

# PRE-PANDEMIC REGISTRATION WEBSITE USER GUIDE

## PILOT PURPOSE AND BACKGROUND

To better posture the state of Ohio during a pandemic, the Ohio Department of Health (ODH) has created a beta “test” website designed to pre-register healthcare providers across the state of Ohio to receive pandemic vaccine when made available.

The ImpactSIIS program is used to manage and approve orders for vaccine placed by participating Local Health Departments (LHDs) and healthcare providers. The program facilitates a 3-way conversation between the LHD/Healthcare provider, ODH and vaccine manufacturer for the request, approval and ordering of vaccine. The pre-registration website will allow ODH to track those providers who are interested in providing public vaccine in the event of a pandemic but do not currently use ImpactSIIS for ordering vaccine.

### **Pilot Audience:**

The intent of this pilot program is to engage a variety of healthcare providers, including single practice facilities and large healthcare systems. The pilot website has been created to accommodate both types of healthcare organizations. Details regarding registration has been provided for both types of organizations below.

### **Pilot Dates:**

Healthcare Organizations will be asked to register on the pre-pandemic registration website between Friday April 26<sup>th</sup>, 2019 to Friday May 24<sup>th</sup>, 2019.

### **Feedback Collection:**

At the end of the registration process a link has been made available to collect feedback from participating healthcare providers. ODH requests feedback on their experience using the pre-pandemic website and suggestion to improve the user experience.

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# ONE LOCATION FACILITY REGISTRATION

Facilities that are categorized as “One Location” are healthcare facilities that operate out of a single private location.

## STEP 1 OF 8: NAVIGATE TO WEBSITE

Go to: <https://www.ohiopublichealthreporting.info/Enrollment>

If the user already has login criteria for Ohio Public Health Reporting, log on at the homepage and select “Pandemic Flu Vaccine Pre-registration” from the group dashboard as shown below. click [here](#) to proceed to step 3 of 8.

Ohio Department of Health  
Ohio Public Health Reporting Enrollment

Group Dashboard	ImpactSIS Transition Training Module	Immunization Registry Reporting	Syndromic Surveillance Reporting	Specialized Registry Reporting (Cancer Case Reporting)	Electronic Reportable Laboratory Results Reporting	<b>Pandemic Flu Vaccine Pre-registration</b>
Group Dashboard	Add a New Location	Manage Locations for Electronic Reporting	Register EPs for Meaningful Use	Register EHRs for Meaningful Use	Register Locations for Pandemic Flu	

Northwest Ohio Urgent Care LLC

3 locations in group  
0 hospitals, 3 non-hospitals

Select Action

- [Add A New Location To This Group](#)
- [Manage Locations for Electronic Reporting](#)
- [Register Eligible Professionals/Clinicians For Meaningful Use](#)
- [Register Eligible Hospitals For Meaningful Use](#)
- [Register Locations for Pandemic Flu](#)
- [Manage Contacts](#)

Instructions

If there are additional locations for your group, please add them by clicking on "Add a new location to this group".

If there are locations in your group that should not be in the group, please inform the Ohio Department of Health (ODH) by calling 1-866-349-0002.

To indicate that a location intends to report to an ODH program, click on "Manage locations".

If the user **DOES NOT** have log-in credentials, click on the link “**Pre-Register as Pandemic Vaccine Provider**” on the homepage as shown below.

Ohio Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Returning Users

Log in here to begin or resume your enrollment.

Username:

Password:

Login Clear

[Forgot Username?](#)

[Forgot Password?](#)

New Users

Sending electronic health data to the Ohio Department of Health

Meaningful Use Enrollment

ImpactSIS access only

School and Head Start Nurses

ImpactSIS Virtual Trainings

ImpactSIS lookup access New Location

ImpactSIS lookup access New employee at existing location

Public access to immunization records

I need proof of immunizations for school or employment

**Pre-Register as Pandemic Vaccine Provider**

Vaccine providers wishing to be approved to receive and administer vaccine against pandemic illnesses in the event of a pandemic.

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## STEP 2 OF 8: CREATE USER ACCOUNT

Fill-out the account creation form with user information and complete log-in registration.

Note: Passwords must contain uppercase letter(s), lower case letter(s), number(s) and a special character.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Begin Enrollment

1 Account Creation Step 1 of 3 Account Creation

2 Organization Type

3 Organization Matching

4 Program Enrollment

**User Account Creation**

Please provide the following information about yourself to create an account with the service.

First name\*:

Last name\*:

Email address\*:

Confirm email address:

Work phone:

Title\*:

[Continue](#) [Cancel](#)

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

Begin Enrollment

1 Account Creation Step 2 of 3 Create Password

2 Organization Type

3 Organization Matching

4 Program Enrollment

**Create your password**

Password\*:

Confirm password:

**Create a Secret Question**

(used for forgotten password retrieval)

Secret question\*:

Secret answer\*:

Confirm answer:

[Continue](#) [Cancel](#)

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## STEP 3 OF 8: NUMBER OF LOCATIONS

Select whether the practice is a Medical Provider in one (1) location. If the user is a provider within a large organization that has multiple locations, please refer to instructions on page 13 or click [here](#).



### Ohio Public Health Reporting Enrollment

Home	Enrollment	Programs	Meaningful Use	Ohio's HIEs	Support
<a href="#">Resume Enrollment</a>					
1 Account Creation	2 Organization Type Introduction	3 Organization Matching	4 Program Enrollment		

#### Introduction

Welcome to the Ohio Public Health Reporting website. This site can be used for multiple purposes, including pre-registering to receive vaccine to prevent illness in the event of a pandemic.

Healthcare organizations can also register to submit data to the Ohio Department of Health (ODH) and request enrollment for several programs, including those that will help their entity meet the public health reporting objectives for the Electronic Health Record (EHR) Incentive Programs (Meaningful Use/Promoting Interoperability).

In this process, a health care organization user will be asked to...

- Identify your healthcare organization
- Provide either a TDDD license number or, in rare cases, an Ohio Medical License number, for each separate location.
- Estimate the patient population at each location
- Describe current vaccine storage capabilities
- You may log out and return at any time to complete enrollment. Upon completion your enrollment request will be placed in queue to be approved by ODH.
- **Please select your organization type below to begin enrollment.**

Pre-Register Medical Provider(s) in One Location	Pre-Register Medical Providers in the Same Organization but Multiple Locations
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## STEP 4 OF 8: SELECT ORGANIZATION AND PRACTICE TYPE

Select your organization type, hit continue and then select the practice type.

The screenshot shows the Ohio Department of Health Public Health Reporting Enrollment page. The navigation bar includes Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, and Support. A 'Resume Enrollment' link is visible. The progress bar shows four steps: 1 Account Creation, 2 Organization Type, 3 Organization Matching (Step 1 Organization Type), and 4 Program Enrollment. Step 3 is currently active.

### Organization Type

Please select the best description of the organization you represent.

☒ Medical Practice

☐ Hospital

[Back](#) [Save and Logout](#) [Continue](#)



The screenshot shows the Ohio Department of Health Public Health Reporting Enrollment page. The navigation bar includes Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, and Support. A 'Resume Enrollment' link is visible. The progress bar shows four steps: 1 Account Creation, 2 Organization Type (Step 2 Individual/Group), 3 Organization Matching, and 4 Program Enrollment. Step 2 is currently active.

### Medical Practice

You selected Medical Practice. Please select the option below that best describes your medical practice.

☒ Independent Medical Practice

☐ Medical Practice that is a member of a group or partnership, such as a Physician Group or other corporate structure.

[Back](#) [Save and Logout](#) [Continue](#)

## STEP 5 OF 8: VACCINE PROVIDER IDENTIFICATION

Enter **one** of the following, if known:

- National Provider Identification (NPI)
- Provider VFC #
- Medicaid Number
- Medicare UPIN (provider identification number)

If unknown, tick the box “**I do not know**” and continue.

The screenshot displays the Ohio Department of Health's Public Health Reporting Enrollment interface. At the top, the Ohio Department of Health logo is visible, followed by the title "Ohio Public Health Reporting Enrollment". A navigation bar includes links for Home, Enrollment, Programs, Meaningful Use, Ohio's HIEs, and Support. Below this, a "Resume Enrollment" link is present. A progress bar shows four steps: 1. Account Creation, 2. Organization Type, 3. Organization Matching (Step 1: Organization Identification), and 4. Program Enrollment. The "Organization Identification" section is active, with instructions: "If you know your organization's National Provider Identification number, please enter it below." This is followed by a text input field for "Organization NPI:". Below this, another instruction states: "If you know your organization's VFC, Medicare or Medicaid Identification number, please enter it below." This is followed by three text input fields for "Provider VFC #:", "Medicaid Number:", and "Medicare UPIN:". A checkbox labeled "I do not know" is provided. At the bottom, there are three buttons: "Back", "Save and Logout", and "Continue".

**Ohio**  
Department of Health

**Ohio Public Health Reporting Enrollment**

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

[Resume Enrollment](#)

1 Account Creation 2 Organization Type 3 Organization Matching Step 1 Organization Identification 4 Program Enrollment

**Organization Identification**

If you know your organization's National Provider Identification number, please enter it below.

Organization NPI:

If you know your organization's VFC, Medicare or Medicaid Identification number, please enter it below.

Provider VFC #:

Medicaid Number:

Medicare UPIN:

☐ I do not know

## STEP 6 OF 8: SELECT LOCATION OF PRACTICE

If by entering the practice identification numbers (e.g., NPI, VFC, Medicaid number, or Medicare number) the user's organization is not found or if the user has selected "I do not know" on the previous screen, the registration webpage will ask for the address.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

[Resume Enrollment](#)

1 Account Creation 2 Organization Type 3 Organization Matching Step 2 of 3 New Organization 4 Program Enrollment

**Organization Not Found**

Please provide the following information:

Legal Name\*:

Doing Business As:

Address 1\*:

Address 2:

City\*:

State\*:

Zip Code\*:

County:

Phone\*:

If the organization is found confirm the location the user is based from.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

[Resume Enrollment](#)

1 Account Creation 2 Organization Type 3 Organization Matching Step 3 of 3 Confirm Organization 4 Program Enrollment

**Select or Add Organization**

The information that you entered matched 1 organization@ModelOrganizationCount(Pluralized). Please select your organization from the list below or confirm that you wish to add a new organization.

<input type="button" value="Select"/>	Practice Name:	ODH TB TESTING
	Address:	35 E CHESTNUT
	Phone:	COLUMBUS, OH 43215 (614) 387-0652
	ImpactSIS Facility ID:	13745
<input type="button" value="Confirm and Add"/>	Practice Name:	Stephanie Poling
<input type="button" value="Edit"/>	Address:	35 E Chestnut
	Phone:	Columbus, OH 43215 (614) 995-0611
	ImpactSIS Facility ID:	



## STEP 7 OF 8: COMPLETE PRACTICE QUESTIONNAIRE

Answer questions regarding the practice/organization. The user will be asked to approximate the number of patients treated at the practice for the listed criteria.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support ImpactSIS Transition Training Module

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment  
Step 1 of 2 Patient Population

**Patient Population**

1. Does this practice treat pregnant women?  
Approximately how many patients in this group are served at this location? ☐ Yes ☐ No

2. Does this practice treat patients 65 years of age or older?  
Approximately how many patients in this group are served at this location? ☐ Yes ☐ No

3. Does this practice treat patients younger than 36 months of age?  
Approximately how many patients in this group are served at this location? ☐ Yes ☐ No

4. Does this practice treat patients between 3 and 18 years of age?  
Approximately how many patients in this group are served at this location? ☐ Yes ☐ No

5. Does this practice treat patients who have medical conditions at high risk of developing flu - related complications listed at [https://www.cdc.gov/flu/about/disease/high\\_risk.htm](https://www.cdc.gov/flu/about/disease/high_risk.htm)?  
Approximately how many patients in this group are served at this location? ☐ Yes ☐ No

**Organization Profile**

Stephanie Poling  
35 E. Chestnut  
Columbus, OH 43215  
Organization NPI: 1033270337

The next screen will request information regarding the practices' healthcare providers and TDDD license or medical license numbers. The user will also be asked to provide information regarding cold-storage units and thermometers.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home Enrollment Programs Meaningful Use Ohio's HIEs Support ImpactSIS Transition Training Module

Resume Enrollment

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment  
Step 2 of 2 Practice Readiness

**Practice Readiness**

1. Please enter the number of licensed health care providers (MD,DO,NP,PA,pharmacist) at your facility who have prescribing authority.

2. Please confirm the location's TDDD license number and expiration date.

TDDD Expiration Date Confirmed ☐ Yes ☐ No

Please enter the location's TDDD license number  Expiring

Or if only one physician, please confirm the physician's medical license number

Medical License Confirmed ☐ Yes ☐ No

Please enter physician's Medical license number

3. Please confirm the type of storage unit currently in use at this practice:

☐ Stand-alone refrigerator  
☐ Refrigerator/Freezer combination unit with separate doors for each  
☐ Dormitory-style Refrigerator/Freezer combination unit with one door

4. Please indicate whether you have a calibrated thermometer in that cold storage unit:

☐ Yes  
☐ No

Back Save and Logout Finish

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## STEP 8 OF 8: SURVEY LINK

At the end of the registration process, the user will be presented with a survey link. ODH requests all participants provide feedback on their experience. This is the last step in the pilot pre-registration process.



### Ohio Public Health Reporting Enrollment

Organization Profile	ImpactSIS Transition Training Module	Immunization Registry Reporting	Syndromic Surveillance Reporting	Specialized Registry Reporting (Cancer Case Reporting)	Electronic Reportable Laboratory Results Reporting	Pandemic Flu Vaccine Pre-registration
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#### Alliance City Health Department

Thank you for completing the Pre-registration for Pandemic Vaccine distribution.

This completes the registration process. Should more information be needed, a representative of the Ohio Department of Health will contact you.

To help us improve the pre-registration process, please take a moment to complete a brief survey.

[Survey Link](#)



# MEDICAL SYSTEM REGISTRATION

Some users may wish to request pre-registration as pandemic vaccine providers for multiple locations with shared ownership.

## STEP 1 OF 6: NAVIGATE TO WEBSITE

Go to: <https://www.ohiopublichealthreporting.info/>

If the user already has log-in criteria for Ohio Public Health Reporting, log on at the homepage and select “Pandemic Flu Vaccine Pre-registration” from the group dashboard as shown below. Click [here](#) to proceed to step 3 of 6.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Group Dashboard | ImpactSIS Transition Training Module | Immunization Registry Reporting | Syndromic Surveillance Reporting | Specialized Registry Reporting (Cancer Case Reporting) | Electronic Reportable Laboratory Results Reporting | **Pandemic Flu Vaccine Pre-registration**

Group Dashboard | Add a New Location | Manage Locations for Electronic Reporting | Register EPs for Meaningful Use | Register EHs for Meaningful Use | Register Locations for Pandemic Flu

**Northwest Ohio Urgent Care LLC**

3 locations in group  
0 hospitals, 3 non-hospitals

**Select Action**

- [Add A New Location To This Group](#)
- [Manage Locations for Electronic Reporting](#)
- [Register Eligible Professionals/Clinicians For Meaningful Use](#)
- [Register Eligible Hospitals For Meaningful Use](#)
- [Register Locations for Pandemic Flu](#)
- [Manage Contacts](#)

**Instructions**

If there are additional locations for your group, please add them by clicking on "Add a new location to this group".

If there are locations in your group that should not be in the group, please inform the Ohio Department of Health (ODH) by calling 1-866-349-0002.

To indicate that a location intends to report to an ODH program, click on "Manage locations".

If user **DOES NOT** have log-in credentials, click on the link “Pre-Register as Pandemic Vaccine Provider” on the homepage shown below.

**Ohio**  
Department of Health  
Ohio Public Health Reporting Enrollment

Home | Enrollment | Programs | Meaningful Use | Ohio's HIEs | Support

**Returning Users**

Log in here to begin or resume your enrollment.

Username:

Password:

[Forgot Username?](#)

[Forgot Password?](#)

**New Users**

- 
- ImpactSIS access only**
  - 
  -
- Public access to immunization records**
  -
- Pre-Register as Pandemic Vaccine Provider**
  -

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## STEP 2 OF 6: CREATE A USER ACCOUNT

Fill out the Account Creation form with user information and complete log-in registration.

**Note: Passwords must contain uppercase letter(s), lower case letter(s), number(s) and a special character.**

The screenshot shows the 'Ohio Public Health Reporting Enrollment' form. The navigation bar includes 'Home', 'Enrollment', 'Programs', 'Meaningful Use', 'Ohio's HIEs', and 'Support'. Below the navigation bar is a 'Begin Enrollment' link. A progress bar shows four steps: 1. Account Creation (Step 1 of 3), 2. Organization Type, 3. Organization Matching, and 4. Program Enrollment. The 'User Account Creation' section asks for the following information: First name\*, Last name\*, Email address\*, Confirm email address\*, Work phone\*, and Title\*. At the bottom are 'Continue' and 'Cancel' buttons.



The screenshot shows the 'Ohio Public Health Reporting Enrollment' form, Step 2 of 3: Create Password. The navigation bar and progress bar are the same as in Step 1. The 'Create your password' section includes fields for Password\* and Confirm password\*. The 'Create a Secret Question' section includes a dropdown menu for the question (selected: 'What is your pet's name?') and fields for Secret answer\* and Confirm answer\*. At the bottom are 'Continue' and 'Cancel' buttons.

## STEP 3 OF 6: NUMBER OF LOCATIONS

Select the number of locations for the healthcare organization. For this set of instructions, the user will be registering as a Medical Provider belonging to a large healthcare system.

The screenshot shows the Ohio Department of Health's Public Health Reporting Enrollment portal. The navigation bar includes links for Home, Enrollment (selected), Programs, Meaningful Use, Ohio's HIEs, and Support. Below the navigation bar is a 'Resume Enrollment' link. A progress bar shows four steps: 1. Account Creation, 2. Organization Type (selected), 3. Organization Matching, and 4. Program Enrollment. The 'Organization Type' step is further divided into 'Introduction' and 'Multiple Locations'. The 'Introduction' section contains a welcome message, a description of the site's purpose, and a list of instructions for healthcare organizations. At the bottom, there are two buttons: 'Pre-Register Medical Provider(s) in One Location' and 'Pre-Register Medical Providers in the Same Organization but Multiple Locations'. The second button is circled in red.

**Ohio**  
Department of Health

**Ohio Public Health Reporting Enrollment**

Home Enrollment Programs Meaningful Use Ohio's HIEs Support

[Resume Enrollment](#)

1 Account Creation 2 Organization Type 3 Organization Matching 4 Program Enrollment

Introduction

Welcome to the Ohio Public Health Reporting website. This site can be used for multiple purposes, including pre-registering to receive vaccine to prevent illness in the event of a pandemic.

Healthcare organizations can also register to submit data to the Ohio Department of Health (ODH) and request enrollment for several programs, including those that will help their entity meet the public health reporting objectives for the Electronic Health Record (EHR) Incentive Programs (Meaningful Use/Promoting Interoperability).

In this process, a health care organization user will be asked to...

- Identify your healthcare organization
- Provide either a TDDD license number or, in rare cases, an Ohio Medical License number, for each separate location.
- Estimate the patient population at each location
- Describe current vaccine storage capabilities
- You may log out and return at any time to complete enrollment. Upon completion your enrollment request will be placed in queue to be approved by ODH.
- **Please select your organization type below to begin enrollment.**

Pre-Register Medical Provider(s) in One Location

Pre-Register Medical Providers in the Same Organization but Multiple Locations

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## STEP 4 OF 6: SELECT ASSOCIATED ORGANIZATION

Select the group the associated group or add a new group if the user group is not found.



### Ohio Public Health Reporting Enrollment

Home	Enrollment	Programs	Meaningful Use	Ohio's HIEs	Support
<a href="#">Resume Enrollment</a>					

### Group Identification

#### Instructions

1. Review the list in the drop down provided below.
2. If your group is listed or there is a group listed that has a similar name, select it from the drop down.
3. If you selected a group from the drop down, click Continue to view associated group locations and to confirm it is your group.
4. If you do not find a group that resembles your group, select Add New from the drop-down then click Continue.

Please select a group ▼

Back

Save and Logout

Continue

---

Next, confirm that the correct locations are in the group the user is affiliated with.



### Ohio Public Health Reporting Enrollment

Home	Enrollment	Programs	Meaningful Use	Ohio's HIEs	Support
<a href="#">Resume Enrollment</a>					

### Northwest Ohio Urgent Care LLC

The locations below have been identified as belonging to this group.



**Please review.**

The locations listed below are associated with the selected group.

The system will allow you to add additional locations after you select your group.

#### Instructions

1. If this is your group, click Confirm to confirm that this is the group you intended to enroll.
2. If this is not your group, click Back to review the next possible match.

Location Name	Address
Northwest Ohio Urgent Care LLC - Maumee	1015 Conant Street Maumee, OH 43537
Northwest Ohio Urgent Care LLC - Toledo	5911 Benore Rd Toledo, OH 43612
The Primary Care Network	1421 S Reynolds Rd Toledo, OH 43615

Back

Save and Logout

Finish

## STEP 5 OF 6: SELECT APPLICABLE LOCATIONS

Once the user advances to the below screen and verifies applicable information to be correct, the user must select “save.” The user will then be directed back to the group dashboard and submission for pre-registration is complete. The next screen can be accessed by hitting save or by selecting “Group Dashboard” from the top ribbon.



### Ohio Public Health Reporting Enrollment

Group Dashboard	ImpactSIS Transition Training Module	Immunization Registry Reporting	Syndromic Surveillance Reporting	Specialized Registry Reporting (Cancer Case Reporting)	Electronic Reporting Laboratory Results
Group Dashboard	Add a New Location	Manage Locations for Electronic Reporting	Register EPs for Meaningful Use	Register EHs for Meaningful Use	Register L

#### Register Locations for Pandemic Flu Distribution

##### test - Mike

The locations below have been identified as belonging to this group.

##### Instructions

Select box, if the location is interested in providing detailed information to be conditionally approved as a pandemic flu provider.

Location Type	ImpactSIS Facility ID	Provider VFC #	Location Name	Address	Requesting Pre-registration
Non-hospital	9492		test - Mike - ACCTORDERTESTPRACTICE	1 TEST AVE columbus, OH 43215	<input checked="" type="checkbox"/>
Non-hospital			test - Mike - Mike's Test	2 state Chicago, OH 43202	<input type="checkbox"/>
Non-hospital			test - Mike - test	tet tst test, OH test	<input checked="" type="checkbox"/>
Non-hospital			test - Mike - TESTP PRACTICE5	90 home st suite 300 DUBLIN, OH 43017	<input type="checkbox"/>

**Save** Cancel

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## STEP 6 OF 6: SURVEY LINK

At the end of the registration process, the user will be presented with a survey link. ODH requests all participants provide feedback on their experience. This is the last step in the pilot pre-registration process.



Ohio Public Health Reporting Enrollment

Group Dashboard	ImpactSIS Transition Training Module	Immunization Registry Reporting	Syndromic Surveillance Reporting	Specialized Registry Reporting (Cancer Case Reporting)	Electronic Reportable Laboratory Results Reporting	Pandemic Flu Vaccine Pre-registration
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### Family Healthcare, Inc.

Thank you for completing the Pre-registration for Pandemic Vaccine distribution.

This completes the registration process. Should more information be needed, a representative of the Ohio Department of Health will contact you.

To help us improve the pre-registration process, please take a moment to complete a brief survey.

Survey Link

