pennsylvania
DEPARTMENT OF HEALTH
HD1142F REV 02/21

PA-SIIS User Account Request

This form is to be completed to request a user account in Pa. Statewide Immunization Information System (PA-SIIS).

Requester Information — Please Print or Type.

1. Requester's first name, middle initial and last name		
2. Requester's email address (Provide a work email address for requester, not the general facility or personal email address.)		
3. Requester's facility name		4. CLINIC ID (in PA-SIIS)
5. Facility street address (Line 1)	6. Facility street address (Line 2)	
7. Facility city	8. Facility county	9. Facility zip code
10. Facility phone number	11. Facility manager name	12. Facility manager email

User Account Types

13. Vaccine coordinator

- ☐ Primary
- ☐ Backup
- ☐ Alternate backup

14. Patient record — update capability

Individual administering vaccine

This form only needs completed if the individual administering vaccine will be doing entry to patient records directly into the PA-SIIS web application. Individuals administering vaccine that submit through HL7 do not need to complete a user request form.

License #: _____

Title (Check title.)

☐ MD	☐ NP	☐ PharmD
☐ DO	☐ RN	☐ RPh
☐ PA	☐ LPN	☐ Other _____

☐ Medical/Administrative support staff

15. Patient record - view only

- ☐ School nurse
- ☐ Medical/Administrative support staff
- ☐ Other _____

Mandatory Training

☐ I have completed the mandatory training course PA-BHSR: Mandatory Reporting of COVID-19 Vaccine Inventory and Patient Vaccination Information to PA-SIIS.

Acknowledgment of Responsibilities

My signature below attests that I am the individual named above and the information I provided on this form is true and correct to the best of my knowledge. I understand and shall adhere to the Pa. Statewide Immunization Information System User Agreement and Confidentiality Policy.

16. Signature	17. Date

Facility Approval

☐ I approve that this requester is authorized to enter information in PA-SIIS on behalf of my facility.

☐ I am approving my own request since I am the owner of this facility.

18. Signature	19. Title	20. License	21. Date

This completed form may be faxed to 717-213-6936 or scanned and sent via email attachment to ra-dhpasiis@pa.gov.