

ImmTrac 2

Texas Immunization Registry

Provider Online Enrollment

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Introduction

ImmTrac2 offers immunization providers and other authorized organizations, secure online access to the Texas Immunization Registry via the Internet. By law, only authorized users are allowed to access immunization information in ImmTrac2. These providers are required to have registered with legacy ImmTrac or with ImmTrac2 before being able to access the web-based immunization system. Authorized users include health care providers, local health departments, schools, and child care facilities who have an approved registration. The ImmTrac2 system and is available at <https://immtrac.dshs.texas.gov>.

This document will assist organizations with submitting the online ImmTrac2 Registration and Renewal application.

Chapter 1: Registration

All organizations must submit an ImmTrac2 registration to request access to the immunization system. Organizations can also request to enroll in the Texas Vaccines for Children (TVFC) and the Adult Safety Net (ASN) programs while registering for ImmTrac2. The registration must be renewed annually (TVFC and ASN) or bi-annually (ImmTrac2 Registry Only) after the initial registration is approved.

Any person can access and complete a registration for their organization, but only authorized signers can submit the form for approval to the Department of State Health Services (DSHS). Once the application is submitted and approved and user accounts have been created, users can sign into the registry system.

Chapter 2: Accessing a Registration

There are two different ways to access the online registration form. Non-registered ImmTrac2 users must access the enrollment registration on the <https://immtrac.dshs.texas.gov> landing page. Registered ImmTrac2 users should access the registration or renewal form after logging into the registry.

Non-Registered ImmTrac2 Users

To access the Enrollment Registration form, follow the steps below. See [Figure 1: Accessing the Registration Form \(Non-Registered ImmTrac2 Users\) Steps 1-2.](#)

1. On the ImmTrac2 landing page, click the "Registration" link.
2. Then click the "Register" link to open the enrollment page.

The screenshot shows the ImmTrac2 Texas Immunization Registry landing page. The navigation menu at the top has 'REGISTRATION' highlighted with a circled '1'. Below the menu, there is a 'Request Access' link and a 'Register' link, both circled with a '2'. The left sidebar contains a login form with fields for 'Org Code', 'Username', and 'Password', and a 'Login' button. A warning message reads: 'DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.' The main content area includes a welcome message and contact information for customer support.

Figure 1 - Accessing the Registration Form (Non-Registered ImmTrac2 Users) Steps 1-2

See [Figure 2: Accessing the Registration Form \(Non-Registered ImmTrac2 Users\) Steps 3-4](#)

3. On the Enrollment Screen, input a unique email address and the organization's TVFC PIN if applicable.
 - A unique email is an email address that does NOT already exist in ImmTrac2.
 - If the email address has already been used, a message dialog box will appear with instructions for how to proceed. See [Figure 3: Email Already Exists notification.](#)
4. Click the "Continue" button to open the enrollment form.

Figure 2 - Accessing the Registration Form (Non-Registered ImmTrac2 Users) Steps 3-4

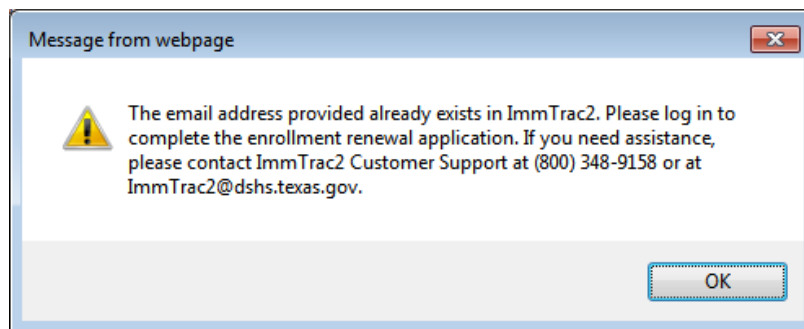


Figure 3 - Accessing the Registration Form – Email Already Exists Notification

Registered ImmTrac2 Users

Users who have access to ImmTrac2 should access the registration form after logging into the registry system. After successful login, select the registration link from the “Registration/Renewal” menu bar. This will give the user quick access to in-progress and previously approved registrations. *(Only do a new registration if you are adding a New Sub-Site to the Parent Organization or submitting on behalf of a new standalone organization not already registered in ImmTrac2.)*

If you need to complete a renewal for an existing Organization, please skip to [Chapter 5, Renewals](#).

To access the Enrollment Registration form, follow the steps below. See [Figure 4: Accessing the Registration Form \(Registered ImmTrac2 Users\) Steps 1-2](#)

1. After logging into the ImmTrac2 registry, click on the “Registration/Renewal” tab.
2. Then click the “Register a new Organization” link to open the enrollment page.

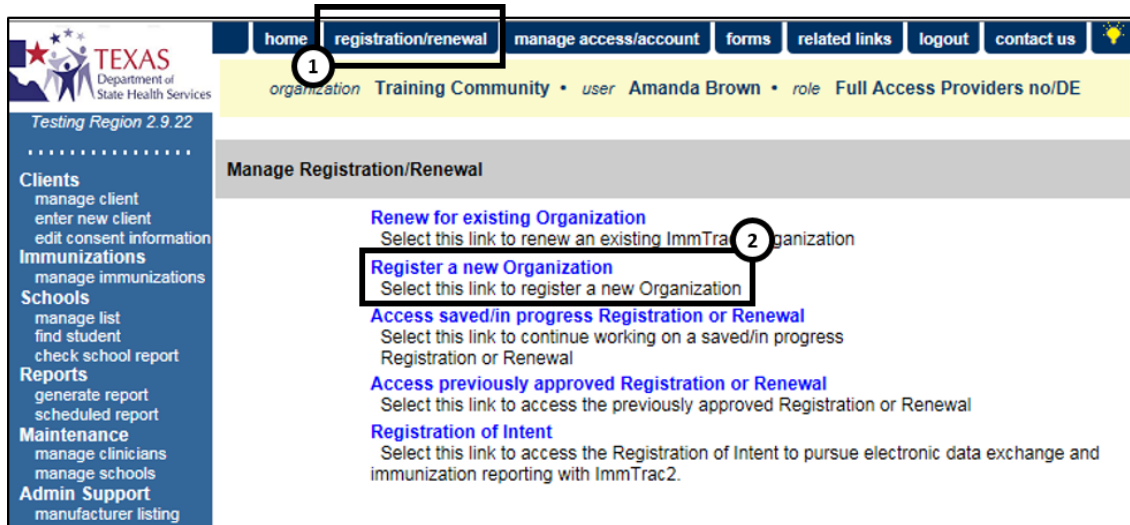


Figure 4 - Accessing the Registration Form (Registered ImmTrac2 Users) Steps 1-2

See Figure 5: Accessing the Registration Form (Registered ImmTrac2 Users) Steps 3-4

3. On the Enrollment Screen, input the email address of the organizations Point of Contact (POC) and the organization’s TVFC PIN if applicable.
4. Click the “Continue” button to open the enrollment form.

The screenshot shows the 'Enrollment' form. The form has a title 'Enrollment' and a paragraph of text: 'ImmTrac2 offers immunization providers and other authorized organizations secure online access via the Internet. There are also secure electronic data import options available to organizations with client encounter or electronic health record (EHR) systems. If you have questions about the ImmTrac2 registration process and/or the TVFC program requirements, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.' Below this text, there is a paragraph: 'If you are ready to proceed with registration, please enter your email address below. If your organization has been assigned a TVFC PIN, please enter in the space below, then select the Continue button.' The form contains three input fields: '* Email' (circled with a '3'), 'TVFC PIN (if applicable)', and 'Confirm TVFC PIN'. At the bottom right, there are two buttons: 'Continue' and 'Cancel'. A circled '4' with an arrow points to the 'Continue' button.

Figure 5 - Accessing the Registration Form (Registered ImmTrac2 Users) Steps 3-4

Chapter 3: Completing a Registration

Registration Basics

Before beginning the registration process, users need to know the basics. See [Figure 6: Online Enrollment Form](#)

- Each section of the Enrollment form must be completed and all required fields marked with an asterisks (*) must be populated.
- Some sections will only appear depending on the selections made in the “Registration Questions” tab.
- When the enrollment form opens, all sections will be minimized but can be expanded using the expand ▼ button or clicking on “expand all” link at the top of the form.
- Progress can be saved and the partially completed form can be re-accessed at a later time.
- Applications that are left inactive for more than 7 days will be deleted and a new application must be completed.
- Applications must be electronically signed and submitted for approval by the authorized signer designated for the organization.
- If there are any questions about the registration process, call ImmTrac2 Customer Support at 1-800-348-9158 or via email at ImmTrac2@dshs.texas.gov.

Enrollment

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, select "Submit for Signature". To save your progress and return at a later time, select "Save Progress and Exit." Applications that are left inactive for more than 7 days will be deleted and a new application must be completed.

If you have questions about the ImmTrac2 registration process, or you are uncertain if your organization is already registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

Warning: Time out will occur after 15 minutes of no activity. Please ensure you save your progress frequently to avoid loss of data.

[\[expand all\]](#) [\[minimize all\]](#)

Registration Questions ▼

Organization Demographics ▼

Parent/Headquarters Info ▼

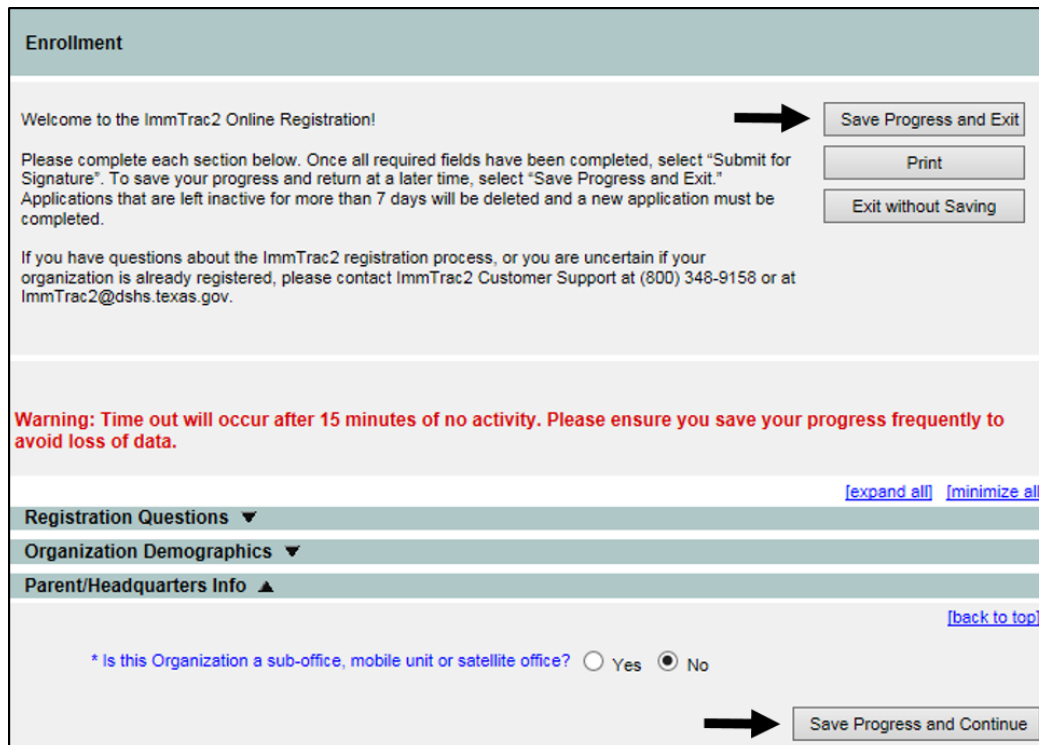
Organization Point of Contact (POC) ▼

Figure 6 - Online Enrollment Form

Saving Progress

As progress is made in completing the enrollment form, it is recommended that the information is periodically saved to avoid data loss due to technical difficulties or system issues. Use the “Save Progress and Continue” button at the bottom of each section to periodically save the information and continue with the process.

If the registration must be completed at a later time, use the “Save Progress and Exit” button to save the form and return at a later time to submit for approval. See [Figure 7: Online Enrollment Form - Save Progress](#)



The screenshot displays the 'Enrollment' section of the ImmTrac2 Online Registration form. The page title is 'Enrollment'. The main content area includes a welcome message: 'Welcome to the ImmTrac2 Online Registration!'. Below this, there are instructions: 'Please complete each section below. Once all required fields have been completed, select "Submit for Signature". To save your progress and return at a later time, select "Save Progress and Exit." Applications that are left inactive for more than 7 days will be deleted and a new application must be completed.' A contact information line follows: 'If you have questions about the ImmTrac2 registration process, or you are uncertain if your organization is already registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.' A red warning message states: 'Warning: Time out will occur after 15 minutes of no activity. Please ensure you save your progress frequently to avoid loss of data.' Below the warning are links for '[expand all]' and '[minimize all]'. The form is divided into sections: 'Registration Questions' (with a dropdown arrow), 'Organization Demographics' (with a dropdown arrow), and 'Parent/Headquarters Info' (with an up arrow). At the bottom, there is a question: '* Is this Organization a sub-office, mobile unit or satellite office?' with radio buttons for 'Yes' and 'No' (where 'No' is selected). A 'Save Progress and Continue' button is located at the bottom right, with an arrow pointing to it from the left. Another arrow points to the 'Save Progress and Exit' button at the top right.

Figure 7 - Online Enrollment Form - Save Progress

Non-Registered ImmTrac2 User: When a “Save Progress and Continue” or “Save Progress and Exit” button is clicked, an email will be sent to the Organization Point of Contact (POC) with a Random Access Code (RAC) and a link to return to the in-progress enrollment form. If a POC is not yet identified, the email will be sent to the email address used to enter the registration. See [Figure 8: Saved Progress Email with Random Access Code](#)

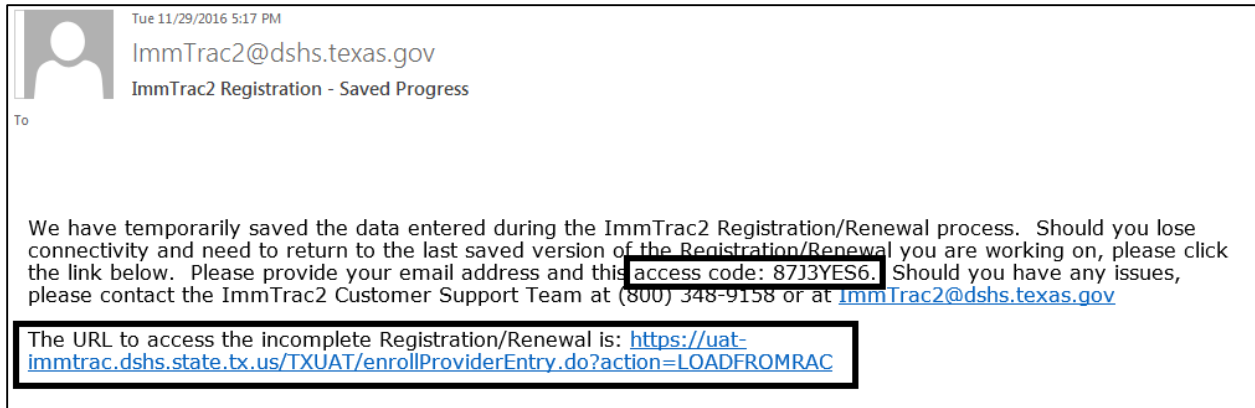


Figure 8 - Saved Progress Email with Random Access Code

Accessing Saved In Progress Applications

Non-Registered ImmTrac2 Users

Non-registered users must access the in-progress registration via the link and Random Access Code (RAC) in their “ImmTrac2 Registration – Saved Progress” email. After clicking the link in the email, users are redirected to ImmTrac2, See Figure 9 Accessing in Progress Registration Form – Non-Registered ImmTrac2 Users, to enter the random access code and the email address where the random access code was sent.

The image shows the ImmTrac2 Texas Immunization Registry website. The header includes the Texas Department of State Health Services logo and the text 'ImmTrac2 Texas Immunization Registry'. Below the header is a navigation menu with 'HOME', 'FORMS', 'REGISTRATION', and 'RELATED LINKS'. The main content area is titled 'Enrollment' and contains two input fields: '* Random Access Code' and '* Email'. A 'Submit' button is located at the bottom right of the form area. A black box highlights the input fields, and a black arrow points to the 'Submit' button.

Figure 9 - Accessing in Progress Registration Form – Non-Registered ImmTrac2 Users

Once the RAC and email are accepted and validated, the application will display the partially completed form, See Figure 10 Saved in Progress Registration Form – Non-Registered ImmTrac2 Users.

Figure 10 - Saved in Progress Registration Form – Non-Registered ImmTrac2 Users

Registered ImmTrac2 Users

Existing registered ImmTrac2 users do not receive an email when progress is saved. Users must access the in-progress registration via ImmTrac2 after logging in.

To access the Enrollment Registration form, follow the steps below. See [Figure 11: Accessing in Progress Registration or Renewal Form – ImmTrac2 User Steps 1-3](#)

1. After logging into the ImmTrac2 registry, click on the “Registration/Renewal” tab.
2. Then click the “Access saved/in progress Registration or Renewal” link to open in-progress applications.
 - A Full Access Provider will typically only have access to one organization and the Registration application will automatically load.
3. If the user has access to multiple organizations, or is a parent organization with subsites, more than one in-progress application may display. Click the “Form ID” hyperlink of the application you would like to access.

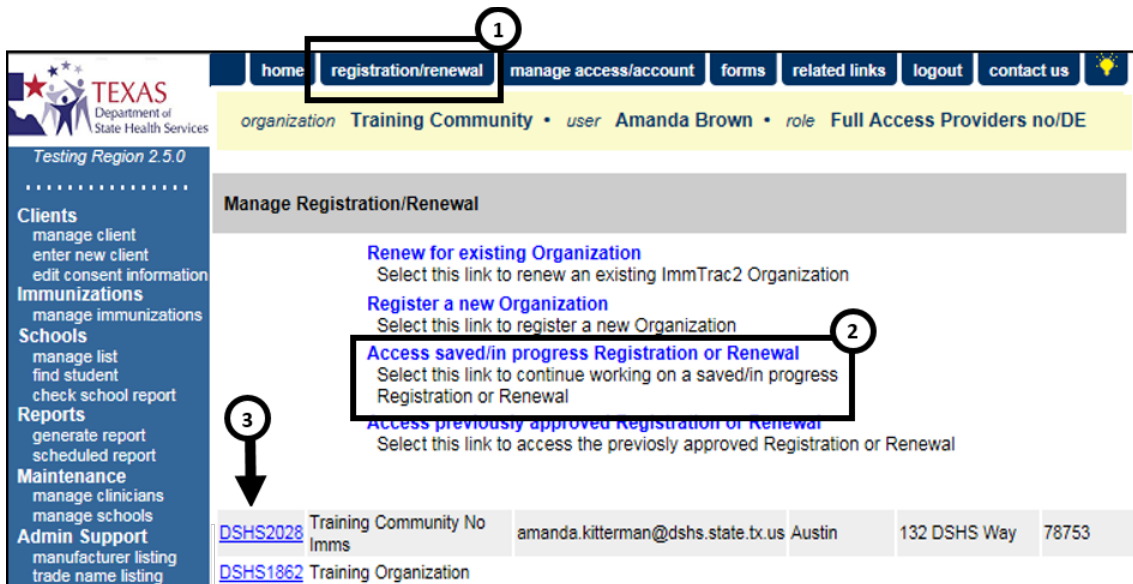


Figure 11 - Accessing in Progress Registration or Renewal Form – ImmTrac2 User Steps 1-3

Registration Questions

The “Registration Questions” tab is the first tab on the form. All Yes/No questions will default to “No.” The answer to these questions determines if other tabs will be displayed. If the answer to a question is changed to “Yes,” the page will quickly refresh and more options may become visible. See Figure 12: Registration Questions 1-4

Figure 12 - Registration Questions 1-4

Question 1:

“1. Does your Organization administer immunizations?”

If the registering organization will administer immunizations, select “Yes” to question #1. This will trigger a page refresh and question #3 becomes

editable and the following two tabs will be added to the tab selections. See Figure 13: Registration Questions 1-4

- Responsible Medical Provider or Authorized Signer
- Practicing Providers with Prescribing Authority

Registration Questions ▲

* 1. Does your Organization administer immunizations? Yes No

* 2. The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC Program? Yes No

TVFC Program information can be found at www.immunizetexas.com

* 3. Would you like to enroll in the TVFC Program now? Yes No

* 4. Select your Organization Type

Figure 13 - Registration Question 1-4

Question 2:

"2. The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC Program?"

If the POC would like to be contacted with more information on the TVFC (Texas Vaccines for Children) Program, select "Yes." This is a program that provides financially vulnerable children with needed immunizations. The POC will be provided with more details at a later date. See Figure 14: Registration Questions 2-3

Question 3:

"3. Would you like to enroll in the TVFC Program now?"

If the registering organization would like to participate and enroll in the TVFC program, select "Yes." This will trigger a page refresh and the following five tabs will be added to the enrollment form tab selections. The authorized signer must read and agree to the TVFC Provider Agreement as part of the enrollment process. See Figure 14: Registration Questions 2-3

- Client Demographic Info
- TVFC Coordinator Info
- Vaccines Offered/Delivery Info
- Provider Population Estimates
- TVFC Provider Agreement

Registration Questions ▲

* 1. Does your Organization administer immunizations? Yes No

* 2. The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC Program?
 TVFC Program information can be found at www.immunizetexas.com

* 3. Would you like to enroll in the TVFC Program now? Yes No

* 4. Select your Organization Type ▼

Figure 14 - Registration Questions 2-3

Question 4:

"4. Select your Organization Type"

Use the drop down arrow to select the organization type. When any of the following organization type options are selected, questions 5-6 regarding the ASN (Adult Safety Net) Program will display on the Registration Questions tab. See Figure 15: Registration Question 4

Organization Types:

- Local Health Department
- Federal Qualified Health Clinic
- Rural Health Clinics
- Family Planning
- STD/HIV Clinics
- Drug Treatment Facility

Registration Questions ▲

* 1. Does your Organization administer immunizations? Yes No

* 2. The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC Program?
 TVFC Program information can be found at www.immunizetexas.com

* 3. Would you like to enroll in the TVFC Program now? Yes No

* 4. Select your Organization Type ▼

Figure 15 - Registration Question 4

Question 5:

"5. The ASN Program serves uninsured adults 19 and over. Would you like to be contacted with more information on the ASN Program?"

If the POC would like to be contacted with more information on the ASN Program, select "Yes." This is a program that provides qualified uninsured adults with immunizations. The POC will be provided with more details at a later date. See Figure 16: Registration Questions 5-7

Question 6:

"6. Would you like to enroll in the ASN Program now?"

If the registering organization would like to enroll in the ASN program, select "Yes." This will trigger a page refresh and question 7 will become visible. Also, the ASN Provider Agreement tab will be added to the tab selections. The authorized signer must read and agree to the ASN Provider Agreement as part of the enrollment process. See Figure 16: Registration Questions 5-7

Question 7:

"7. Will your organization administer vaccines under ONLY the adult program, or both adult and pediatric programs?"

Use the radio buttons to select which program(s) the registering organization will participate in, the Adult or the Adult and Pediatric programs. Select "Adult (ASN)" if the intention for the registering organization is to participate in the ASN program and not participate in TVFC. If the registering organization intends to participate in both programs, select "Adult and Pediatric (TVFC and ASN)". **In order to register for ASN, organizations must also register for TVFC, even if they don't intend to participate in the TVFC program.** See Figure 16: Registration Questions 5-7

Registration Questions ▲

* 1. Does your Organization administer immunizations? Yes No

* 2. The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC Program? Yes No

TVFC Program information can be found at www.immunizetexas.com

* 3. Would you like to enroll in the TVFC Program now? Yes No

* 4. Select your Organization Type ▼

* 5. The ASN Program serves uninsured adults 19 and over. Would you like to be contacted with more information on the ASN Program? Yes No

ASN Program information can be found at <http://www.dshs.state.tx.us/asn/>

* 6. Would you like to enroll in the ASN Program now? Yes No

* 7. Will your organization administer vaccines under ONLY the adult program, or both adult and pediatric programs?

Adult (ASN)
 Adult and Pediatric (TVFC and ASN)

Figure 16 - Registration Questions 5-7

Organization Demographics

The Organization Demographics tab is designed to get basic information about the registering organization such as the organization name, organization email, organization addresses and phone numbers. The organization name and email address must be entered before the application can be saved. If the user attempts to save before entering it, a message dialog box will appear asking the user to enter the information. See [Figure 17: Organization Demographics Tab](#)

Organization Demographics ▲ [\[back to top\]](#)

**** Organization Name and Email Must be entered to before saving. ****

* Organization Name

* Organization Email

* Organization Physical Address

Physical Address Line 2

* City * State TX ▼ * Zip Code +4

* County

* Phone Number - - Ext

Fax Number - - Ext

Check box if Mailing Address is same as the Physical Address

* Organization Mailing Address

Mailing Address Line 2

* City * State ▼ * Zip Code +4

Organization Medicaid ID

Figure 17 - Organization Demographics Tab

Parent/Headquarters Info:

Select "Yes" if the organization is a sub-office, mobile unit or satellite office and is managed by a Primary or Parent Organization. The Parent organization must be already registered with ImmTrac2. Initially, only the question with the Yes/No selection is visible. Only upon selecting "Yes" will the other fields display. Enter the parent TXIIS ID and use the "Search" button for validation. After entering a valid TXIIS ID and hitting the "Search" button, the system will display selected parent organization demographic information at the bottom of the tab to validate that the correct parent organization has been selected.

If you are unsure if the parent organization is registered, or if the parent organization TXIIS ID is unknown, call ImmTrac2 Customer Support at 1-800-348-9158 or via email at ImmTrac2@dshs.texas.gov for assistance. See Figure 18: Parent/Headquarters Info Tab Steps 1-5

1. In the Parent/Headquarters Info tab, select the appropriate "Yes/No" option.

2. If "Yes" was selected in step 1, select a child site type in the dropdown. Available values include:
 - a. Sub-Office
 - b. Mobile Site
 - c. Satellite Office
3. If "Yes" was selected in step 1, enter the parent organization's TXIIS ID.
4. If "Yes" was selected in step 1, after entering the parent organization's TXIIS ID, select the "Search" button.
5. If "Yes" was selected in step 1, after selecting the "Search" button as described in step 4, the system will display selected organization attributes of the parent organization. If the parent organization is not in the system under that TXIIS ID, an error message pop-up window will be displayed. See [Figure 19: Parent/Headquarters Info Tab Parent Org Not Found](#)

Parent/Headquarters Info ▲ [\[back to top\]](#)

* Is this Organization a sub-office, mobile unit or satellite office? Yes No 2

If this Organization is owned and/or managed by a Primary Organization (e.g. this Organization is a sub-office, satellite office or mobile unit), the Parent Organization must already be registered with ImmTrac2. Please enter the Parent Organization's TXIIS ID, formerly referred to as PFS# or ImmTrac Provider Number, then select "Search". If you do not know the Parent Organization's TXIIS ID or are unsure if it is registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

* Parent Organization's TXIIS ID 3 4

Parent Organization's Name: county test org RE

Parent Organization's Physical Address 111 TEST STREEET
AUSTIN TX, 78999 ← 5

Parent Organization's Phone 111-111-1111

Parent Organization's Fax

Figure 18 - Parent/Headquarters Info Tab Steps 1-5

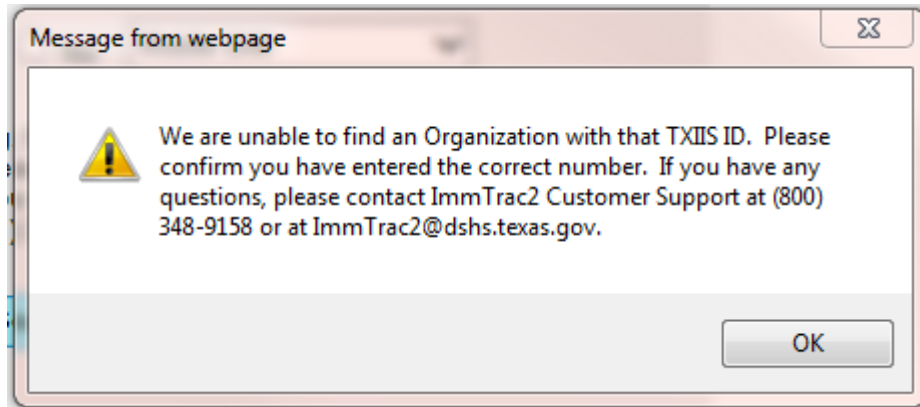


Figure 19 - Parent/Headquarters Info Tab Parent Org Not Found

Organization Point of Contact (POC):

The POC serves as the organization's main point of contact for ImmTrac2. This individual is responsible for completing the ImmTrac2 registration/renewal. The POC will also receive email notifications regarding organization renewal dates.

The POC email address field will auto populate based on the email address used to access the enrollment application. Enter the additional contact information, and update the email as needed. Use the check box to designate if the POC will require an ImmTrac2 user account. See Figure 20: Organization Point of Contact Tab

Organization Point of Contact (POC) ▲ [\[back to top\]](#)

The Organization Point of Contact (POC) serves as the Organization's main POC for ImmTrac2. This individual is responsible for completing the ImmTrac2 registration/renewal and updating the organization's demographics and/or a user's profile. The Organization POC may be the assigned Registry and/or Texas Vaccines for Children (TVFC) Program contact and may assign individuals within their organization as Registry and/or TVFC contacts. This individual may also be the Authorized Signer with the ability to electronically sign the registration/renewal. For more information, please review the "Authorized Signer" tab.

Access privileges to manage users within an organization are restricted to certain organization types within ImmTrac2 and require "Provider Supervisor Role" training. For more information and to enroll in the online "Provider Supervisor Role" training, please visit the ImmTrac2 Training website at: www.immunizetexas.com

* First Name Middle * Last Name

Title

* Contact Phone Number - - Ext

* Email

If an ImmTrac2 user account is necessary for this person, check here to copy data you have entered to the User Account Info accordion tab, which will be used to create user accounts.

Figure 20 - Organization Point of Contact Tab

Primary Registry Contact:

The Primary Registry Contact is the main point of contact for ImmTrac2 registry related matters and client immunization related items. The ImmTrac2 Primary Registry contact may be the POC or other contacts. This contact may receive email notifications about topics such as enrollment renewals and policy changes.

Enter the Primary Registry contact information, and use the check box to designate if the person will require an ImmTrac2 user account. See [Figure 21: Primary Registry Contact Tab](#)

Primary Registry Contact ▲ [\[back to top\]](#)

Primary Registry contact is the main point of contact for ImmTrac2 related matters and client immunization related items. The ImmTrac2 Primary Registry contact may be the assigned Organization Point of Contact (POC) and/or Texas Vaccines for Children (TVFC) Program contact. These contact roles may or may not be the same person.

* First Name Middle * Last Name

Title

* Contact Phone Number - - Ext

* Email

If an ImmTrac2 user account is necessary for this person, check here to copy data you have entered to the User Account Info accordion tab, which will be used to create user accounts.

Figure 21 - Primary Registry Contact Tab

User Accounts Info

The User Account Info tab is designed to setup initial user accounts, or to associate existing ImmTrac2 users to the new organization. After entering the user information, if the email address is already assigned to an ImmTrac2 account, the "Current ImmTrac2 Username" field will auto-update with the existing user's ImmTrac2 username. To designate the user as a Provider Supervisor, select the "Yes" radio button. There is a limit of two Providers Supervisors in any one organization. To set up additional user accounts, click the "+Add Additional entry" hyperlink.

Additional user accounts can be created at a later time by the Provider Supervisor for the organization or by DSHS Customer Support using the "Add User" process. See [the ImmTrac2 User Manual for assistance in adding new users](#). See also [Figure 22: User Accounts Info Tab](#)

User Accounts Info ▲

[\[back to top\]](#)

Each individual accessing ImmTrac2 is assigned a username. Usernames must not be shared. For security purposes, each user is required to provide an e-mail address. All e-mail addresses will be verified by the system for uniqueness. Please list all users who will be accessing ImmTrac2. If the user you are adding has a current ImmTrac2 user account, please provide the associated username.

* First Name Middle * Last Name

Phone Number - - Ext

* Email x


Current ImmTrac2 Username

An Organization may have the capability to designate a user as a Provider Supervisor. Provider Supervisors have the responsibility to create and manage users, edit Organizational information, and serve as an additional point of contact for their Organization. Eligible Organizations are limited to two Provider Supervisors per site. Please designate a maximum of two users as potential Provider Supervisors for your Organization.

Provider Supervisor Yes No

➔ [+ Add Additional entry](#)

Figure 22 - User Accounts Info Tab

 **Note:** If the registering organization will not administer immunizations, users may skip to the [Agree and Sign](#) section.

Responsible Medical Provider or Authorized Signer

***** The Responsible Medical Provider or Authorized Signer tab is only visible if the organization will administer immunizations AND DOES NOT participate in the TVFC program.**

The organizations must have a designated Authorized Signer for ImmTrac2 Registration or Renewal actions. The Authorized Signer must be authorized to electronically sign on behalf of the registering or renewing Organization. If the person filling out the form isn't the organization's Authorized Signer, an email will be sent to the Authorized Signer so that they may review and complete the registration or renewal signature process.

All organizations with no licensed medical provider and no licensed prescribing authority should designate the highest ranking authority within the registering or renewing Organization to be the Authorized Signer.

The "License Number" field requires a specific format depending on the License Type selected. If the number format for this field is entered incorrectly, an error validation message will display and the correct number format will be provided. *See Figure 23: Responsible Medical Provider or Authorized Signer Tab*

Responsible Medical Provider or Authorized Signer ▲ [\[back to top\]](#)

Organizations must have a designated Authorized Signer for ImmTrac2 Registration or Renewal actions. The Authorized Signer must be a licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations. For Organizations participating in the TVFC Program, this individual is the Medical Director or Equivalent and will also electronically sign the Vaccines for Children Program's Provider Agreement.

All other types of Organizations with no licensed medical provider and/or a licensed prescribing authority should designate the highest ranking authority within the registering or renewing Organization to be the Authorized Signer. The Authorized Signer must be authorized to electronically sign on behalf of the registering or renewing Organization. An Organization can designate only one Authorized Signer.

If you are not the Authorized Signer, please provide the information below indicating who the Authorized Signer is for this registering or renewing Organization. An email will be sent to the Authorized Signer so that they may review and complete the registration or renewal signature process. The Authorized Signer will then sign and submit the registration or renewal to ImmTrac2 for review and processing.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email

Figure 23 - Responsible Medical Provider or Authorized Signer Tab

Medical Director or Equivalent (Responsible Medical Provider)

***** The Medical Director or Equivalent tab is only visible if the organization will administer immunizations AND will participate in the TVFC program.**

The organizations must have a designated Authorized Signer for ImmTrac2 Registration or Renewal actions, and must be a licensed medical provider and/or a licensed prescribing authority for the organization. The Authorized Signer must be authorized to electronically sign on behalf of the registering or renewing Organization. An email will be sent to the Authorized Signer so that they may review and complete the registration or renewal signature process.

For Organizations participating in the TVFC Program, this individual is the Medical Director or Equivalent. This person will also electronically sign the Vaccines for Children Program's Provider Agreement.

The "License Number" field requires a specific format depending on the License Type selected. If the number format for this field is entered incorrectly, an error validation message will display and the correct number format will be provided. See Figure 24: Medical Director or Equivalent Tab

Medical Director or Equivalent (Responsible Medical Provider) ▲ [\[back to top\]](#)

Organizations must have a designated Authorized Signer for ImmTrac2 Registration or Renewal actions. The Authorized Signer must be a licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations. For Organizations participating in the TVFC Program, this individual is the Medical Director or Equivalent and will also electronically sign the Vaccines for Children Program's Provider Agreement.

All other types of Organizations with no licensed medical provider and/or a licensed prescribing authority should designate the highest ranking authority within the registering or renewing Organization to be the Authorized Signer. The Authorized Signer must be authorized to electronically sign on behalf of the registering or renewing Organization. An Organization can designate only one Authorized Signer.

If you are not the Authorized Signer, please provide the information below indicating who the Authorized Signer is for this registering or renewing Organization. An email will be sent to the Authorized Signer so that they may review and complete the registration or renewal signature process. The Authorized Signer will then sign and submit the registration or renewal to ImmTrac2 for review and processing.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email

Figure 24 - Medical Director or Equivalent Tab


Practicing Providers with Prescribing Authority

***** The Practicing Providers with Prescribing Authority tab is only visible if the registering organization will administer immunizations.**

In this tab please add all licensed health care providers (Example: MD, DO, NP, PA, and pharmacist) at your facility who have prescribing authority. The "License Number" field requires a specific format depending on the License Type selected. If the number format for this field is entered incorrectly, an error validation message will display and the correct number format will be provided.

To add additional providers, click the "+Add Additional entry" hyperlink. To add Practicing Providers after the application is submitted, the POC may need to contact ImmTrac2 Customer Support at 1-800-348-9158 or via email at ImmTrac2@dshs.texas.gov. See Figure 25: Practicing Providers with Prescribing Authority Tab

Figure 25 - Practicing Providers with Prescribing Authority Tab

 **Note:** If the registering organization is not enrolling in the TFVC or ASN programs, users may skip to the [Sign and Agree](#) section.

Client Demographic Info

***** The Client Demographic tab is only visible if the registering organization is enrolling in the TVFC (Texas Vaccines for Children) Program.**

This tab is designed to collect with information about the organization’s client demographic info. Select all the applicable age groups of the clients that are immunized at the provider organization, and all the applicable immunization payer sources (selected insurance types that are accepted by the organization). All four questions on this tab are required and responses must be selected. [See Figure 26: Client Demographic Info Tab](#)

Figure 26 - Client Demographic Info Tab

TVFC Coordinator

***** The TVFC Coordinator tab is only visible if the registering organization is enrolling in the TVFC (Texas Vaccines for Children) Program.**

The TVFC Coordinators are the organization's Primary Vaccine Coordinator (Primary Inventory) and Backup Vaccine Coordinator (Secondary Inventory) contacts. These individuals will get enrollment and renewal notifications via email as well as other notifications regarding policy changes.

Enter the contact information, and use the check box to designate if the TVFC Coordinator will require an ImmTrac2 user account. For information regarding the "Annual Training" requirements please contact TVFC Customer Support at (800)-252-9152 or by email at ImmTrac2@dshs.texas.gov. [See Figure 27: TVFC Coordinator Info Tab](#)

TVFC Coordinator Info ▲ [\[back to top\]](#)

Primary Vaccine Coordinator

* First Name Middle * Last Name

* Phone Number - - Ext

* Email

* Job Title

* Completed Annual Training? Yes No

* Type of Training received

If an ImmTrac2 user account is necessary for this person, check here to copy data you have entered to the User Account Info accordion tab, which will be used to create user accounts.

Backup Vaccine Coordinator

* First Name Middle * Last Name

* Phone Number - - Ext

* Email

* Job Title

* Completed Annual Training? Yes No

* Type of Training received

If an ImmTrac2 user account is necessary for this person, check here to copy data you have entered to the User Account Info accordion tab, which will be used to create user accounts.

Figure 27 - TVFC Coordinator Info Tab

Vaccines Offered/Delivery Info

***** The Vaccines Offered/Delivery Info tab is only visible if the registering organization is enrolling in the TVFC (Texas Vaccines for Children) Program.**

The "Vaccines Offered/Delivery Info" tab is used to give general information about the types of vaccines the organization will offer, and/or to identify an organization designated as a "Specialty Provider" by the TVFC Program. When the "Offers Select Vaccines" option is selected, use the checkboxes to identify all vaccines that are offered by the provider.

This tab is also used to indicate the address, date and time for vaccine deliveries. Select the days and times the vaccines can be delivered using the check boxes and drop down lists. Times are available in 15 minute increments. [See Figure 28: Vaccines Offered/Delivery Info Tab](#)



Note: Vaccine inventory is not a capability available in ImmTrac2 at this time.

Vaccines Offered/Delivery Info ▲

[\[back to top\]](#)

Vaccines Offered

ALL ACIP Recommended Vaccines
 Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A Specialty Provider is defined as a provider that only serves (1) defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

<input checked="" type="checkbox"/> DTaP	<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> TD
<input checked="" type="checkbox"/> Hepatitis A	<input checked="" type="checkbox"/> MMR	<input checked="" type="checkbox"/> Tdap
<input checked="" type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal Conjugate	<input checked="" type="checkbox"/> Varicella
<input checked="" type="checkbox"/> HIB	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Other, Specify: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio	
<input checked="" type="checkbox"/> Influenza	<input checked="" type="checkbox"/> Rotavirus	

Vaccine Delivery Address

* Vaccine Delivery Address

Vaccine Delivery Address Line 2

* City * State * Zip Code +4

Vaccine Delivery Days/Times

	Delivery Window 1				Delivery Window 2			
Monday	<input type="text" value="1:30"/>	<input type="text" value="PM"/>	To	<input type="text" value="4:00"/>	<input type="text" value="PM"/>	To	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>

Figure 28 - Vaccines Offered/Delivery Info Tab

Provider Population Estimates

***** The Provider Population Estimates tab is only visible if the registering organization is enrolling in the TVFC (Texas Vaccines for Children) Program.**

This tab is used to report the provider's population data based on clients seen during the previous 12 months. Use the Vaccine Eligibility Categories

tables to document how many children received VFC and non-VFC vaccines by category and age groups. Use the check boxes at the bottom of the section to select the type of data used to determine the provider population. See Figure 29: Provider Population Estimates Tab

Provider Population Estimates ▲ [\[back to top\]](#)

Provider Population based on clients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status of the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC/RHC or Deputized Facility ¹	0	0	0	0
Total VFC	0	0	0	0

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	0	0	0	0
Other underinsured ²	0	0	0	0
Childrens Health Insurance Program(CHIP) ³	0	0	0	0
Total Non-VFC	0	0	0	0
Total Clients	0	0	0	0

Adult Safety Net Program Population Estimate:

Please provide the number of uninsured adults (19+ years of age) your organization served in the previous 12 month period:

¹Underinsured includes children with health insurance that does not include vaccines or only covers vaccines types. Children are only eligible for vaccines that are not covered by health insurance.

In addition, to receive VFC Vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

²Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

³CHIP - Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (Choose all that apply)

<input type="checkbox"/> Benchmarking	<input type="checkbox"/> Doses Administered
<input type="checkbox"/> Medicaid Claims	<input type="checkbox"/> Provider Encounter Data
<input type="checkbox"/> IIS	<input type="checkbox"/> Billing System
<input type="checkbox"/> Other (must describe): <input style="width: 100px;" type="text"/>	

Figure 29 - Provider Population Estimates Tab

TVFC Provider Agreement

***** The TVFC Provider Agreement tab is only visible if the registering organization is enrolling in the TVFC (Texas Vaccines for Children) Program.**

The authorized signer must read and agree to the terms and conditions listed in the TVFC Provider Agreement tab in order to be enrolled in the TVFC Program. All organizations participating in the TVFC Program must renew the registration annually, if not sooner, based on the agreed terms. See Figure 30: TVFC Provider Agreement Tab (the TVFC Provider Agreement is only partially displayed in the following screen shot).

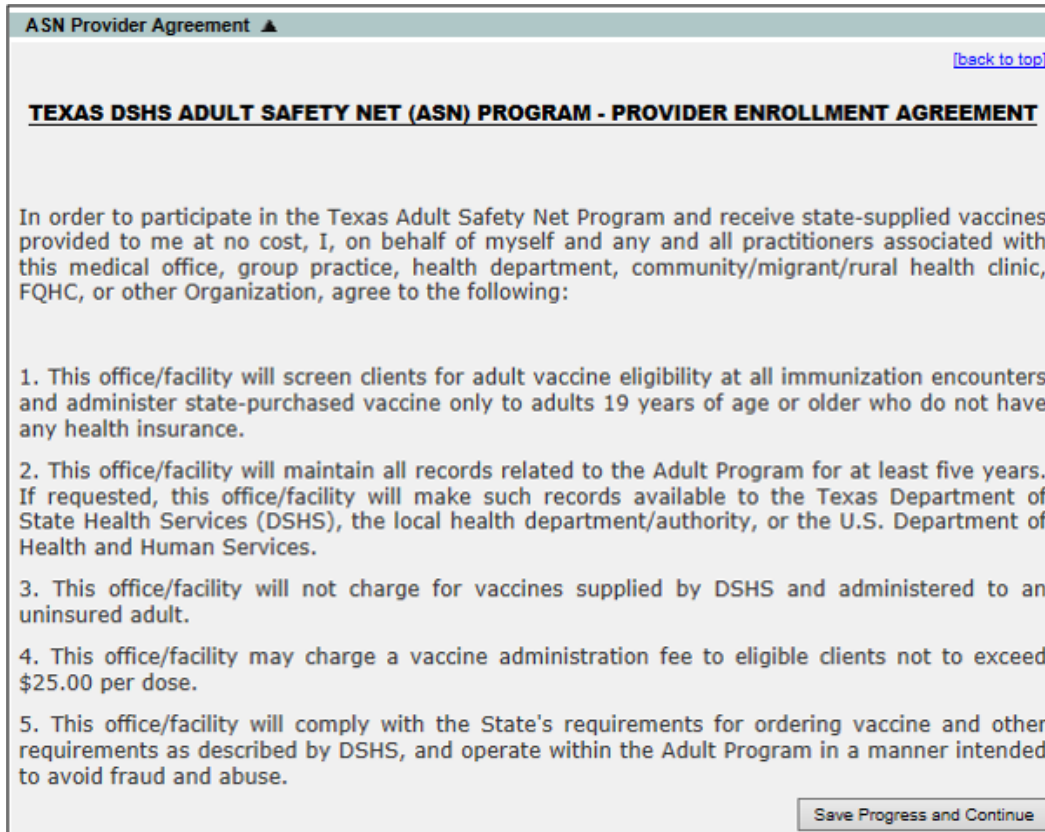
TVFC Provider Agreement ▲	
[back to top]	
PROVIDER AGREEMENT	
<p>To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:</p>	
1.	<p>I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.</p>
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> 1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

Figure 30 - TVFC Provider Agreement Tab

ASN Provider Agreement

***** The ASN Provider Agreement tab is only visible if the registering organization is enrolling in the ASN (Adult Safety Net) Program.**

The authorized signer must read and agree to the terms and conditions listed in the ASN Provider Agreement tab in order to be enrolled in the ASN Program. [Figure 31: ASN Provider Agreement Tab](#)



ASN Provider Agreement ▲ [\[back to top\]](#)

TEXAS DSHS ADULT SAFETY NET (ASN) PROGRAM - PROVIDER ENROLLMENT AGREEMENT

In order to participate in the Texas Adult Safety Net Program and receive state-supplied vaccines provided to me at no cost, I, on behalf of myself and any and all practitioners associated with this medical office, group practice, health department, community/migrant/rural health clinic, FQHC, or other Organization, agree to the following:

1. This office/facility will screen clients for adult vaccine eligibility at all immunization encounters and administer state-purchased vaccine only to adults 19 years of age or older who do not have any health insurance.
2. This office/facility will maintain all records related to the Adult Program for at least five years. If requested, this office/facility will make such records available to the Texas Department of State Health Services (DSHS), the local health department/authority, or the U.S. Department of Health and Human Services.
3. This office/facility will not charge for vaccines supplied by DSHS and administered to an uninsured adult.
4. This office/facility may charge a vaccine administration fee to eligible clients not to exceed \$25.00 per dose.
5. This office/facility will comply with the State's requirements for ordering vaccine and other requirements as described by DSHS, and operate within the Adult Program in a manner intended to avoid fraud and abuse.

Figure 31 - ASN Provider Agreement Tab

Agree and Sign

The "Sign and Agree" tab contains the Organization Agreement and Confidentiality Statement for ImmTrac2 that must be read and agreed to by the authorized signer. [See Figure 32: Agree and Sign Tab \(the Agree and Sign tab is only partially displayed in the following screen shot.\)](#)

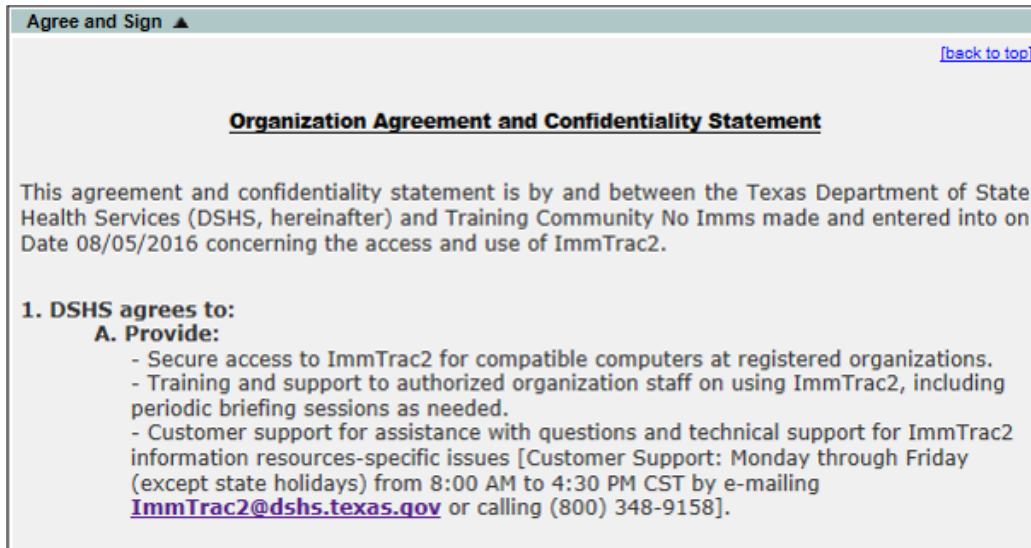


Figure 32 - Agree and Sign Tab

Chapter 4: Submitting a Registration

NON-Authorized Signer (Submit for Signature):

At the bottom of the enrollment application on the Agree and Sign tab, are options for submitting the application to the authorized user for approval or submitting the application for approval to DSHS.

If the organization is applying for the TVFC program, the authorized user is the person listed on the Medical Director tab. If the organization is not applying for TVFC, the authorized user is the person listed on the Responsible Medical Provider or Authorized Signer tab.

If the person who completed the application is NOT the authorized signer, select the "I am not the Authorized Signer" radio button. This will activate the "Submit for Signature" button. Click the "Submit for Signature" button to send a request for signature email notification to the Authorized Signer. The Authorized Signer will have the opportunity to review all data entered into the enrollment form, adjust any data as desired, read the Provider Agreements, and then electronically sign the enrollment form.

Authorized Signer

* Select one

I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

I am the Authorized Signer

Medical Director or Equivalent (Responsible Medical Provider):

Save Progress and Continue Submit for Signature Submit for Approval

Figure 33 - Agree and Sign Tab

If any required fields are not populated, or do not meet the field requirements, a Validation Error message will display at the top of the page. The user must review each section of the application for any validation errors. Once all errors are corrected, scroll to the Agree and Sign tab and submit the application.

Validation Errors ←

- Please scroll down through each accordion tab to review and resolve validation errors.

Enrollment

Figure 34 - Validation Error Message

Authorized Signer (Submit for Approval):

If the person who completed the application is the authorized signer, select the "I am the Authorized Signer" radio button.

Follow the steps below to submit the application for approval. [See Figure 35: Submit for Approval Steps 1-4](#)

1. Click the "I am the Authorized Signer" radio button.
 - This will trigger the "Organization Agreement and Confidentiality Statement Acceptance" options and the "Submit for Approval" button to display.

2. Click the check box to signify that you have read and agree to the Provider Agreements.
 - The available acceptance options are dependent upon the programs the organization is registering for.
3. Enter Signature, Title and Email information.
4. Click the "Submit for Approval" button.

Authorized Signer

* Select one

I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

I am the Authorized Signer

Organization Agreement and Confidentiality Statement Acceptance

I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section

I have read and agree to comply with TVFC Agreement as presented under the TVFC Provider Agreement tab

I have read and agree to comply with the ASN Agreement as presented under the ASN Provider Agreement tab

Medical Director or Equivalent (Responsible Medical Provider):

* Signature

To sign, please type your name.

* Title

* Email

Date/Time

Save Progress and Continue Submit for Signature Submit for Approval

Figure 35 - Submit for Approval Steps 1-4

Submit for Approval Using the Random Access Code

If the registration application was "Submitted for Signature" by a NON-Authorized Signer, the Authorized Signer will receive an "ImmTrac2 Registration – Your action is needed" email.

The email will contain a link to sign the incomplete registration/renewal, another link to decline signing the registration/renewal, and a Random Access Code (RAC). The RAC will be active for 30 day. After this time the POC will need to contact ImmTrac2 Customer Support at 1-800-348-9158 or via email at ImmTrac2@dshs.texas.gov to request a new code. See Figure 36: "ImmTrac2 Registration – Your action is needed" Email

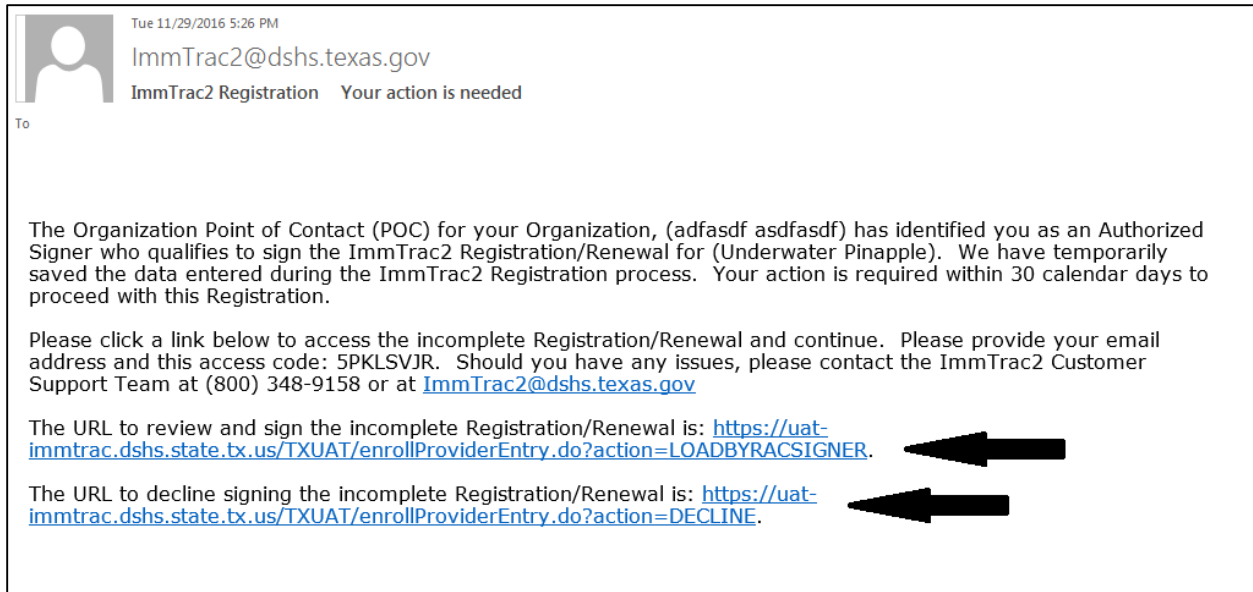


Figure 36 - "ImmTrac2 Registration – Your action is needed" Email

To electronically sign and submit the registration/renewal form for approval, follow the steps below. See Figure 37: Submit for Approval Using the Random Access Code Steps 2-3

1. Click on the link in the "action required" email to review and sign the application. (*shown above*)
2. When the Enrollment screen loads, enter the following information.
 - Random Access Code provided in the email
 - POC email address that received the "action required" email
3. Click the "Submit" button.

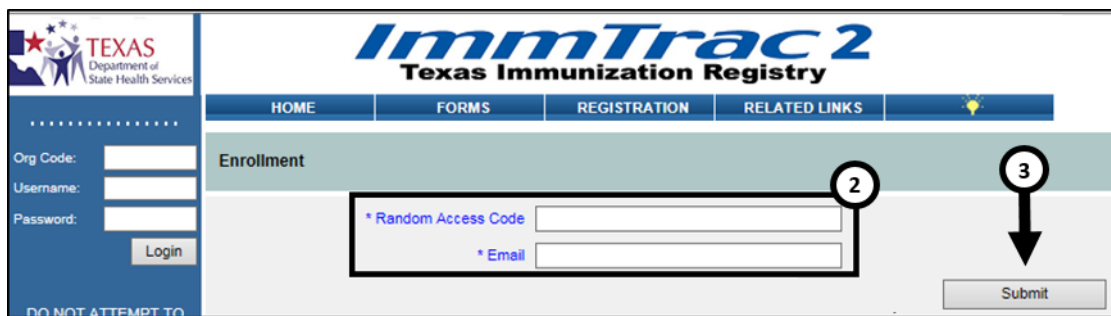


Figure 37 - Submit for Approval Using the Random Access Code Steps 2-3

See Figure 38: Submit for Approval Using the Random Access Code Steps 4-7

4. When the registration/renewal loads, review the form, read the appropriate agreements, and then scroll down to and expand the Sign and Agree tab and select the "I am the Authorized Signer" radio button.
 - This will trigger the "Organization Agreement and Confidentiality Statement Acceptance" options and the "Submit for Approval" button to display.
5. Click the check boxes to signify that you have read and agree to the applicable Provider Agreements.
 - The available acceptance options are dependent upon the programs the organization is registering for.
6. Enter Signature, Title and Email information.
7. Click the "Submit for Approval" button.

Authorized Signer

* Select one

I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

I am the Authorized Signer

Organization Agreement and Confidentiality Statement Acceptance

I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section

I have read and agree to comply with TVFC Agreement as presented under the TVFC Provider Agreement tab

I have read and agree to comply with the ASN Agreement as presented under the ASN Provider Agreement tab

Medical Director or Equivalent (Responsible Medical Provider):

* Signature

To sign, please type your name.

* Title

* Email

Date/Time

Save Progress and Continue Submit for Signature Submit for Approval

Figure 38 - Submit for Approval Using the Random Access Code Steps 4-7

Upon submitting the registration or renewal application, the POC will receive an "ImmTrac2 Registration" email confirmation with next step instructions. For renewal applications, once the Authorized Signer has submitted the form to DSHS for processing, all org users will be able to log into ImmTrac2, even if the DSHS approval process results in approval after the previous

organization agreements expire. For any additional questions, please contact ImmTrac2 Customer Support at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov.

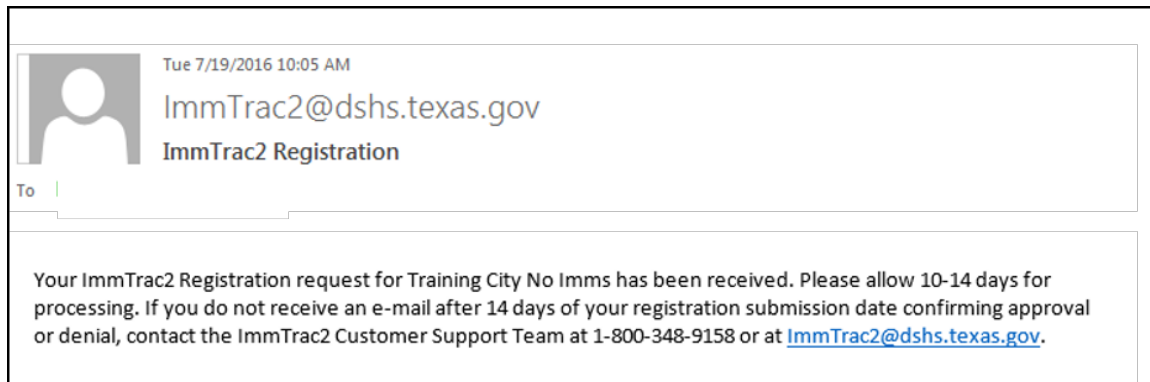


Figure 39 - ImmTrac2 Registration Confirmation Email

Decline Signing the Registration

If the designated Authorized Signer is not the person initially filling out the form, an email will be sent to the Authorized Signer with instructions to access the form to review and submit if for approval. The designated Authorized Signer can choose to either complete the submission or can decline to sign the form. To decline signing the registration form, the Authorized Signer will execute following the steps below. [See Figure: Decline Signing the Registration/Renewal Steps 2-3](#)

1. Click on the "URL to decline signing the registration" link in the "action required" email. [See Previous Figure: "ImmTrac2 Registration – Your action is needed" Email](#)
2. When the Enrollment screen loads, enter the following information.
 - Random Access Code provided in the email
 - POC email address
3. Click the "Decline" button.
 - Users are redirected to the ImmTrac2 login page and will not receive a validation or successful message on the screen.
 - An email will be sent to the organization's POC(s) notifying them of the declined application.

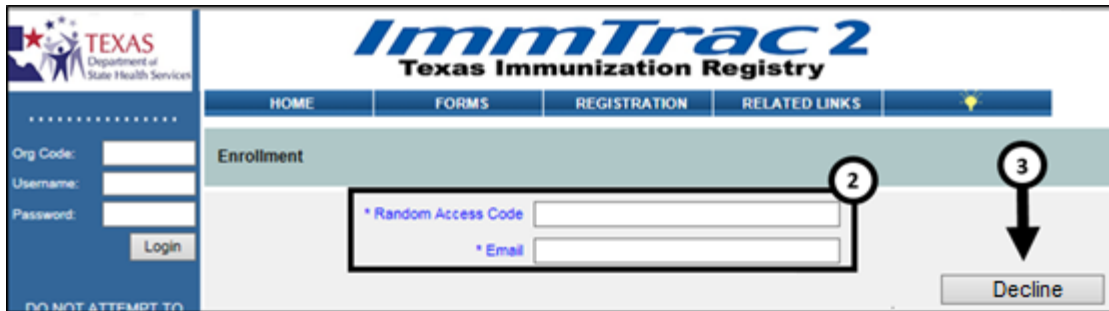


Figure 40 - Decline Signing the Registration/Renewal Steps 2-3

Approved Registrations

The registration will be reviewed by ImmTrac2 Customer Support. If the application is approved, the POC, authorized signer, and (or) the primary and secondary inventory contacts will receive a "Welcome to ImmTrac2" email, or multiple emails depending on the programs the organization enrolled in. It is possible to be approved for one program and not another.

Welcome to ImmTrac2 Email

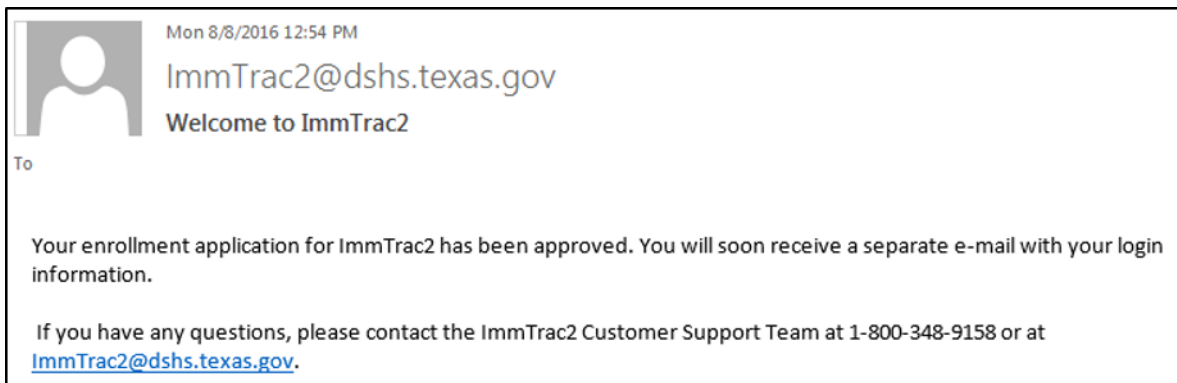


Figure 41 - Welcome to ImmTrac2 Email

Welcome to TVFC Email

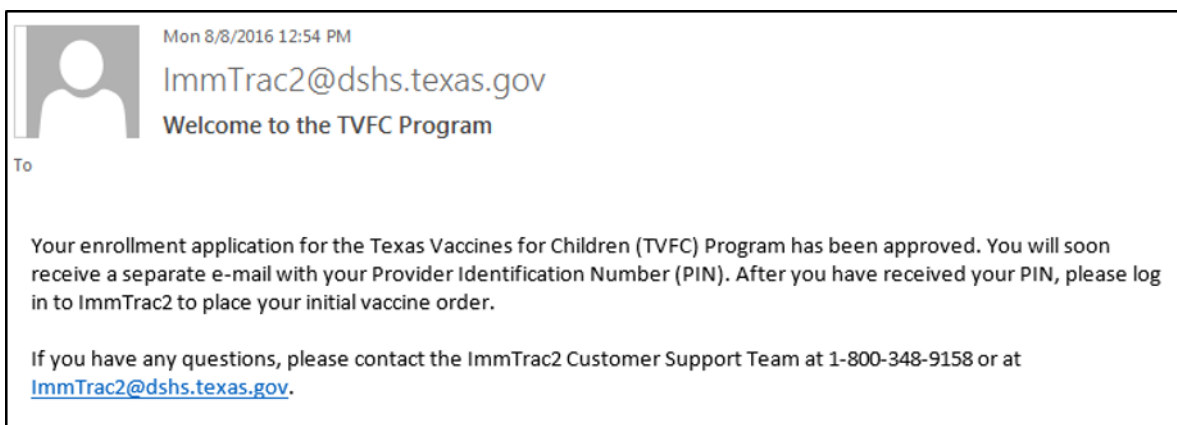


Figure 42 - Welcome to TVFC Email

Welcome to ASN Email

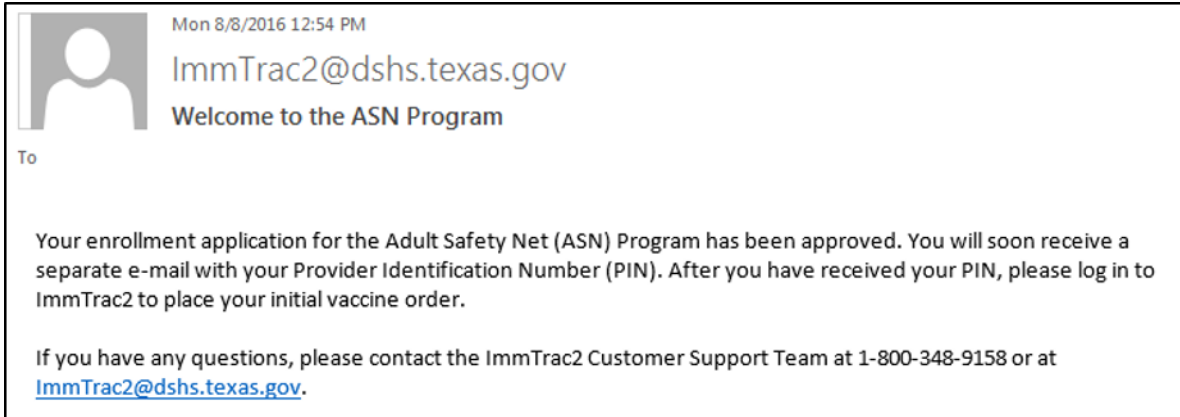


Figure 43 - Welcome to ASN Email

Unapproved Registrations

If an organization is not approved for access to a particular program, the appropriate POCs will receive an email notifying them of the decision. It is possible to be approved for one program and not another. See [Figure 44: Unapproved Registration Notification Email](#)

Please email ImmTrac2 Customer Support at ImmTrac2@dshs.texas.gov if you have any questions.

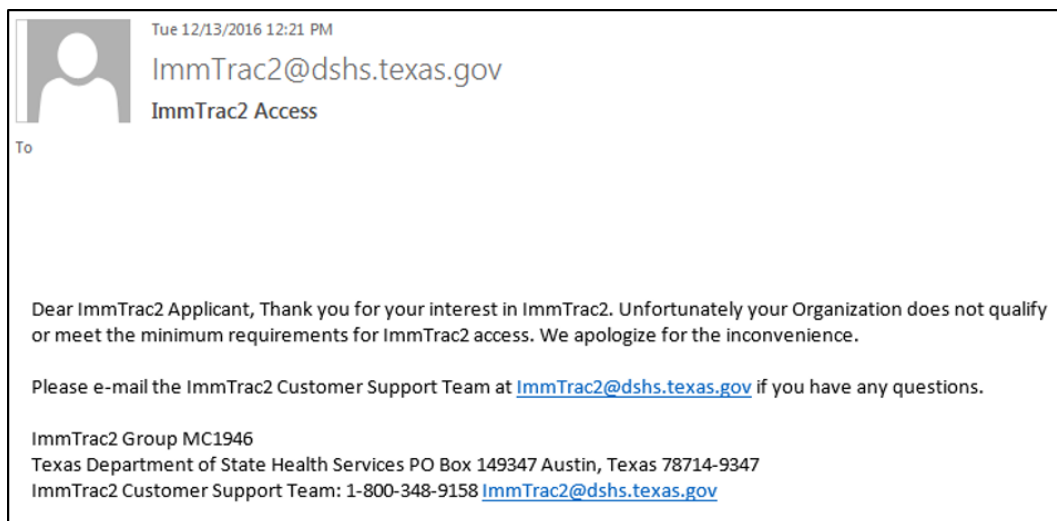


Figure 44 - Unapproved Registration Notification Email

Returned Registrations

In some instances, an ImmTrac2 Customer Support team member may need additional information or may need make changes to the submitted registration application. When this occurs, the enrollment application will be

“Returned” and the authorized signer will receive an email. The email will provide detailed information as to why the application was returned for re-submission, and it will list any changes made by DSHS. The Authorized Signer will be asked to review the changes made by DSHS, make any additional updates necessary, and resubmit the application for approval. See Figure 45: Returned Registration Email – Non ImmTrac2 User

Non-Registered ImmTrac2 Users

Non-registered users will receive an email with instructions to access the registration form via a link and Random Access Code. After accessing the returned application, review the changes or make updates as instructed and resubmit the registration. If there are there are any questions about this email or the recertification process, please contact ImmTrac2 Customer Support at 1-800-348-9158 or ImmTrac2@dshs.texas.gov.



Figure 45 - Returned Registration Email – Non ImmTrac2 User

Registered ImmTrac2 Users

Users who submitted a new Registration after logging into ImmTrac2 will receive an email similar to the following example. Users should follow the instructions listed in the email to login, review, and resubmit the application.

If there are there are any questions about this email or the recertification process, please contact ImmTrac2 Customer Support at 1-800-348-9158 or ImmTrac2@dshs.texas.gov.

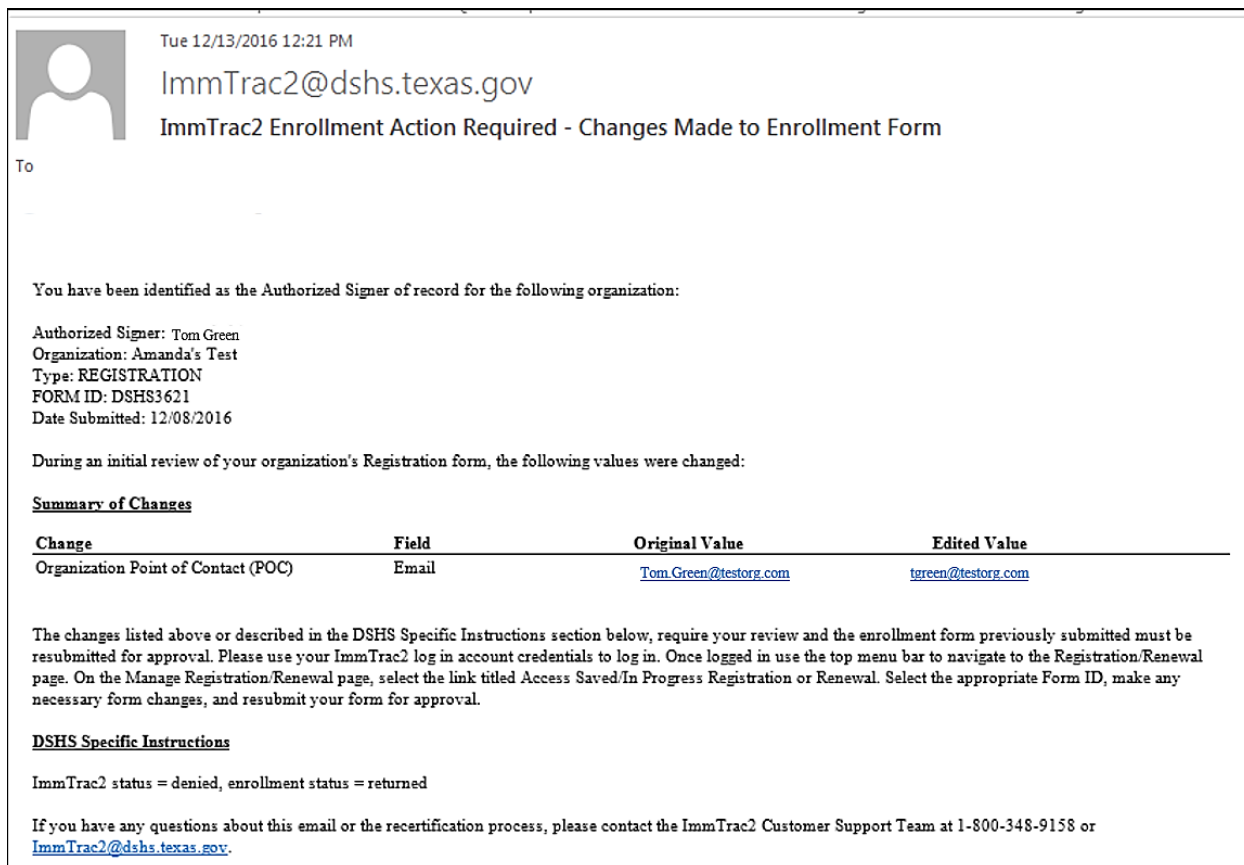


Figure 46 - Returned Registration Email – ImmTrac2 User

Chapter 5: Renewals

Renewals go through the same approval process as first time enrollments. However, the renewal application is pre-populated with existing organization information which makes the process more efficient. Providers are required to review the application in full and make any needed updates prior to submitting the renewal application.

Organizations are required to renew their access to ImmTrac2 on a yearly or bi-yearly basis depending on the organization type prior to the expiration of their site agreement date.

- **TVFC Organizations** renew annually.
- **Non-TVFC orgs (registry only organizations)** renew bi-annually.

If a user is attempting to access an organization with an expired site agreement date, they will see the site agreement expiration page. The organization's Authorized Signer must submit a renewal form for approval before any users in that organization can access ImmTrac2. See Figure 47: Site Agreement Expired Message

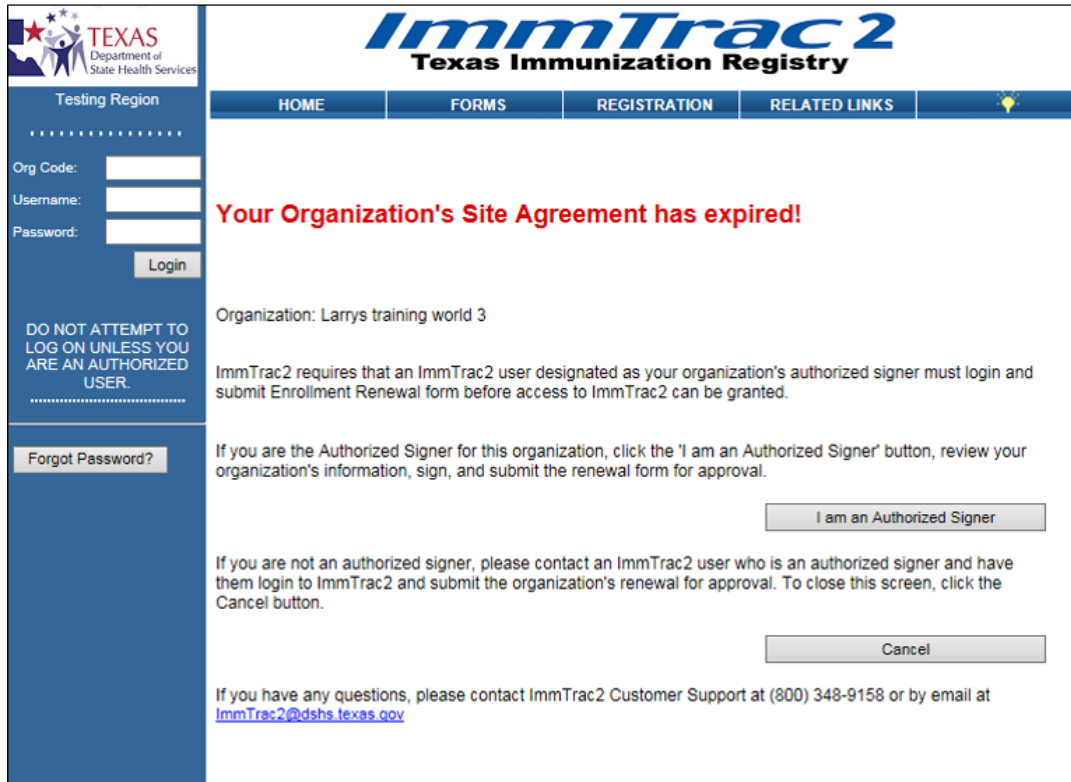


Figure 47 - Site Agreement Expired Message

Chapter 6: Renewal Notifications

TVFC Annual Re-Enrollment Message

Users are notified of an upcoming renewal period on the ImmTrac2 application home page via the "TVFC Annual Re-enrollment" message. This message will display for Organization's that participate in the TVFC program during the DSHS established annual re-enrollment period. Organizations are encouraged to submit the renewal application during this time regardless of their site agreement date and when it will expire.

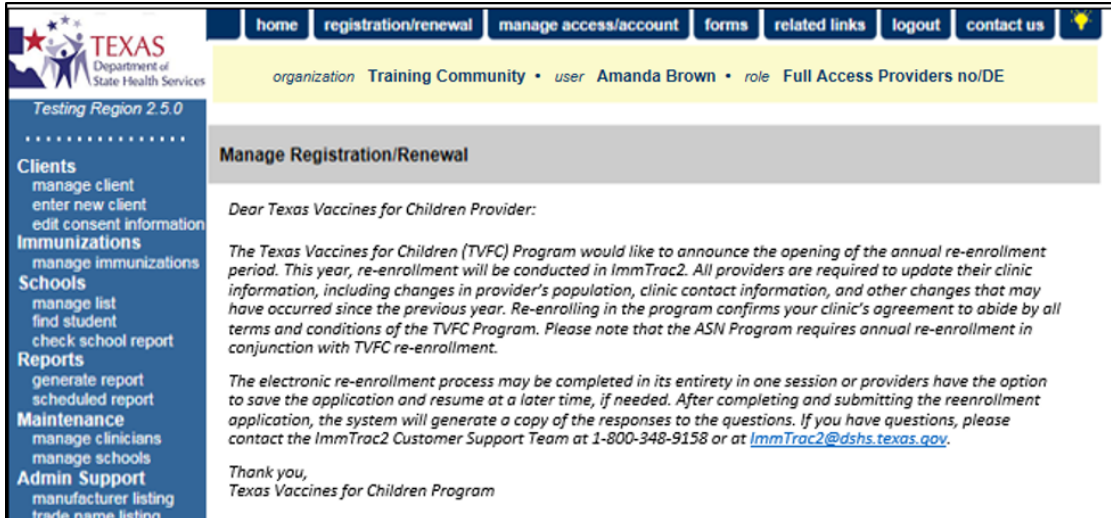


Figure 48 - ImmTrac2 TVFC Annual Re-enrollment Message

Site Agreement Expiration Warning

The Site Agreement expiration warning message will display on the application home page 60 days prior to the organization's Site Agreement expiration date, then again at 45 days, 15 days and then daily beginning at 10 days. If an organization's site agreement is due to expire prior to the annual re-enrollment period, orgs must submit a renewal application. The message will no longer display once the Renewal has been successfully submitted for approval.

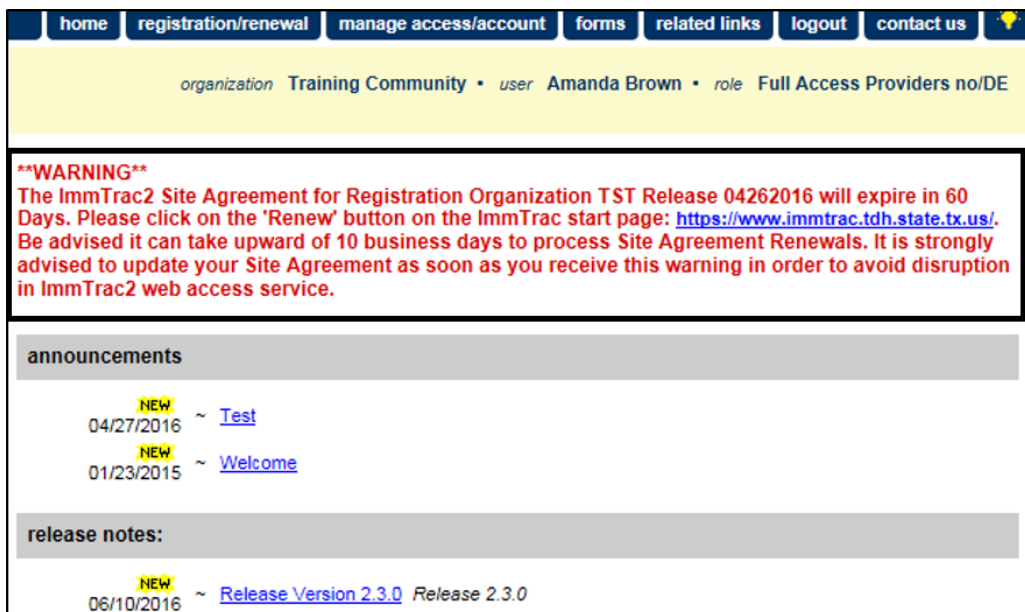


Figure 49 - Application Home Page Renewal Notification

Site Agreement Expiration Email

In addition to the home page notification, the POC and the Primary and Secondary (Backup) Inventory Contacts will receive an “ImmTrac2 Renewal Due for your Organization” email. This email will be sent 60 days prior to the organization’s Site Agreement expiration date, then again at 45 days, 15 days and then daily beginning at 10 days.

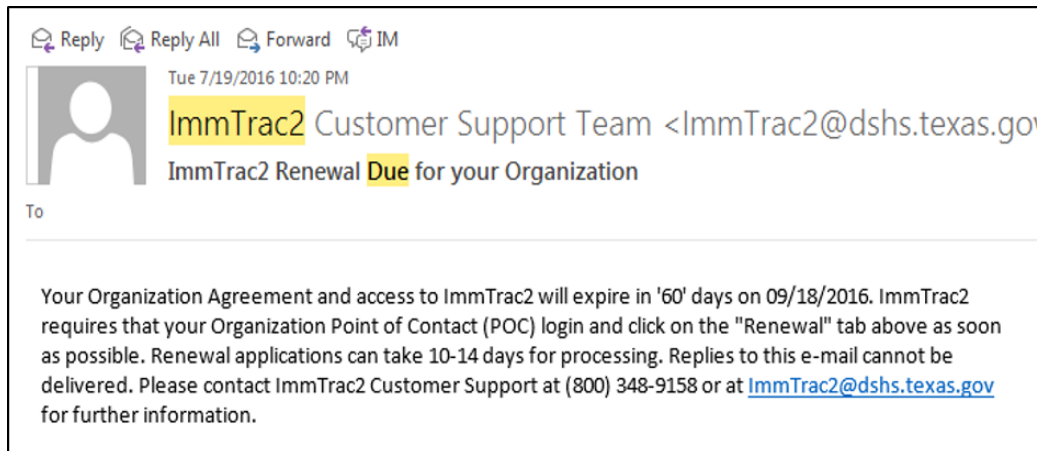


Figure 50 - Renewal Notification Email

Chapter 7: Accessing a Renewal

There is only one path to access the online renewal form for registered ImmTrac2 users. The renewal form is accessible via the “Registration/Renewal” menu bar.

To access the Enrollment Registration form, follow the steps below. See [Figure 51: Accessing a Renewal Form Steps 1-2](#)

1. After logging into the ImmTrac2 registry, click on the “Registration/Renewal” tab.
2. Then click the “Renew for existing Organization” link.

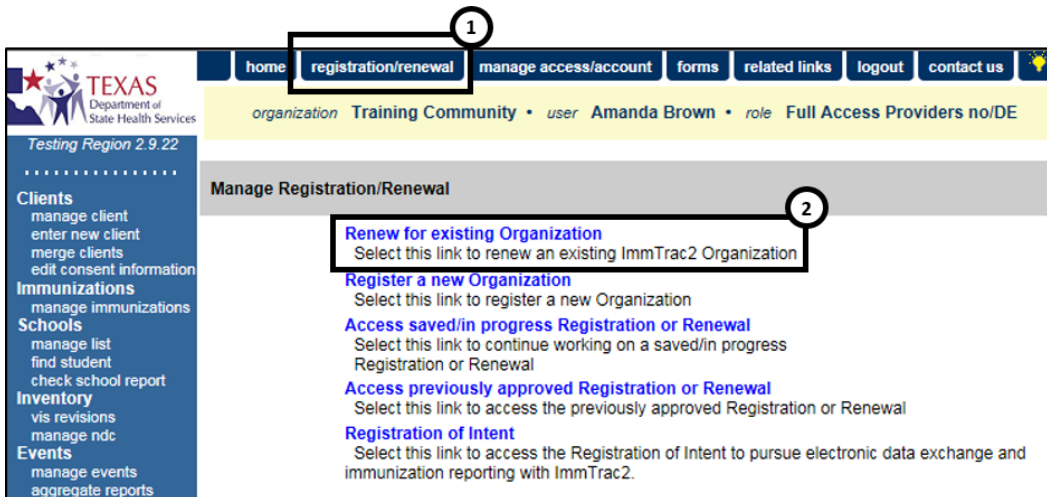


Figure 51 - Accessing a Renewal Form Steps 1-2

3. The Renewal form will load to the Enrollment screen with pre-populated information.

The 'Enrollment' form is titled 'Welcome to the ImmTrac2 Online Registration!'. It includes instructions: 'Please complete each section below. Once all required fields have been completed, select "Submit for Signature". To save your progress and return at a later time, select "Save Progress and Exit." Applications that are left inactive for more than 7 days will be deleted and a new application must be completed.' A red warning states: 'Warning: Time out will occur after 15 minutes of no activity. Please ensure you save your progress frequently to avoid loss of data.' The form is divided into sections: 'Registration Questions' (with expand/minimize options) and 'Organization Demographics' (with a 'back to top' link). The 'Organization Demographics' section contains the following fields:

- * Organization Name: Training
- * Organization Email: Bob.Brown@abc.COM
- * Organization Physical Address: 123 MULBERRY LANE
- Physical Address Line 2: 123
- * City: AUSTIN
- * State: TX
- * Zip Code: 78743
- * County: DeWitt
- * Phone Number: 333 - 112 - 1112

Figure 52 - Accessing the Renewal Form (Registered ImmTrac2 Users)

Chapter 8: Completing a Renewal

A renewal application is exactly the same as the registration, but is pre-populated with existing organization information based on the original registration and updates that may have been made after the registration was approved. After accessing the renewal application, applicants must review all sections of the form and make updates as needed.

If any of the answers on the "[Registration Questions](#)" tab changes to a "Yes," additional tabs will become visible and must be completed. See [Chapter 3: Completing a Registration](#) section for details about each tab, information on [Saving Progress](#), or [Accessing Saved in Progress Applications](#).

Chapter 9: Submitting a Renewal

Submitting a renewal application is the same as submitting a registration. It can only be submitted for approval by the authorized signer. Users who are not the authorized signer can complete the form and submitted it for signature to the authorized signer. Please review the [Submitting a Registration](#) section for more details on how to submit an application, next steps, approved, denied or returned applications and email notifications.

Upon submitting the registration or renewal application, designated POCs will receive an "ImmTrac2 Registration" or "ImmTrac2 Renewal" email confirmation with next step instructions. For any additional questions, please contact ImmTrac2 Customer Support at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov See Figures 53 & 54: ImmTrac2 Registration Confirmation Email and TVFC Registration Confirmation Email

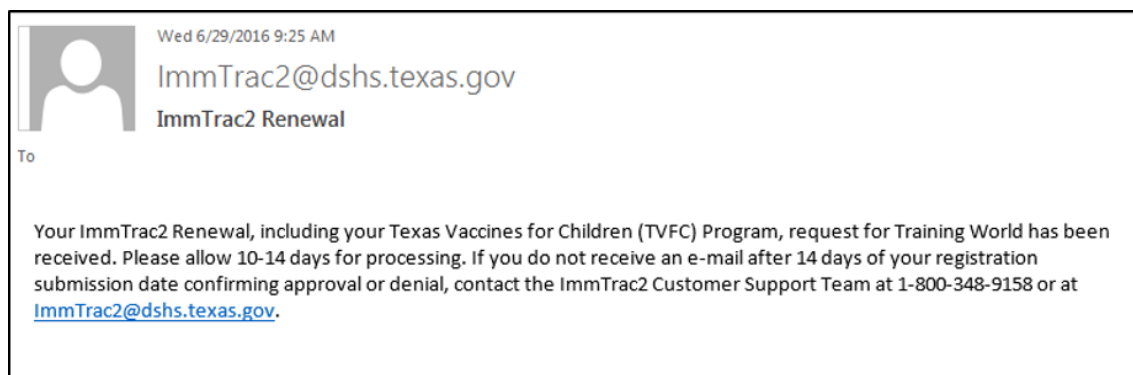


Figure 53 - ImmTrac2 Registration Confirmation Email

Approved Renewal

The renewal will be reviewed by ImmTrac2 Customer Support. If the application is approved, the appropriate contacts will receive a "Program

Renewal” email. Once a renewal has been submitted, organizations will be able to continue to access ImmTrac2 during the DSHS review and approval period.

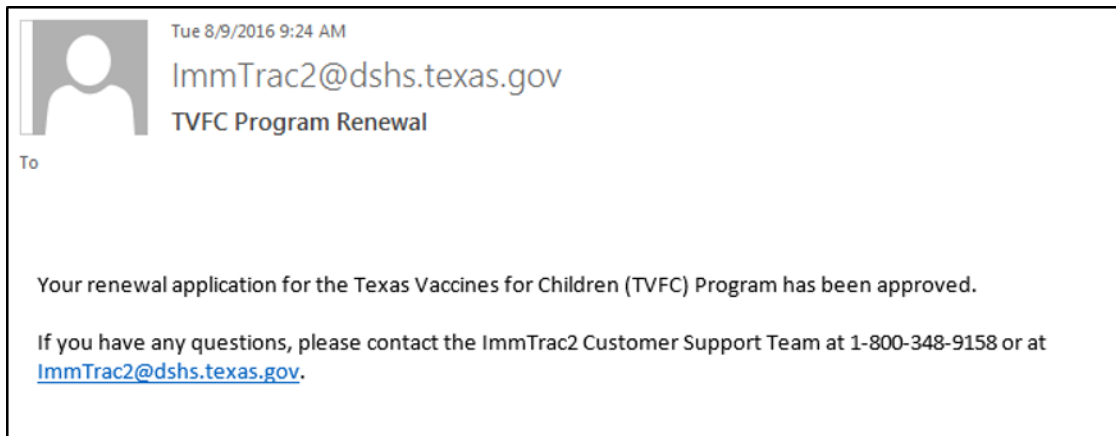


Figure 54 - TVFC Registration Confirmation Email

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