multiple times. Complete the registration form and enter the PINs (separated by a comma) in the "Organization Name" field. We can associate multiple PINs to your user account.
- c. Review the CT WiZ User Agreement. You must open this document, review it, close it and click accept in order to complete this section.

← → C ■ ctwiz-training.dph.ct.gov/ Ⅲ Apps ♥ CT WIZ ♥ CT WIZ-test ♥ CT	(ttwiz, training/UserRegistration/NewRegistration I WZ-train 📲 Public Portal 🔮 CT WZ-Blue Moon M Gmail 😐 YouTube	🛃 Maps 🕘 New Tab			☆ 0
	Conne	ecticut's Immuniz	Ter Bet Byr Constitut Ernstforder System zation Information	on System	
	Contact	Account	Registration		
	Enter your contact information				
	First Name "	Middle Name		Last Name *	
	Phone Mumbers	E-mail to		East.	
	Phone Number * 999-999-9999	EMAIL@DOMAIN.	COM	P8X 999-999-9999	
	Role	VFC Pin		Access Requested *	
		•		101 - 101	
	Requesting Registrant's NPI				
	Organization				
	Enter your organization information.				
	Organization Name*		Type '		
	Address Line 1 *		Address Line 2		
	City -	State *		Zip*	
	Provider Name				
	Documents				
	Documents				
	reevew and Accept all documents.			Designer	
	CT WiZ User Agreement			Review	

3. Move the slider until you see a green check and click on "Submit Registration".

Validation	
Complete all tasks to prove you are a human.	
	Move slider until you see a green check 🗸
	Cancel Submit Registration

Once your request has been approved, you will be sent 2 e-mails. One e-mail contains your username, and the second email contains your temporary password.

NOTE: You may need to check your spam or junk folder in your email if you do not receive them.

- 4. Login to CT WiZ once you receive the emails.
- 5. Once signed in, reset your password, and set up your security questions.

In the future, if you forget your password, you can use your security questions to reset your password by using the "Forgot Password" link. You can also click on "Forgot Username" link if you cannot remember your username. Connecticut CT WiZ Training Guide



Review the checklist

Refer to the checklist, also available on our webpage, for steps to take before you enroll.

COVID-19 Vaccine Provider Enrollment Checklist

Please use the following checklist to help you complete all the sections in the COVID-19 Enrollment. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed. This checklist is just to help you. It does not need to be completed only viewed in the enrollment.

Prior to completing the Enrollment

- Make sure the Primary/Backup Coordinator, Chief Medical Officer (or Equivalent) and the Chief Executive Officer (or Chief Fiduciary) have access to CT Wi2. If you need to request access, please visit https://ctwiz.dph.ct.gov/ctwiz/Login.aspx and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (primary or backup), and physician's signing the agreement (or equivalent) should choose "Chief Medical Officer/Physician Signing Agreement".
- Confirm that the Primary and Backup coordinators have completed the CDC module <u>You Call the Shots-</u> <u>Module Ten-Storage and Handling</u>.
- To avoid having to do so during the enrollment, update all clinic information and assets in CT WiZ using the Clinic Tools screen. This includes your clinic's assets, address, contact information, delivery hours, staff, and staff training. For Chief Medical Officer, please select the option of "Physician Signing the Agreement" as the contact type.
- You will need the following information for the enrollment so have it handy:
 - Approximate number of children 18 years and younger at your location _____
 - Approximate number of adults 19-64 years of age at your location _____

 - o Approximate number of unique patients seen per week on average _
 - Approximate number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season _____
 - o How many full-time equivalent providers at your clinic can administer immunizations _
 - What is the maximum number of immunizations your clinic can administer in a single day
 - How many days per week does your clinic offer immunizations_____

When Completing the Enrollment

- After the enrollment is completed, remember that the Chief Medical Officer and Chief Executive Officer (or equivalent) must log in to CT WiZ to electronically sign the agreement. The Primary Coordinator cannot sign the document.
- If a question is not applicable to your clinic, please write UNK, NA or enter a 0. All questions must have a value in the field to submit the enrollment.
- Click 'Save Progress' in the upper right-hand corner after completing each section to save your work.
- All providers must enroll with the COVID-19 Vaccine Enrollment directly in CT WiZ to receive COVID-19 vaccines.

Getting Started

Before you begin, make sure you are in the correct Provider and Clinic. In the Provider and Clinic dropdowns in CT WiZ, you can see all the providers and clinic's your username is associated with. An enrollment must be processed for each clinic.

	t, CVP TRAINING REGION 3, 1001 Q PATIENT SEARCH	🕀 Support 🔺 🔹 🛔 TEST 🗸
It's Your Best Short Connection Innucation Homedon Bystem		PPH
Home		Connecticut Department of Public Health
Patients 🚦	0	
Immunizations	Default Provider/Clinic	
Education	Provider *	
Reports	TIM TAYLOR 🗸	
Version 20.6.2006.0 Copyright © 2001-2020 Envision Technology Partners Inc.	CIP TRAINING REGION 3	
Third Party Notices	News	
	[07/18/2019] - Welcome to CT WiZ	
	Welcome to CT WiZ Training!	
	Note that this application requires the use of Adobe Reader to viewiprint some of the files and reports that are available. Click have to download a free copy of Adobe Reader.	

Adding Assets

On the left-hand navigation, click on Clinic Tools- Manage Assets. Here you will add your refrigerator and freezer as well as the thermometers in each unit.

1. Click on the down arrow on the blue 'Add Asset' button in the right-hand corner and select 'Add Storage Unit'.



- 2. Fill in all fields with an *, as well as others if you choose.
- 3. Click 'Create'. Once you click Create you will notice that your Status defaults to Pending. DPH will review and approve refrigerator and freezer assets.



Edit Storage Unit @ 1				Cancel Update
				Storage Unit
	Reminder: Do not store vaccine in this storage unit until approved.			Edit Storage Unit
Name *		Status *		Temperature Readings
SCIENTIFIC PRO		PENDING	~	Lee Temperature
Date of Purchase	Storage Type *	Manufacturer *		Log temperature
MM/DD/YYYY 🗰	REFRIGERATOR ~	SCENETIFIC PRO		
Make *	Model *	Serial Number/ID		
ZFG454	ELITE	SHQ165465-121		
Assigned Thermometer	Storage Grade *			
~	PHARMA Y			
Comments				
COMMENTS				
			li	

- 4. Click 'Cancel' to return to the asset home screen.
- 5. Click the 'Add Asset' button and select 'Add Thermometer'.
- 6. Fill in all fields with an * as before.
 - a. CTM refers to Continuous Temperature Monitoring, or in other words, would qualify as a data logger thermometer.
 - b. Manual thermometers would be thermometers that do not record temperatures and require to be manually checked.

NOTE: Manual thermometers are not allowed by the Immunization program for use in storing state supplied vaccines.

- 7. For Assigned Storage Unit, select the storage unit previously created. By doing this, you are specifying that this thermometer is measuring the temperature in this specific unit.
- 8. When all information has been entered, click 'Create'. For thermometers assigned to a storage unit, the status will automatically display as Active.
- 9. Click 'Cancel' to go back to the Manage Asset home screen.
- 10. Continue these steps for all your units that store state supplied vaccines. Remember to always assign your unit to the correct thermometer. CT WiZ will only display units that do not currently have an assigned thermometer in the drop down.

Once you have finished, on the Manage Asset home screen you should see Pending for all storage units and Active for all Thermometers.

Manage Assets 👔				Add Asset 👻
Showing 1 to 4 of 4 entries Name	▲ Туре		🔶 Audit	Action
BERLINGER (SCIENTIFIC PRO)	THERMOMETER	ACTIVE	0	VIEW
BERLINGER COLD (FREEZER PROS)	THERMOMETER	ACTIVE	0	VIEW
FREEZER PROS (BERLINGER COLD)	STORAGE UNIT	PENDING	•	VIEW
SCIENTIFIC PRO (BERLINGER)	STORAGE UNIT	PENDING	0	VIEW
Showing 1 to 4 of 4 entries				← Previous 1 Next →

Review Clinic Information

Your clinic information may be outdated so review the information and make updates as needed. When you make changes to a clinic's information such as the clinic's name, address or staff contact, a notification is submitted to the CVP team to review and either approve or reject the change. Keep this in mind before you begin the enrollment. The change must be approved first to reflect on your enrollment.

In CT WiZ, click on Clinic Tools in the left navigation menu then Clinic Information. These four screens show your clinic's name and address, phone and fax numbers, shipping information and the staff in your clinic.

CT WIZ 9 TIM TAY	LOR, CVP TRAINING REGION 3, 1001 Q PATIENT SEARCH	🖨 Support 🌲 🗕 🕹 TEST 🗸
It's Your Best Shart Connecticat Innunization Information Spalan		PPH
Home		Connecticut Department of Public Health
Patients 🖸	0	
Immunizations	Default Provider/Clinic	
Education	Provider*	
Inventory 🗈	TIM TAYLOR	
Clinic Tools	Clinic *	
Storage Units	CVP TRAINING REGION 3	
Reading History		
Manage Assets Enroliments	News	
Clinic Information	[07/18/2019] - Welcome to CT WIZ	
Address/Name	Welcome to CT Wi7 Training	
Contact Information	welcome to cr wiz fraining:	
Delivery Hours Start		
Reports		
HL7 Management	Note that this application requires the use of Adobe Reader to view/print some of the files and reports that are available.	
Version 20.6.2006.0 Copyright © 2001-2020 Envision Technology Partners Inc.	Manage Records	
Third Farty Notice		

Update Clinic Address/Name

On the Address/Name screen, you can make changes to the clinic's name, email address, mailing and shipping address. Please enter the effective date the change is taking place. The shipping address is what is used to ship your vaccines to. Click 'Create' when finished.

Clinic Address / Name Change Req	uest 👩 🕦						Create
Effective Date *						Edi	lit Clinic
09/18/2020 III						А	Address / Name
Submit a request to update the clinic address, name or email address.	When the request is approved o	r denied it will	I show up in th	ne history b	elow.		Contact Information
Clinic Name *	E-mail						
CVP TRAINING REGION 3	EMAIL@DOMAIN.C	MO				C	Delivery Hours
Mailing Address					Clear	s	Staff
Street # * Prefix Street Name *		Туре		Suffix			
222 V PARK ROAD			~		~		
Unit Number P.O. Box							
City * Out of State City	County *		Out of State	County			
NORWICH ~	NEW LONDON	~					
State * Country	Zip Code *		Census Tract	t .			
CONNECTICUT V UNITED STATES V	06360	ረ 🖸			~		
Make Shipping Address same as Mailing Address?							
Change Request History EDIT							
Submitted On Status Appro	ved/Rejected Date		Eff	ective Date	•	Action	
				_	_		

Changes made on this screen require CVP approval. You will receive a notification in your bell icon when the change is approved or rejected. You cannot make additional changes on this screen while the change is waiting to be approved.

🤀 Support 🔺 🚺 👻 🔺 TE	ST -
View All My Notifications	
Dismiss All Non-Action Notifications	
The pending clinic address / name change request for Cvp 😦 🕇	
Address / Name Change Request Decision Alert(CVP TRAINING REGION 3) - 1M	
of Public Health	



Update Clinic Contact Information

Here you can update your clinic's phone and fax numbers. Click on 'Update' when finished. These changes do not require CVP approval, however the CVP still receives notification.

Clinic Contact Information 💡 👔						
Primary Phone	Ext.					
888-888-8888						
Secondary Phone	Ext.					
000-000-0000						
Fax 999-999-9999						

Update Delivery Hours

These are the hours you are allowing COVID-19 vaccines to be delivered to you. As you use CT WiZ, please remember to update this section around holidays, vacations, and any other times your office may be closed. You cannot put dates or date ranges so remember to update these when your office will be closed. These changes also do not require CVP approval.

Clinic Delivery H	Hours	? 🚹								Update
Monday										
Delivery Time 1					Delivery Time 2					Address / Name
07:00	\sim	То	12:00	\sim	12:15	\sim	То	18:00	\sim	Contact Information
Tuesday										Delivery Hours
Delivery Time 1					Delivery Time 2					
07:00	\sim	То	12:00	\checkmark	12:15	\checkmark	То	18:00	\sim	
Wednesday										
Delivery Time 1					Delivery Time 2					
07:00	\sim	То	12:00	\sim	12:15	\sim	То	18:00	\sim	
Thursday										
Delivery Time 1					Delivery Time 2					
07:00	\sim	То	12:00	\sim	12:15	\sim	То	18:00	\sim	
Friday										
Delivery Time 1					Delivery Time 2					
07:00	\sim	То	12:00	\sim	12:15	\sim	То	18:00	\sim	
Saturday										
Delivery Time 1					Delivery Time 2					
CHOOSE	\sim	То	CHOOSE	\sim	CHOOSE	\sim	То	CHOOSE	\sim	
Sunday										
Delivery Time 1					Delivery Time 2					I
CHOOSE	\sim	То	CHOOSE	\sim	CHOOSE	\sim	То	CHOOSE	\sim	I
Options										
Ship to mailing address inste Special Instructions	ad of physical	address?								



Update Clinic Staff and Training

Review the list of clinic staff shown. It is important that you have a Primary Vaccine Coordinator, a Back-up Vaccine Coordinator, and a Physician Signing Agreement (this would be what you would list your Chief Medical Officer) and Chief Executive Officer listed in your contacts. A 'Clinic Staff Roles' document is available on the website for your reference.

Clinic Staff Change Request ()								
Select or add a new clinic s Showing 1 to 3 of 3 entries Name A ONEILL, BILL	taff member to submit a change request. The Type NON-PHYSICIAN CONTACT (PRIMARY) (change will take effect after the request is approved.	Phone 999-999-9999	Audit Action EDIT	Edit Clinic Address / Name Contact Information Delivery Hours			
TAYLOR, TIM USER21, TEST Showing 1 to 3 of 3 entries Change Request Histo	NON-PHYSICIAN CONTACT (BACK-UP) (PHYSICIAN SIGNING AGREEMENT (Z3 -	25 - VEC/VTRCKS) VFC/VTRCKS)	999-999-9999	EDIT EDIT Previous 1 Next	Staff			
Submitted On 09/11/2019 09/11/2019 Showing 1 to 2 of 2 entries	Name TAYLOR, TIM ONEILL, BILL	Clínic CVP TRAINING REGION 3 CVP TRAINING REGION 3	Status COMPLETED COMPLETED	Action Previous 1 Next				

If you do not have all four contact types listed and do not document them now, you will have to leave the enrollment screens later to complete this information. Missing information will prevent you from submitting the enrollment.

NOTE: Changes made on this screen require CVP approval. The CVP team receives a notification when there is a change. The team reviews the change(s) and approve or reject the change(s) with a comment. When you receive a notification in the bell icon that your change has been approved, you may continue with the enrollment process. If you do not wait for the approval of these changes, the changes will not reflect on your enrollment.

Add new staff: (Do not overwrite existing staff with new staff):

- 1. Click on the 'Add New Contact' button.
- 2. Select the correct contact type from the dropdown. If they have an alternate role, choose this from the 'Alternate Contact Type' dropdown.
- 3. Complete the remaining fields. Be sure to include the license number, NPI, specialty and title.
- 4. When finished, click on 'Create'.
- 5. You must have all prescribers added in this section i.e., MD, DO, NP, PA, RPh. Please make sure their titles and license numbers are included.

NOTE: When adding your Chief Medical Officer (or equivalent) please make sure to give them the contact type of "Physician Signing the Agreement." They cannot sign off on the enrollment unless this is done.



0								Contra Containa
Contact Type *			Alternate Contact Type				Edit Clinic	
NON-PHYSICIAN CONTACT	(Z1 - VFC/VTRCKS)	~	CHOOSE			\sim	Address / Name	
First Name *		Middle Name		Last Name *			Contact Information	
HARRY				POTTER				
E-mail					NPI		Delivery Hours	
EMAIL@DOMAIN.COM							Staff	
Telephone	Ext.	Fax Number						
860-555-1234	99999	999-999-9999						
License Number		Comments						
Medicaid Provider ID		Employer ID Number						
Specialty		Title						
CHOOSE	~	CHOOSE	~					
Training Section								
Course Name	CE Number	Completion Date	Upload Certificate		Add Training			

Remove staff:

- 1. For the staff that is no longer there, click on the 'EDIT' dropdown next to the staff's name.
- 2. Click on 'REMOVE'.

Clinic Staff Cl	hange Request 🚯				Add New Contact
Select or add a new clinic s	staff member to submit a change request. Th	e change will take effect after the request is approved.			Edit Clinic
Showing 1 to 3 of 3 entries					Address / Name
Name	Туре		() Phone ()	Audit	Contact Information
ONEILL, BILL	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	999-999-9999	EDIT -	Delivery Hours
TAYLOR, TIM	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	999-999-9999	EDIT -	Staff
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3	- VFC/VTRCKS)		REMOVE EDIT	
Showing 1 to 3 of 3 entries				← Previous 1 Next →	
Change Request Hist	ory				
Submitted On	Vame	Clinic	Status	Action	
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	PENDING	VIEW	
09/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED		
09/11/2019	ONEILL, BILL	CVP TRAINING REGION 3	COMPLETED		
Showing 1 to 3 of 3 entries				← Previous 1 Next →	

3. A pop-up message appears to confirm or cancel the removal of the staff member.

Remove Staff Member	×
You have requested to remove TIM TAYLOR from the clinic staff. Select OK if this is correct and you wish to submit the change request for approval. Select Cancel to return to the Clinic Staff Change Request page.	
OK Cance	el

4. Click OK to continue. Click Cancel if the change request should not happen.

The staff's name appears in the Change Request History section with 'Pending' next to it. You also do not have an 'EDIT' option next to the staff's name in the section above. Only 1 change can be made to a staff member at a time. CVP will review the request and either approve it or reject it.



Clinic Staff C	Change Request 🕦				Add New Contact
Select or add a new clini	ic staff member to submit a change request. Th	e change will take effect after the request is approved.			Edit Clinic
Showing 1 to 3 of 3 entri	es				Address / Name
Name	🔺 Туре		¢ Phone ¢	Audit Action	Contact Information
ONEILL, BILL	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	999-999-9999	C EDIT -	Delivery Hours
TAYLOR, TIM	NON-PHYSICIAN CONTACT (BACK-UP)	(Z5 - VFC/VTRCKS)	999-999-9999	0	Staff
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3	- VFC/VTRCKS)		C EDIT -	
Showing 1 to 3 of 3 entri Change Request His	story			← Previous 1 Next →	
Submitted On	 Name 	Clinic	Status	Action	
09/18/2020	TAYLOR, TIM	CVP TRAINING REGION 3	PENDING	VIEW	
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	PENDING	VIEW	
09/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED		
09/11/2019	ONEILL, BILL	CVP TRAINING REGION 3	COMPLETED		
Showing 1 to 4 of 4 entri	es			← Previous 1 Next →	

When the request(s) is approved or rejected, you will see a notification(s) in the bell icon.



In the Change Request History section, you should also see all requests with either a Completed or Rejected status. Pending indicates the CVP team has not approved nor rejected the request yet.

Change Request History				
Submitted On	Vame	¢ Clinic	Status	Action
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	COMPLETED	
09/18/2020	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
09/18/2020	POTTER, HARRY	CVP TRAINING REGION 3	COMPLETED	
09/11/2019	TAYLOR, TIM	CVP TRAINING REGION 3	COMPLETED	
09/11/2019	ONEILL, BILL	CVP TRAINING REGION 3	COMPLETED	
Showing 1 to 5 of 5 entries				\leftarrow Previous 1 Next \rightarrow

Update an existing staff member's information:

- 1. Click on 'EDIT' next to the staff's name.
- 2. Add information to a blank field or type the new information over the existing information in the specific field. For example, a staff member's last name changed due to marriage or divorce.
- 3. Type a note in the 'Comments' field to let the CVP know of any other changes.
- 4. Click 'Update'.

Clinic Staff Change Request 🚯							Cancel Update
Contact Type *	~	Alternate Contact Type			~	Edit Clinic	
CHOOSE CHOOSE NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS) PHYSICIAN SIGNING ARREWENT (Z3 - VFC/VTRCKS) NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)			Last Name * POTTER	IPI		Address / Name Contact Information Delivery Hours	
NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/NTRCKS) PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/NTRCKS) PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/NTRCKS) HOSPITAL CONTACT (Z8 - VFC/NTRCKS) MAILING CONTACT (Z9 - VFC/NTRCKS)						Staff	
License Number	Comments HE IS NOW THE BACK-UP						
Medicaid Provider ID	Employer ID Number						
Specially	Title						
CHOOSE Y	CHOOSE	*					
Training Section							
Course Name CE Number	Completion Date	Upload Certificate		Add Training			
Course wante CE Number	Completion Date	oproad Certificate					



Add Training for Clinic Staff

For the Primary and Back-up Vaccine Coordinators, training must be documented to complete the enrollment. As shown on the checklist, the training is watching <u>You Call the Shots-Module Ten-Storage and Handling</u>.

NOTE: You must enter the training otherwise you will receive an error message when you are completing the enrollment.

- 1. Click on 'EDIT' next to the appropriate clinic staff.
- 2. Click on 'Add Training' at the bottom.
- 3. Select a course name; 'You Call the Shots-Module Ten-Storage and Handling'.
- 4. Enter the date the training was completed. If you have the certificate saved for the module, you can upload it here, but it is not required.
- 5. Click on 'Save' when finished.
- 6. When finished with all the updates on this screen, click on 'Update' then 'Cancel'.
- 7. Repeat the steps above to document training for additional staff.

Clinic Staff Change Reg	uest n								Cancol
ennie etan onange nog									Gancer Update
Contact Type *			Alternate Contact Type					Edit Clinic	
NON-PHYSICIAN CONTACT (PRIMARY	Y) (Z4 - VFC/VTRCKS)		✓ CHOOSE				~	Address / Name	
First Name *		Middle Name			Last Name *			Contact Information	
BILL					ONEILL			D. F. et Hann	
E-mail						NPI		Delivery Hours	
EMAIL@DOMAIN.COM								Staff	
Telephone	Ext.	Fax Number							
999-999-9999	99999	999-999-9999							
License Number		Comments							
Medicaid Provider ID		Employer ID Number							
Specialty		Title							
CHOOSE	~	CHOOSE		~					
Training Section									
Course Name	CE	Number Cor	npletion Date	Upload Cer	rtificate		Add Training		
VACCINES FOR CHILDREN (VFC)	495	j02 09/*	8/2020				8		
VEC STORAGE AND HANDLING	495	02 09/	8/2020				R		
							~		



Complete the Enrollment

After all your clinic updates and training has been documented, you can begin the enrollment.

- 1. Click on 'Clinic Tools' in the left navigation menu.
- 2. Click on 'Enrollments'. This screen lists all your enrollments, past and present. You can also see when the enrollment was submitted and the status of either accepted or rejected with the date.
- 3. Click on 'Add Enrollment'.
 - a. If you see a row with this year's enrollment(s) and a 'Not Submitted' status, click on 'View' to the right of the 'Not Submitted' one. You can continue working on this one.
- 4. Select 'COVID-19 Vaccine Program Enrollment' in the dropdown.

Choose Enrollment Template 🚯	
Enrollment Templates * CDC COVID-19 VACCINATION PROGRAM	~

When in the enrollment, there are 3 modules and sections/questions within each module that must be completed. Each section with a yellow exclamation point indicates the section has not been completed yet. A green checkmark indicates the section is complete.

Cancel Print Save Progress -	
-	
Close Section	
+	
+	
+	
+	
+	
+	
	and the Co
	DD
	DP
	Cancel Print Rane Progress -

- 5. Click on the '+' sign on the right side of each section to open it and complete the information.
- 6. Start at the top and click on 'Checklist'.

CDC COVID-19 VACCINATION PROGRAM @ 1	Cancel	Print	Save Progress	-
Begin the enrollment process by viewing the Checklist and completing each section within Preparation. Next, complete the Required Forms, Additional Questions and submit your enrollment. 1. Preparation				
Click the link below to view the checklist of steps and data required to complete this enrollment. Click the link below to view the checklist of steps and data required to complete this enrollment. Click the link below to view the checklist of steps and data required to complete this enrollment.				-
			Close Section	1
Required Staff And Staff Training				+
Delivery Hours				+

- 7. Click on the blue link for the Enrollment checklist.
 - a. The checklist opens in a separate window showing everything that needs to be done prior to enrolling, as well as things to help you fill out the enrollment.
 - b. The PDF includes links to the CDC training modules, as well as the insurance breakdown table.
 - c. Once you have reviewed this PDF you can minimize or print it.
 - a. If you are all set reviewing the information, simply close the checklist then click on Close Section'.

Notice that the yellow exclamation point changed to a green checkmark.

Checklist Click the link below to view the checklist of steps and data required to complete this enrollment. covid.pdf

NOTE: Click on 'Save Progress' in the top right corner to save your work as you go.

- 1. You can also print your enrollment. The printout shows all the information that has been entered thus far, as well as any PDF documents included in the enrollment.
- 2. Click on 'Required Staff and Staff Training'.
 - a. If all the necessary training was documented on the 'Clinic Staff' screen for the primary and back-up vaccine coordinators you should see a green checkmark.



Preparation	
Checklist	+
Required Staff And Staff Training	-
equirements for this section have been met.	
Ν	Close Section

b. If the training was not documented, the missing requirements for each staff member will be listed in this section. The error message specifically lists the staff contact type who is missing the training.

A Required Staff And Staff Training
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 Keys to Storing & Handling Your Vaccine Supply training within the last 365 days.
Information not correct?
You can update this information in your clinic profile. Manage Clinic Staff

- c. You can document the missing training by clicking on 'Manage Clinic Staff'. This link brings you out of the 'Enrollment' screen and to the 'Manage Clinic Staff Change Request' screen where you can document the required training.
- 3. There is already a green checkmark in 'Delivery Hours'. Since you have your delivery hours loaded in CT WiZ and reviewed them prior to completing the enrollment, no further action is required.

1. Preparation	
Checklist	+
Required Staff And Staff Training	+
Delivery Hours	+

- 4. Click on 'Save Progress' to save the work you have completed thus far.
- 5. In the 'Required Forms' section, click on 'Provider/Clinic Profile'.
- 6. Click on 'Review Facility/Clinic Information'. This shows the provider name, the clinic name, the delivery address, phone number, email, and clinic type.
 - a. Verify the information is correct. If you made changes before starting the enrollment, ensure the changes you made show here. Remember, any changes to the clinic name, address or staff must be approved first by the CVP team for it to reflect on the enrollment.
 - b. **If you need to make changes**, click on the blue 'Edit Clinic Info' link. Again, this link brings you out of the Enrollment screen and to the Manage Address Name Change Request screen where you can make changes.
 - c. **If the information is correct**, check the box confirming all information is correct. You should see a green check mark for this section.

Click on 'Source of Data'. Select how you determined your population totals (you will have to provide the enter these totals later in the enrollment). Select all that apply. You should see a green check
 Connecticut CT WiZ Training Guide

mark when done. This completes the Provider/Clinic Profile section.

2. Required Forms	
Provider / Clinic Profile	-
Review Facility/Clinic Information	+
Source of Data	+
	Close Section

In the 'Provider /Clinic Agreement' section, you are confirming the clinic information, the medical director, vaccine coordinators, and prescribing staff members are entered correctly in CT WiZ.

- 1. Click on 'Review Facility/Clinic Information'.
 - a. Confirm the information is correct.
 - b. **If any changes need to be made**, click on the blue 'Edit Clinic Info' link. Remember, this brings you out of the enrollment screen and to the appropriate screen.
- 2. **If the information is correct**, click on the "I confirm" checkbox in each section. Green check marks should appear for each section you complete.

Review Facility/Clinic Information		-
Please review the information below to make su	e it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.	
Facility/Clinic Name CVP TRAINING REGION 3	VFC Pin 1001	
Facility/Clinic Address 222 NW PARK RD NE UNIT 167 PO BOX 567 NORWICH, CT 06360	Shipping Address 222 WIY PARK RD NE UNIT 167 PO BOX 567 NORWICH, CT 08360	
Phone 999-999-9999	Fax	
Information not correct? Click here to update your clinic profile informatio	n. Edit Clinic Info	
I confirm that the Facility/Clinic Information	is correct.	Close Section

- 3. Click on 'Review Medical Director or Equivalent Information'.
 - a. This staff member is the one who must sign the Enrollment.
 - b. Confirm the information is correct.
 - c. **If any changes need to be made**, click on the blue 'Manage Clinic Staff' link. Remember, this brings you out of the enrollment and to the appropriate screen.
 - d. **If the information is correct**, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

Review Medical Director or Equivalent Information		-
Please review the information below to make sure it's up to date. If	the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.	
Name TEST USER21	Title	
Email TEST.USER21@YAHOO.COM	Specialty	
License Number	Medicaid Number	
NPI Number	Employee Identification Number	
Information not correct? You can update this information in your clinic profile. Manage Clinic	c Staff	
I confirm that the Medial Director or Equivalent Information is	correct	Close Section
		Connecticu
		DPH
Connecticut CT WiZ Training C	Guide 19	Connecticut Depart of Public Healt

- 4. Click on 'Review Vaccine Coordinators'.
 - a. Review the information.
 - b. The Primary and Back-up Coordinators names only display when their training has been documented on the Clinic Staff screen.
 - c. **If any changes need to be made**, click on the blue 'Manage Clinic Staff' link. Remember, this brings you out of the enrollment screen and to the appropriate screen.
 - d. When the Coordinators information is listed and training documented correctly, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.

Review Vaccine Coordinators					
Please review the information below to make su	ire it's up to date. If th	e information presented is	not up to date, use t	the link at the bottom of the page	e to edit your Clinic Staff information.
Primary Coordinator					
Name BILL ONEILL	Telephone		Email		
Training					
Course Name		Date Completed	CE Number	Upload Certificate	
Vaccines for Children (VFC)		09/18/2020	49502		
VFC Storage and Handling		09/18/2020	49502		
Keys to Storing & Handling Your Vaccine Supp	ly	10/01/2020			
Backup Coordinator					
Name HARRY POTTER	Telephone 860-555-1234		Email		
Training					
Course Name		Date Completed	CE Number	Upload Certificate	
Keys to Storing & Handling Your Vaccine Supp	ly	09/30/2020			
Vaccines for Children (VFC)		10/05/2020			
VFC Storage and Handling		10/05/2020			
Information not correct?					
You can update this information in your clinic pr	ofile. Edit Clinic Staff				
I confirm that the Vaccine Coordinators in	ormation is correct.				



- 5. Click on 'Prescribing Staff Members'.
 - a. Confirm the information is correct.
 - b. If the information listed is correct, click on the "I confirm" checkbox. Green check marks should appear for each section you complete.
 - c. To add new prescribers, click on the blue Edit Clinic Staff link.

Prescribing Staff Members		
Please review the information below to make sure it's up to date.	If the information presented is not up	to date, use the link at the bottom of the page to edit your Clinic Staff info
Name	Title	License Number
TAYLOR, TIM	DOCTOR OF NURSING	PRACTICE
USER21, TEST		
USER22, TEST		
Information not correct?		
You can update this information in your clinic profile. Edit Clinic S	taff	
I confirm that the Prescribing Staff Member information is confirmed and the statement of the statement o	prrect.	

The next section is the 'Primary Agreement'. Only users with the physician signing the agreement access can electronically sign the agreement. The following message appears if you do not have the proper access: "You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements".

The Primary Agreement attachment is NOT a fillable PDF. This document does not need to be filled out and sent to us.



	cination Program
Provider Agreemer	
lease complete Sections A and B o	of this form as follows:
he Centers for Disease Control and Pr he CDC COVID-19 Vaccination Program or chief fiduciary)—collectively, Respo rovider Requirements and Legal Agree section B) must be completed for eacl	evention (DCC) greatly appreciates your organization's (Organization) participation no vour Organization's chief medical office (or equivalent) and chief executive offic insibile Officers-must complete and sign the CDC COVID-19 Vaccination Program emert (Saction A). CC COVID-19 Vaccination Program Provider Profile Information h vaccination Location covered under the Organization listed in Section A.
ection A. COVID-19 Vacci	nation Program Provider Requirements and Legal
greement	
Organization's legal name:	
Number of affiliated vaccination lo	ocations covered by this agreement:
Organization telephone number:	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):
Organization telephone number: Organization address:	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):
Organization telephone number: Organization address:	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):
Organization telephone number: Organization address: RESPONSIBLE OFFICERS	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):
Organization telephone number: Organization address: RESPONSIBLE OFFICERS For the purposes of this agreement For the romoliance with t	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): t, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must
Organization telephone number: Organization address: RESPONSIBLE OFFICERS For the purposes of this agreemen accountable for compliance with t provide their signature after review	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): it, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must wing the agreement requirements.
Organization telephone number: Organization address: RESPONSIBLEOFFICERS For the purposes of this agreemen accountable for compliance with t provide their signature after revie fold Mediad Office (or Equivalent) Infi	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): it, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must wing the agreement requirements.
Organization telephone number: Organization address: RESPONSIBLE OFFICERS For the purposes of this agreemen accountable for compliance with t provide their signature after revier Chief Medical Officer (or Equivalent) Info Last name	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): tt, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must wing the agreement requirements. srmation First name Middle initial
Organization telephone number: Organization address: RESPONSIBLE OFFICERS For the purposes of this agreemen accountable for compliance with t provide their signature after revier Chief Medical Officer (or Equivalent) Info Last name Title	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): t, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must wing the agreement requirements. vmation First name Middle initial Licensure (state and number)
Organization telephone number: Organization address: RESPONSIBLE OF FICERS For the purposes of this agreemen accountable for compliance with t provide their signature after revier Chief Medical Officer (or Equivalent) Info Last name Title Telephone number:	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): It, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must wing the agreement requirements. arrmation First name Licensure (state and number) Email:
Organization telephone number: Organization address: RESPONSIBLE OFFICERS For the purposes of this agreemen accountable for compliance with th provide their signature after revie Chief Medical Officer (or Equivalent) Info Last name Title	Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program): it, in addition to Organization, Responsible Officers named below will also be the conditions specified in this agreement. The individuals listed below must wing the agreement requirements. vmation First name Middle initial Licensure (state and number) Email:
Organization telephone number: Organization address: RESPONSIBLE OFFICERS For the purposes of this agreemen accountable for compliance with th provide their signature after reviee Chief Medical Officer (or Equivalent) Info Last name Title Telephone number: Address:	Email (must be monitored and will serve as dedicated contoct method for the COVID-19 Vaccination Program): it, in addition to Organization, Responsible Officers named below will also be he conditions specified in this agreement. The individuals listed below must wing the agreement requirements. armation First name Middle initial Licensure (state and number) Email:

- 6. In the Comments section, enter any other comments you would like the CVP to see.
- 7. Click on 'Save Progress' to save your work.
- 8. Answer all questions listed under Additional Questions. All fields must have a value, either NA, UNK or 0 if the question does not apply to your specific clinic. Remember the Chief Executive Officer must electronically sign the appropriate question.
- 9. Once questions have been answered, click on 'Save Progress.'



Additio	anal Questions
🔺 Ad	ditional Questions
Q. Di	d you complete the COVID-19 Vaccine Program Provider Information Packet? * YES NO
Q. Es	timated number of 10-dose mulidose vials your location is able to store refrigerated (2C to 8C) *
Q. W	ill another Organization location order COVID-19 vaccine for this site? *
Q. Is	the organization address of location where COVID-19 vaccine will be admisntered? *
Q. CO	OVID-19 Vaccination Provider type for this location (select one) *
	Commercial vaccination service provider
	Corrections/detention health services
	Health Center-community (non-Federally Qualified Health Center/non-rural health clinic)
	Health Center-migrant or refugee
	Health Center-occupational

At this time, the Medical Director/Chief Medical Officer (physician signing agreement) must complete the enrollment by logging into CT WiZ.

Sign the Agreement

When the Medical Director/Chief Medical Officer is ready to sign the enrollment, all the sections should show complete except for the Agreement.

- 1. Log into CT WiZ with your username and password.
- 2. Click on 'Clinic Tools' in the left navigation menu.
- 3. Click on 'Enrollments".
- 4. Click on 'View' for the COVID-19 Enrollment. The status should be 'Not Submitted'.

Last Modified Date	 Submitted Date 	Provider	Clinic		Accept/Reject Date	Title	4 Audit	Action
10/01/20		TIM TAYLOR	CVP TRAINING REGION 3	NOT SUBMITTED		CDC COVID-19 VACCINATION PROGRAM	0	View 💌
09/30/20	09/30/20	TIM TAYLOR	CVP TRAINING REGION 3	APPROVED	09/30/20	CDC COVID-19 VACCINATION PROGRAM	0	Print
09/26/19	09/26/19	TIM TAYLOR	CVP TRAINING REGION 3	REJECTED	09/26/19	2020 PROVIDER PROFILE	0	View 💌
Showing 1 to 3 of 3 entries							← Prev	rious 1 Next→

- 5. Click on the 'Provider/Clinic Agreement' section.
- 6. Click on 'Primary Agreement'.
- 7. Click on 'Agreement'.

A Primary Agreement	-
Click the button below to view the Primary Agreement required to complete this enrollment. Agreement	
	Close Section



The provider agreement appears in a separate window.

8. Review the agreement.

Please print or save a copy for your records. You do **not** need to send us a copy of the agreement.

- 9. Click on the checkbox, which provides your electronic signature to accept all things stated in the agreement.
- 10. Click on 'Click to Accept'.

Primary Agreement							
ViewFile	1	/ 8		¢	Ŧ	ē	^
				_	-	_	ч.
				_			н.
CDC COVID-19 Vac	cination Pr	ogram	, in the second s	Ú	CDC	3	
Provider Agreeme	nt					1	
Please complete Sections A and B	of this form as follo	ws:					
The Centers for Disease Control and P the CDC COVID-19 Vaccination Progra (or chief fiduciary)—collectively, Resp Provider Requirements and Legal Agre (Section B) must be completed for eac	revention (CDC) great m. Your Organization' onsible Officers—mus ement (Section A). CL th vaccination Locatio	IV appreciates your 's chief medical offi st complete and sig DC COVID-19 Vaccin n covered under th	r organization's (C icer (or equivalent in the CDC COVID- nation Program Pr ne Organization lis	organization t) <u>and</u> chief 19 Vaccinat rovider Profi ted in Section) participa executive lion Progra le Informa on A.	ation in officer am ation	
Section A. COVID-19 Vacc Agreement	ination Progra	m Provider R	equirement	s and Le	gal		
Organization's legal name:							
Number of affiliated vaccination l	ocations covered by	this agreement:					
Organization telephone number:	Email (must l COVID-19 Vac	be monitored and wil cination Program):	ll serve as dedicated	l contact met	hod for th	e	
Organization address:							
RESPONSIBLE OFFICERS							
For the purposes of this agreemen	nt, in addition to Org	ganization, Respo	nsible Officers n	amed belo	w will als	so be	
provide their signature after revie	wing the agreemen	t requirements.	ment. The mulvi	addis nateu	SCIOWIN	4	
Chief Medical Officer (or Equivalent) Inf	ormation		Lan La .				
Last name	First name		Middle i	nitial		(+)	
litie	Licensure (s	tate and number))			\sim	
Telephone number:		Email:					
Address:							
Chief Executive Officer (or Chief Fiducia	rv) Information						*
You agree that by selecting the "Click"	To Accept" button, ye	ou are signing this	Agreement elect	ronically. Ye	ou agree	your electro	onic
signature is the legal equivalent of you	ur mutual signature o	n this Agreement.		Cance		lick To Ac	cept
				Callo			oopi -

11. Click on 'Save Progress' at the top to save your work. All sections should have green checkmarks.



Click the button	below to view the Primar	ry Agreement required	to complete this enroll	ment.	
Agreement					

12. When you are ready to submit the enrollment, click on the 'Save Progress' dropdown, and click on 'Submit Forms'. If you do not have all the sections complete, CT WiZ will not allow you to click on this option.

🗘 Support 🛛 🜲 🔁 👻 📥 TEST 👻
Cancel Print Save Progress
Submit Forms
+
+
+

13. Click 'OK' to complete the enrollment.

Submit Enforment		_
Are you sure you would like to submit this enrollment? You will not be able to edit the enrollment once it is submitted.		
Please select OK to continue or Cancel to return to the Enrollment page		
These select on to continue of cancer to retain to the Enrollment page.		_
	ОКС	ancel
		_

After you submit the enrollment, the CVP team is notified and reviews the submitted agreement.

can print your enrollment or go back to the original enrollment screen to see your status.

Filter Options								
October 7, 20	019 - October 7, 2020	*						
Provider WEBINAR TRAININ	NG PEDIATRICS V	Clinic	HL7 V ALL	v Title	, LL	~		₹ Filter -
howing 1 to 3 of 3 entries	▼ Submitted Date	Provider	♦ Clinic	♦ Status	Accept/Reject Date	🖕 Title	Audit	Action
10/07/20		WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS HL7	NOT SUBMITTED]	COVP ENROLLMENT	0	View -
10/05/20	10/05/20	WEBINAR TRAINING PEDIATRICS	WEBINAR TRAINING PEDIATRICS HL7	APPROVED	10/05/20	COVP ENROLLMENT	0	Print
			WEBINAR TRAINING PEDIATRICS HI 7	PENDING REVIEW	3	2020 PROVIDER PROFILE	0	16
10/09/19	10/09/19	WEBINAR TRAINING PEDIATRICS					•	view +

When your enrollment has been reviewed and either approved or rejected, you will receive a notification via email or in the bell icon of the status.

If your enrollment was approved, the status on the Enrollment screen shows Approved and the 'Accept Date' is listed in the next column.

If you see a Rejected status, you can click on 'View' to see the comments made by the CVP team in the 'Jurisdiction Comments' field. You can make changes to the enrollment and resubmit it when ready. You do not need to have the Medical Director sign the agreement again.



Help with CT WiZ

If you have questions about the process, there are many ways to find information and receive help.

1. In CT WiZ, there is an i icon located next to the screen name. Click on the i for a detailed explanation of the page you are on.

		😨 CT WiZ - Google Chrome – 🗆 🗙
It's Your Best Shot	2020 PROVIDER PROFILE @ ()	twiz-training.dph.ct.gov/ctwiz_training/WebCode/ViewHelp.aspx?Page=~%2IPM%2IVaccineProgramEnrollments%
Connecticut Immunization Information System	Begin the enrollment process by viewing the Checklist and completing each s	Help Text
	1. Preparation	Vaccine Program Enrollments
Home	A Checklist	This page allows a user to view a list of enrollments that have previously been submitted and allows a user to create a new enrollment or renew an existing enrollment.
Immunizations	Required Staff And Staff Training	Main Page
Inventory 🗖		Buttons and Navigation
Clinic Tools	O Delivery Hours	Add Enrollment. Click this button to add a new enrollment. Select the appropriate enrollment from the list. Fitter. After selecting filter options, click this button to filter the enrollments based on the criteria selected. Down Arrow (Next to Filter). Click the down arrow to select Clear. This will clear any fields that have filter criteria in
Storage Units	Contract of the second s	them.
Reading History	2. Required Forms	 Addit (Green duestion wark). Click the green question mark icon to view the Created by date and user and the "Last Updated By" date and user.
Manage Assets	A Provider / Clinic Profile	View. Click this button to view and edit an existing enrollment. Down Arrow (Mext to View). Click the down arrow to called Brint. This will enable the user to print the called at
Enrollments	Provider / clinic Prome	enrollment.
Clinic Information	A Provider / Clinic Agreement	 Previous / Next. Click these buttons to navigate through the pages of enrollments. These are only active if there are multiple pages of enrollments.
Reports		Fields and Icons
HL 7 Management Venion 16.20190006 Copyright 202102019 Invision Technology Partners Inc.	Comments	Filter Options. Filter options are provided at the top of the page. Options include: Poster. The data selection is defauld of the last 12 months. This can be changed by clicking the arrow next to the date and entering a date range or selecting a date range from the calendars or list. Provider. This fit servesments the list of contributions when the associated as defined by the provider entering a date range or when the list of chinas available in the clinic list. Clinic. This list prevents the list of clinics to which the user is associated as defined by the provider elected a Status. Option to filter the list of the enrollment, approved, rejected, or pending review. Title. The name of the enrollment catagory. The grid includes the following columns: a Last Modified Date a Submitted Date Provider a Clinic Situats clinic Title The many of the column clinic The many clinic clinic The method clinic clinic The clinic The clinic clinic clinic The clinic clinic clinic The The clinic clinic The The clinic clinic The Clinic Clinic The Clinic clinic Clinic Clinic clinic Clinic Clinic Clinic Clinic

2. On our website, we have a specific COVID-19 Vaccine Providers webpage where you can find training documents to guide you in the completion of your Provider Profile and Provider Agreement. Once you have this webpage up, we highly recommend you bookmark it to quickly find it again.

Immunization Homepage	COVID-19 Vaccine Providers
Immunization Laws and Regulations	This page contains information for COVID-19 Vaccine Providers, such as communications previously sent out by the Immunization Program and links to partner websites. We will continue to add
Vaccine Preventable Disease	information to this site as it becomes available. Invitation to practicing healthcare providers to pre-register to participate in CT's COVID-19
About CT WIZ	vaccination campaign 🐉 9/14/2020
EHR Data Exchange-HL7	CVF Fronder Interest in Administering COVID-19 Vaccine 3/9/2020 Guidance for Planning Vaccination Clinics Held at Satellite Temporary or Off-Site
Connecticut Vaccine Program- CVP	Locations (CDC)
For CVP Providers	COVID-19 and Flu Resources (AAP)
For Healthcare Providers	Vaccination and COVID-19 (IAC)
Immunization Action Plan - IAP	Repository of Resources for Maintaining Immunization during COVID-19 Pandemic (IAC)
	Vaccine Education Center at CHOP Q & A about COVID-19 Vaccines (CHOP)
For Parents	CT WiZ COVID-19 Vaccine Program (CoVP) Enrollment Training Resources
For Pregnant Women	Enrollment Checklist
International Travel	Enrollment FAQs
Preventing Seasonal Influenza	Enrollment Training Manual
COVID-19 Vaccine Providers	<u>CT WiZ User Account Roles</u>
Contact Us	
Search Department of Public Health	



3. After you have exhausted all these help topics and still cannot find your answer, simply submit a helpdesk ticket. During this busy enrollment time, this is the quickest way to contact us. We will review the ticket and respond to you in a timely manner.



