

## New Mexico Statewide Immunization Information System (NMSIIS)



## **NMSIIS Training Request**

To be completed by Site Supervisor

## **Instructions**:

Complete one form for each employee who requires NMSIIS training and access.

This Training Request form is <u>NOT</u> used for the VFC trainings for C.H.I.L.I. or the Vaccine Online Ordering System.

Request Date:	Are you a Data Exchange Customer: Yes No
Provider/Site Name:  Provider / Site NMSIIS ORG CODE / ID#	VFC Site? Note: Please select only one  No Yes VFC ID#
Name of Employee who will complete NMSII.  (Please print clearly)	S Training:  Type of Training Requested:  New User  (No prior NMSIIS access/training)
Has Employee previously had NMSIIS accidifferent location?  No  Yes Site Name:  Previous Level of NMSIIS Access:  Phone:	Increased NMSIIS access (currently has access, needs more functionality)  Level Type of NMSIIS Training/Access needed:  Reports Only - Web-Ex Phone  Standard User - In Person Training (Access to Clients, Immunizations, Reports, School)  Standard User - Online Training (Access to Clients, Immunizations, Reports, School)  Training must be completed in 10 days
e-mail addrss:	Inventory- In Person Training (Access to Clients, Immunizations, Inventory, Reports)  NMSIIS Administrator - In Person Training (Access to Clients, Immunizations, Inventory, Maintenance, Reports)

Please fax Training Request forms to:

505-476-3128

Note:(Please make sure to save or print a copy for your files)