

ILINet Provider Enrollment Form

Please complete all fields and email completed form to ra-dhilinet@pa.gov or fax it to the Bureau of Epidemiology at: (717) 772-6975

Fields with an asterisk (*) are required

*1. First name:

*2. Last name:

*3. Degree:

*4. Contact name:

*5. Practice name:

*6. Street address:

7. P.O. Box:

*8. City:

*9. County:

*10. State:

*11. Zip code:

*12. Phone number (10 digits with no separators or spaces):

13. Fax number (10 digits with no separators or spaces):

*14. Type of practice:



*15. Email:

The CDC provides a certificate of appreciation at the end of the flu season to ILINet providers. The next two questions ask you how would you like your name to appear on the certificate.

*16. Name 1 (most of the providers put the practice name):

*17. Name 2 (this can be the provider's name or another description of the practice):