



CHIRP USER ONBOARDING GUIDE



**Indiana
Department
of
Health**



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INTRODUCTION

This guide is to help you understand electronic capabilities and processes of CHIRP onboarding applications and program forms. Additional immunization training topics can be found at <https://www.in.gov/health/immunization/immunization-training/>.

HELPFUL TIPS

1. **Applicants must sign up for an Access Indiana account before using CHIRP resources.**
<https://www.in.gov/access/> to sign up for an account.
2. **Training module requirements after access has been approved:**
<https://www.in.gov/health/immunization/files/Course-Navigation-Instructions-INvest-v3.pdf>
3. **What is different about CHIRP electronic forms?**
 - a. Faxing is no longer required.
 - b. Applicants can enter all pertinent information into electronic forms where the CHIRP database is linked to select participating facilities from a drop-down menu.
 - c. Electronic signature functions are included in the forms.
 - d. You can review new submissions prior to processing for making updates and corrections.
 - e. When selecting a facility associated with the account, a drop-down menu allows a search of CHIRP facilities. This will decrease multiple facility address entries for the same facility.
 - f. A designated facility representative is required to approve individual access to their facility database. If your facility has not designated this representative or their contact information, please reach out to CHIRPIThelp@health.in.gov
4. **Where are CHIRP electronic forms located?**
 - a. All forms remain on the CHIRP Web home page [CHIRP-Web Main Page](#).
5. **When do I use the electronic forms?**
 - a. Begin using the electronic forms right away when you need to request new access.
6. **What should I do if I do not hear from anyone within 7-10 business days of submitting my application?**
 - a. Please send an e-mail to CHIRPIThelp@health.in.gov with ticket number and details.

Fast Facts

- **CHIRP Web home:**
<https://chirp.in.gov/>
- **Access Indiana Registry**
<https://www.in.gov/access>
- **IUA Form:**
Click on the CHIRP Web home link and go to the **"Individual User Agreement"** form link
- **PSE Form:**
Click on the CHIRP Web home link and go to the **"Provider Site Enrollment"** form link.
- **Immunization Training**
<https://www.in.gov/health/immunization/immunization-training/>

7. What if a facility is not located in the drop-down menu?

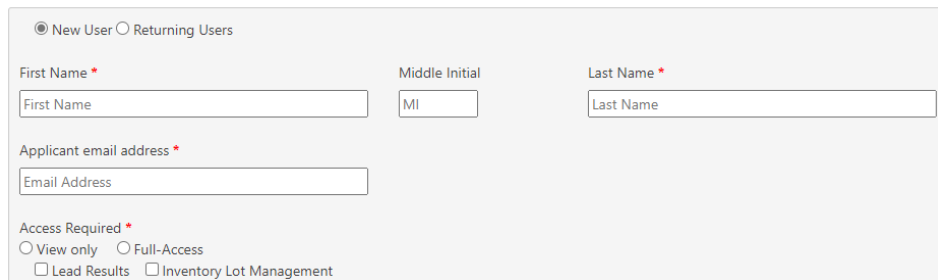
- a. You can select facility not found and enter basic information. This does not create immediate facility approval. Once the form is submitted, it will go to the CHIRP administrative team for review, research, and communication with the facility the applicant seeks access. Once resolved, facility additions or edits are updated in the CHIRP database.
- b. The CHIRP administrative team will send your application to the updated facility for review, approval, and signature before creating your account.
- c. The CHIRP administrative team will e-mail the applicant with access information once the account has been finalized.

PROCESS STEPS

Individual User Agreement

1. Individual User Agreement Form

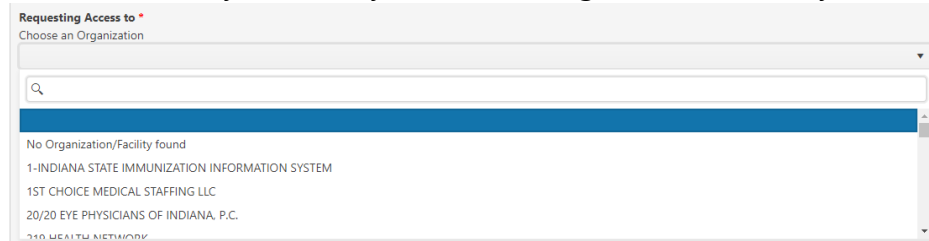
- a. Select new user if you are applying for the first time. Red asterisk (*) signifies a mandatory field required before submitting. Enter your name, e-mail address, and the type of access you require.



The screenshot shows a form with the following elements:

- Radio buttons for New User and Returning Users.
- Text input fields for First Name *, Middle Initial, and Last Name *.
- Text input field for Applicant email address *.
- Text input field for Email Address.
- Section for Access Required * with radio buttons for View only and Full-Access, and checkboxes for Lead Results and Inventory Lot Management.

- b. Use the drop-down menu to select the organization you require access. If you are not able to find your facility, select No Organization/Facility found.



The screenshot shows a dropdown menu titled "Requesting Access to *" with the prompt "Choose an Organization". It includes a search bar and a list of options:

- No Organization/Facility found (highlighted in blue)
- 1-INDIANA STATE IMMUNIZATION INFORMATION SYSTEM
- 1ST CHOICE MEDICAL STAFFING LLC
- 20/20 EYE PHYSICIANS OF INDIANA, P.C.
- 210 HEALTH NETWORK

- c. When no organization/facility is found, you will be given several fields to enter as much information as possible about the facility.

Requesting Access to *
Choose an Organization
No Organization/Facility found
The Organization field is required.

Please enter as much information as you can to process the request

Clinic Site Name *

Site Name

Clinic Site Address *

Site Address

Clinic Site Contact

Site Contact

County *

VFC PIN

County PIN

Telephone FAX

- d. Select employee type and enter any comments to help expedite processing. Sub-options are available for each category.

Employee Type *

Hospital Employee or Contractor
 Medical Professional
 Pharmacy

Comments

- e. Captcha is a security element and timely entry is required. If it times out, please select 'Refresh' below the Captcha so your information is not lost.



- f. If your Captcha reveals a black screen, you must enable your cookies setting to allow. Click refresh and it will show the Captcha again.



- g. Select submit and you will receive a pdf version of your application. If any fields are missing, you will not be able to submit.

* After submitting the application will be sent to the facility for approval and you will receive an email confirmation.

[Review and Submit](#)

- h. An e-mail will be sent to requestor's e-mail address entered in the application. It will include a ticket number should you wish to make edits to your application. It will only be valid if your application has not been processed.

CHIRPITHelp@health.in.gov
To

IUAEnrollment.pdf
55 KB

Thank you for submitting an access request. We are currently reviewing your submission and will respond within 7-10 business days. You have been assigned a ticket number located in this message. Please save your ticket number to reference should you have additional requests and require additional communication. We look forward to supporting your needs.

Please use your ticket number to edit your submission at any point prior to approval

IUA - Ticket # 182

Name:	Traci Dedor
Reporter:	tdedor@health.in.gov
Facility name:	SANDI

To view your submission. Please go to the below link and select the returning users option.
[Click here to go to the IUA Portal.](#)

Respectfully,
IDOH Immunization Help Desk Team
CHIRPITHelp@health.in.gov

Provider Site Enrollment

2. Provider Site Enrollment Form

- a. After you open the application, you will select whether you are a new organization requesting access, a new facility, you want to modify a facility, or you want to terminate a facility. Enter the name of your organization.

PROVIDER SITE ENROLLMENT (To participate in the Children and Hoosiers Immunization Registry)

Site Type *

New Organization New Facility Modify Facility Terminate Facility

Name of the Organization *

Organization Name

- b. Select your facility type. If your type is not listed, select other and give details.

Facility Type *

Private Practice Hospital Pharmacy Public Clinic Child Care Center Public School
 Head Start Private School Long Term Care Other

- c. Select the number of clinical sites your organization has and whether additional clinical sites will be submitting. Each clinical site must submit its own application.

How many clinical sites do you have? *

Number of Clinical Sites

Will additional clinical sites be submitting enrollments? *

Yes No N/A

- d. Select the method in which your facility will be submitting CHIRP data.

How will you be submitting data to CHIRP *

Direct Data Entry Electronic Import

- e. Specify if you are already identified as a VFC provider.

Is this Clinical Site a VFC (Vaccine for Children) provider? *

Yes No

- f. If you have been given a PIN# and know it, please enter the information.

PIN#

g. Enter the clinic name, address, address 2 if applicable, city, state, and zip.

Clinical Site Name *

Clinical Site Address * Site Address 2

City * State * Zip Code *

h. This next section is very important. The contact will be the person authorized to allow access requests to your facility HIPAA data. Enter contact name, telephone, County, fax, and e-mail address as the authorized facility contact.

Clinical Site Contact *

Telephone * County *

FAX * Email *

i. The authorized representative signature will be required for all applicants. Then print your name and verify the date is correct.

Signature of Provider or Authorized Representative *

×

Signing this form signifies that you are in agreement with the items outlined on this form.
Signature of Provider or Authorized Representative

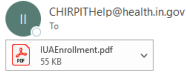
Printed Name and Title Authorized Representative * Date(month, day, year) *

j. A timely Captcha is a security requirement. If it times out, please select 'Refresh' below the Captcha so you do not lose your data.



Refresh
Enter the Captcha

- k. Once you submit your application, you will receive an option to save your application in a pdf format. You will also receive an e-mail with a ticket number and copy of the application. Should you have additional updates or corrections to your application, you will be able to use your unique number to retrieve your application prior to processing.



Thank you for submitting an access request. We are currently reviewing your submission and will respond within 7-10 business days. You have been assigned a ticket number located in this message. Please save your ticket number to reference should you have additional requests and require additional communication. We look forward to supporting your needs.

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