



Nebraska Immunization Information System (**NESIIS**)
User Enrollment and Training Request

(Please Print or Type)

Organization / Clinic Name:

Type of Facility:

<input type="checkbox"/> Private	<input type="checkbox"/> Medicaid	<input type="checkbox"/> School
<input type="checkbox"/> Public Health	<input type="checkbox"/> Nursing Home/Long-Term	<input type="checkbox"/> Tribal or IHS Clinic
<input type="checkbox"/> Hospital	<input type="checkbox"/> Home Health	<input type="checkbox"/> WIC
<input type="checkbox"/> College	<input type="checkbox"/> Head Start	<input type="checkbox"/> Youth Rehab

Organization / Clinic

Address:

Physical Address (No P.O. Boxes)

Mailing Address

City

State

Zip

Clinic Main Telephone: () _____

Primary Contact Person:

First Name

Last Name

Title

Email Address:

Telephone: () _____ EXT: _____ Fax: () _____

Does your facility have an EMR? _____



Nebraska Immunization Information System (NESIIS)
 User Enrollment and Training Request
 Additional Trainees

Clinic Name: _____

	Last Name	First Name	Middle Initial	Email	NESIIS Security Role
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

NESIIS Role Types: *A = Administrator (Manages site inventory/ Set up Physicians and Clinicians Accounts)*
T = Typical User (Enters Patient and Immunization Data, Runs Reports, NO Inventory Control)
Q = Query User (Allows Viewing Only)
S = School Nurse (Allows Viewing of Records and Monitoring of Students)
DE = Data Exchange (Submits/ Receives Files via NESIIS Data Exchange Process)

Please send the completed forms by any of the following:

Email:

dhhs.nesiis@nebraska.gov

Fax:

(402) 471 – 6426

Mail:

NDHHS
 Immunization Program
 P.O. Box 95026
 Lincoln, NE 68509-5026

Additional Questions please contact our helpdesk at:

1-888-433-2510