

VacTrAK New Provider Application

Section 1: Provider Usage Agreement

This form is to be completed by the organization's designated administrator for VacTrAK.

The Alaska Division of Public Health (DPH) has established VacTrAK to provide a confidential, computerized system to maintain consolidated immunization records for Alaskans of all ages. Access to VacTrAK is permitted under the terms and conditions prescribed by DPH for the sole purpose of providing information and documentation required to provide immunization services. DPH reserves the right to revoke a user's access privileges at any time.

Please read the following statements. If you agree to abide by these terms, complete the following information. Return the signed agreement to VacTrAK Support.

On behalf of my health care organization, I accept and agree to the following:

1. I will handle information or documents obtained through VacTrAK in a confidential manner.
2. I will restrict the use of VacTrAK to accessing information and generating documentation only as necessary to properly conduct the administration and management of immunization-related duties.
3. I understand that all VacTrAK transactions are logged and are subject to audit for quality assurance purposes.
4. I will not furnish information or documentation obtained through VacTrAK to unauthorized individuals for personal use, nor to any individuals not directly involved with the health care provision as they relate to immunizations. I understand that I may share this information with the patient or the patient's parent or guardian.
5. I will not falsify any document or data entered into or obtained through VacTrAK.
6. I will not attempt to copy in any unauthorized fashion all or part of the VacTrAK database or the software used to access the VacTrAK database.
7. I will safeguard information relating to VacTrAK access privileges and password and will not permit their use by any other person.
8. I will report any perceived threat to or violation of VacTrAK security to DPH.
9. I agree to comply with the policy and procedures outlined in the [Roles and Responsibilities](#) document available on the [VacTrAK homepage](#).

Organization/Facility Name

Date

VacTrAK Administrator Name

VacTrAK Administrator Signature

Section 2: Organization Information

Provide information for the main office of your organization. List additional facilities in next section.

Organization/Practice Name

Organization Contact Name

E-mail Address

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

Phone Number

Fax Number

Section 3: Organization Facility Information

To be completed on all facilities within the organization that will submit data to VacTrAK. Use additional pages if there are more than two facilities.

Facility Name

Facility Contact Name

E-mail Address

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

Phone Number

Fax Number

Facility Name

Facility Contact Name

E-mail Address

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

Phone Number

Fax Number

Section 4: Additional Practice Information

Estimated number of patients in your organization:

All patient records

All active patient records

Age range of patients seen

Average number of vaccinations given: per day per week

Are you a birthing facility? Yes No

If yes, average number of births/month:

Section 5: Alaska Vaccine Distribution Program

Indicate your interest in participation in the Alaska Vaccine Distribution Program.

Enrollment for participation in the [Alaska Vaccine Distribution Program](#) includes the Vaccines for Children (VFC) program and Alaska Vaccine Assessment Program (AVAP).

Providers must complete the VacTrAK Application process, including all facility and user updates, before Vaccine Distribution Program Enrollment can begin. All providers participating in the Alaska Vaccine Distribution Program will need to designate two users to have Lot Number Manager permission on the [Request to Modify VacTrAK Users](#) form in Section 7.

Are you interested in participating in the Alaska Vaccine Distribution Program to receive State Supplied Vaccine? Yes No

Section 6: Electronic Data Exchange

Indicate your interest in sending data from your EHR to VacTrAK by HL7. If yes, provide your EHR information and contacts.

Interested in starting the on-boarding process for electronic data exchange? Yes No

Electronic Health Record Software

Name	Vendor	Version
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EHR Vendor Contact

Name	Phone	Email
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Organization Technical Contact

Name	Phone	Email
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Section 7: Request to Add VacTrAK Users

Review instructions below and use the [Request to Modify VacTrAK Users](#) form to request users and specify access levels. Email address is required for all users and allows them to utilize the Forgot Password automated reset functionality on the VacTrAK Login page. See [VacTrAK User Accounts and Password Updates](#) document for more information.

To provide for the most accurate understanding of user accesses, privileges, and permissions, please review the following information prior to filling out the “Request to Modify VacTrAK Users” form.

Request Type: This is a required field. Select one of the options available:

Add: This option allows you to create a login for individuals who are new to the VacTrAK system.

Modify: This option allows you to make changes to enrolled Users you do not wish to remove, e.g. privileges, vaccinator status.

Remove: This option allows you to inactive Users from VacTrAK. A User whose employment at your organization/facility has ended must be reported to VacTrAK within 3 business days.

Name: This is a required field. Please provide the full name of staff members in your organization/facility that you wish to have access to VacTrAK. If there is no middle initial, enter N/A.

Credentials: This is an optional field. Post nominal letters indicating the degree/certificate earned (i.e., MD, DO, ANP, RN, LPN, CMA, etc.)

Email Address: This is a required field. Email address is now required to reset all user passwords.

Access Level: This is required field. Access level determines how a User interacts with VacTrAK. There are four options available when assigning user access to VacTrAK.

- **Organization (IRMS):** Access for a User who needs access to information for more than one facility within an organization.
 - **Client:** User may view, add, edit and print patient and vaccination records. They may also Run Reminder/Recall.
 - **View:** User may view patient and vaccination records but cannot edit records. They may also print patient specific record(s).
- **Facility:** Access for a User who works at or needs access to information for only one facility location within an organization.
 - **Client:** User may view, add, edit and print patient and vaccination records. They may also Run Reminder/Recall.
 - **View:** User may view patient and vaccination records but cannot edit records. They may also print patient specific record(s).
- **None:** Use this when you want to indicate a Physician, or Vaccinator, that is **not** a VacTrAK User.

Permission: There are two additional permissions that may be applicable to an organization. These are optional and are not required for users to view and/or update patient records. Select “None” if no additional permissions apply to the user.

- **Lot Number Manager:** (Limited to no more than 2 per facility). Users have the ability to add, update, and inactivate the vaccine lots available at your facility. This permission allows the user to order state supplied vaccine and run the state vaccine accountability reports.
- **Physician Administration:** Ability to add, update, and inactivate the physician/vaccinator names that appear in the dropdown list on the Administered Vaccine Detail and Patient Demographic Record pages.
- **None**

Physician/Vaccinator: Non-User physicians and vaccinators may be added without VacTrAK User access privileges.

- **Physician:** The name will appear under the physician dropdown list on the *Patient Demographics Record* page.
- **Vaccinator:** The name will appear on the vaccinator dropdown list on the *Administered Vaccine Detail* page.
- **Neither:** Check this when the User is neither a Physician nor a Vaccinator.
- **Both:** Check both the Physician and Vaccinator if the physician also vaccinates.