



Texas Department of State
Health Services

Texas Immunization Registry

The Texas Immunization Registry

ImmTrac2 Site Registration Guide



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1. When is a Site Registration Needed?

A new ImmTrac2 **registration** must be completed if:

- An organization is registering for the first time.
- An organization was bought out AND the physical address changes as well. If the name and staff are the only thing changing, then they can complete a site renewal to update the facility name and add new users.

Site agreement registrations can take up to 10 to 14 business days to approve. The Texas Immunization Registry staff will review the forms and process them in the order they are received.

2. How to Begin the Registration Process

Anyone can register their original site agreement. Go to <https://immtrac.dshs.texas.gov> and click the REGISTRATION button on the menu bar near the top of the screen. See *Figure 1: Start Registration*.



Figure 1: Start Registration

Click the Register link that pops up. See *Figure 2: Link to Register*.

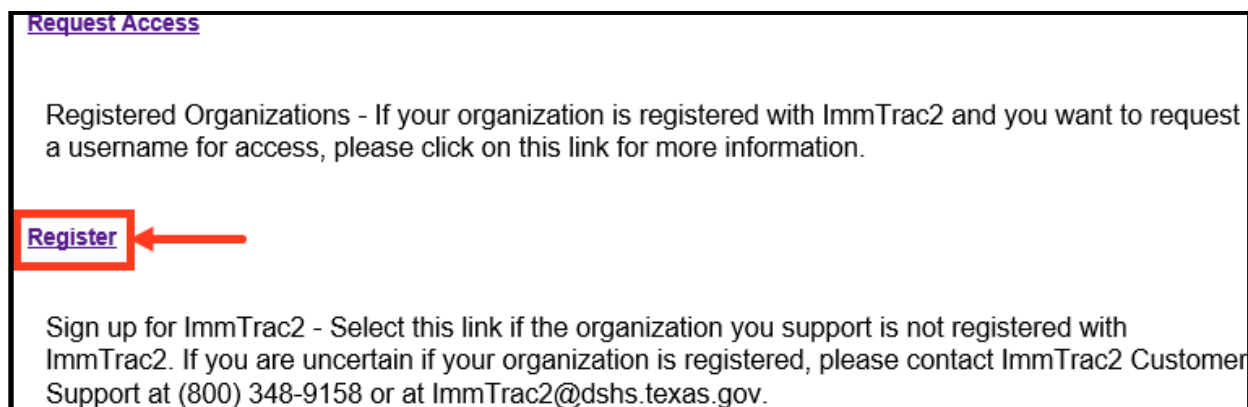


Figure 2: Link to Register

Enter your email address and your Texas Vaccines for Children (TVFC) PIN number. If you do not have a TVFC PIN number, please select the "Continue" button.

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The Site Agreement (see *Figure 3: Site Agreement Email and TVFC PIN*) states:

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.

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.



Site Agreement

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.

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.

* Email

TVFC PIN (if applicable)

Confirm TVFC PIN

Continue Cancel

Figure 3: Site Agreement Email and TVFC PIN

The email address entered must be unique. If not, an error message will pop up. See *Figure 4: Email Error Message*.

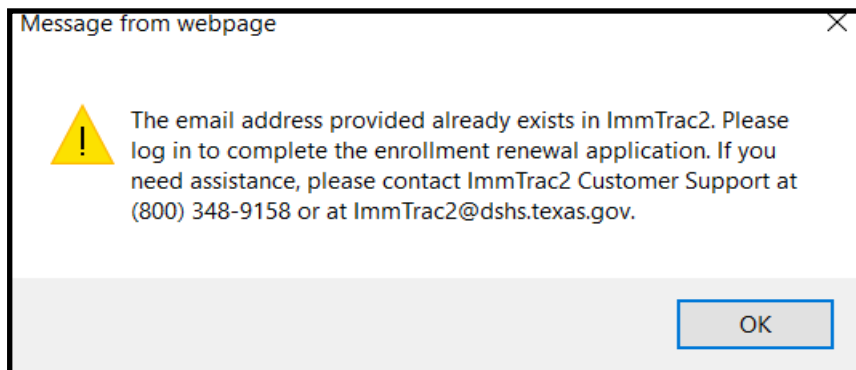
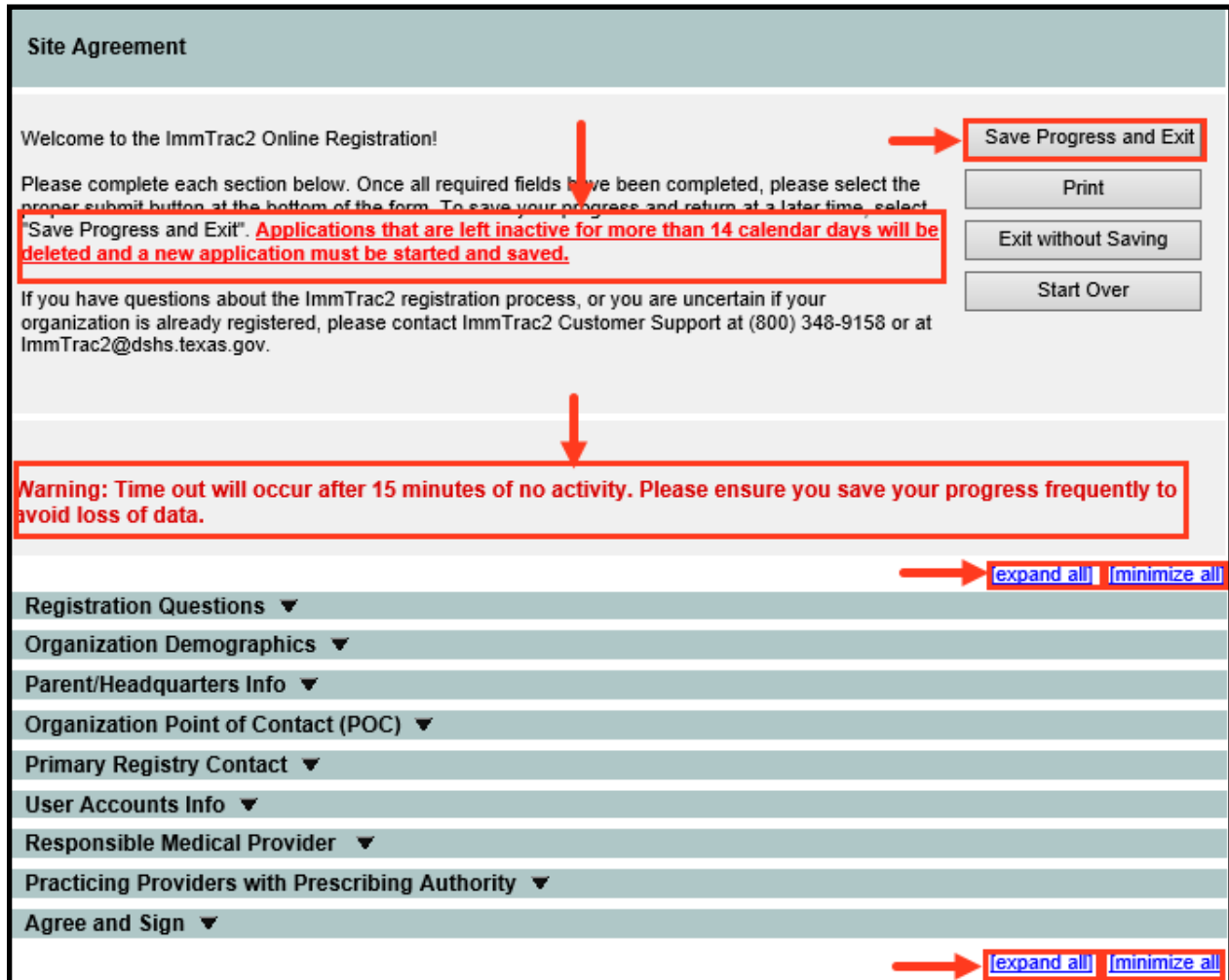


Figure 4: Email Error Message

3. Starting the Registration

Best practice is to expand one section at a time to ensure all required fields are completed (these are the fields with an asterisk and in blue). Navigate to each section by clicking the down arrow ▼ to expand and the up arrow ▲ to minimize. You can also expand all sections or minimize all sections.

Applications left inactive (not updated) for more than 14 calendar days are deleted. See *Figure 5: Site Agreement*.



Site Agreement

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, please select the proper submit button at the bottom of the form. To save your progress and return at a later time, select "Save Progress and Exit". **Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

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.

Registration Questions ▼

Organization Demographics ▼

Parent/Headquarters Info ▼

Organization Point of Contact (POC) ▼

Primary Registry Contact ▼

User Accounts Info ▼

Responsible Medical Provider ▼

Practicing Providers with Prescribing Authority ▼

Agree and Sign ▼

Save Progress and Exit

Print

Exit without Saving

Start Over

expand all minimize all

expand all minimize all

Figure 5: Site Agreement

After each Registration section, click the Save Progress and Continue button at the bottom right of each section. Your Registration will be timed out after 15 minutes of no activity. See *Figure 6: Save Progress and Continue Button*.

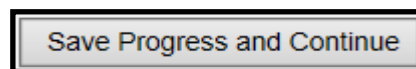


Figure 6: Save Progress and Continue Button

4. Registration Sections

4A. Registration Questions

This section helps to identify your organization. See *Figure 7: Registration Questions*.

Registration Questions ▲

* 1. Is your organization authorized to administer immunizations? Yes No

Note: A Texas licensed doctor or nurse could potentially be authorized to administer immunizations if they are also a Prescribing Authority or are under the supervision of a Prescribing Authority. Organizations selecting 'No' are not required to list a prescribing authority and users are granted "view only" access to client/immunization records.

* 2. Does your organization administer immunizations, antivirals, or prophylactic injections? Yes No

* 3. 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

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

* 5. Select your Organization Type ▼

* 6. 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 www.immunizetexas.com

Figure 7: Registration Questions

Question 1: If your organization is licensed in Texas to administer vaccines, select 'Yes'. If not select 'No'.

Question 2: If your organization administers immunizations, antivirals, or prophylactic injections, select 'Yes'. If not select 'No'.

Question 3: If you select 'Yes', the Texas Vaccines for Children Program at DSHS are notified to contact you.

Question 4: This question is grayed out and cannot be selected.

Question 5: You can select from a drop-down box the type of organization.

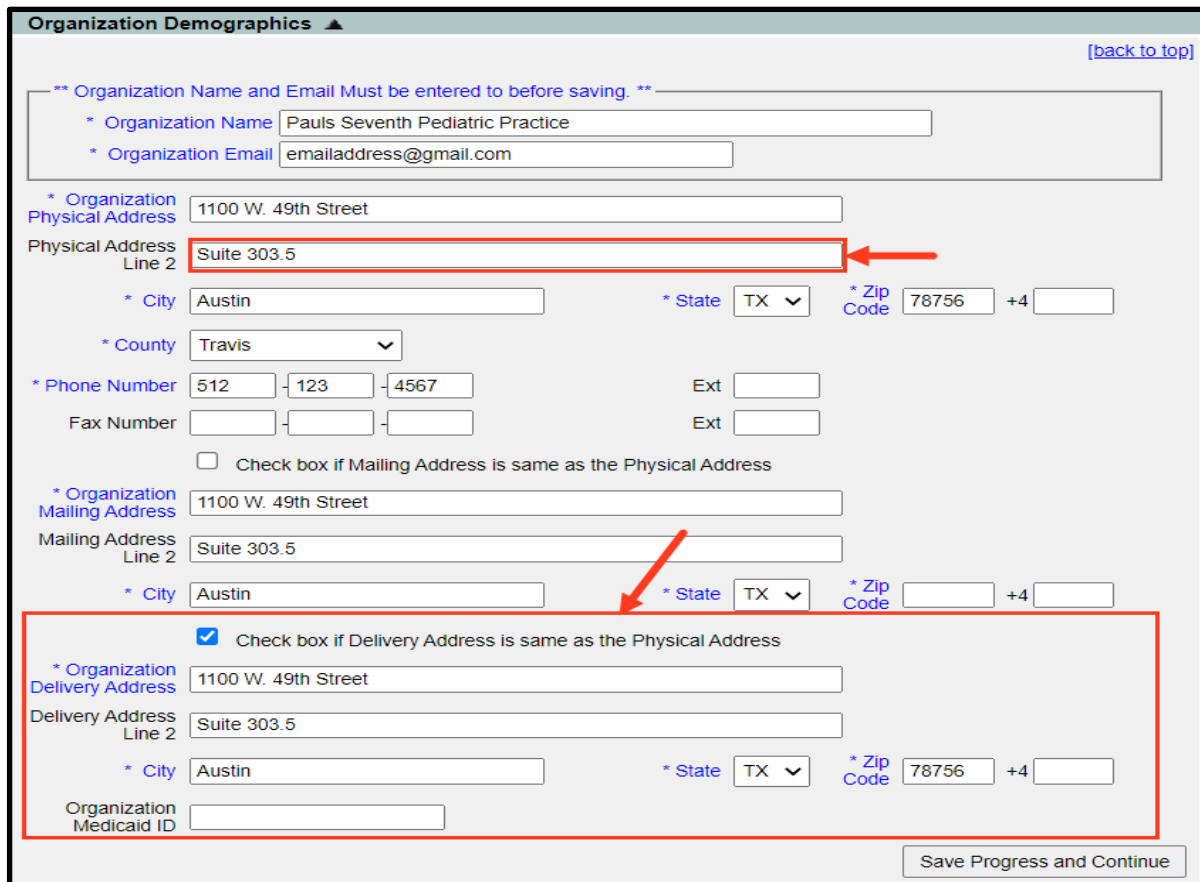
Question 6: If you click YES, Adult Safety Net staff at DSHS are notified to contact you.

4B. Organization Demographics

ImmTrac2 does not accept exact duplicate physical addresses. Please include one of the following if needed to ensure that your organizations address is unique in Physical Address Line 2 (see *Figure 8: Organization Demographics*):

- Suite,
- Building,
- Section numbers,
- Doctor's name,
- For schools:
 - Elementary,
 - Middle,
 - High, or
 - ISD

Also be sure to include the Delivery Address at the bottom of this section.



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 * 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

Check box if Delivery Address is same as the Physical Address

* Organization Delivery Address

Delivery Address Line 2

* City * State * Zip Code +4

Organization Medicaid ID

Figure 8: Organization Demographics

4C. Parent/Headquarters Info

If you do not have a parent organization (see *Figure 9 Parent/Headquarters Info*) because your organization is the parent or is a stand-alone site being registered, the **No** option must be selected.

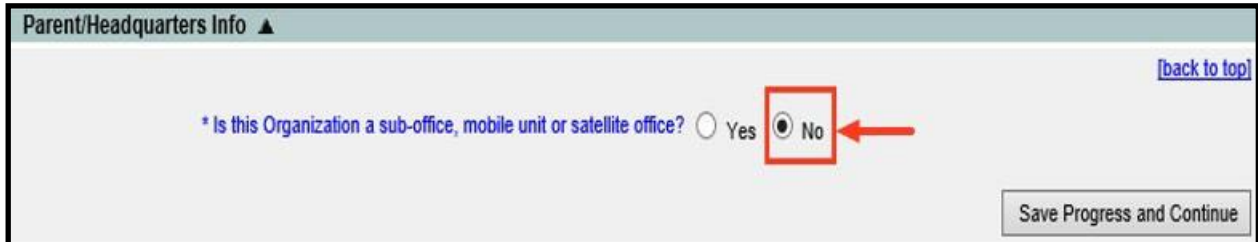


Figure 9: Parent/Headquarters Info

If you have a parent organization (see *Figure 10: Parent/Sub-Sites*):



Figure 10: Parent/Sub-Sites

1. The parent organization must already be registered with ImmTrac2.
2. Enter the parent site's TXIIS ID and click **Search** (see *Figure 11: Parent TXIIS ID*). If you do not know the parent TXIIS ID, please contact ImmTrac Customer Support by emailing ImmTrac2@dshs.texas.gov or call 1-800-348-9158.

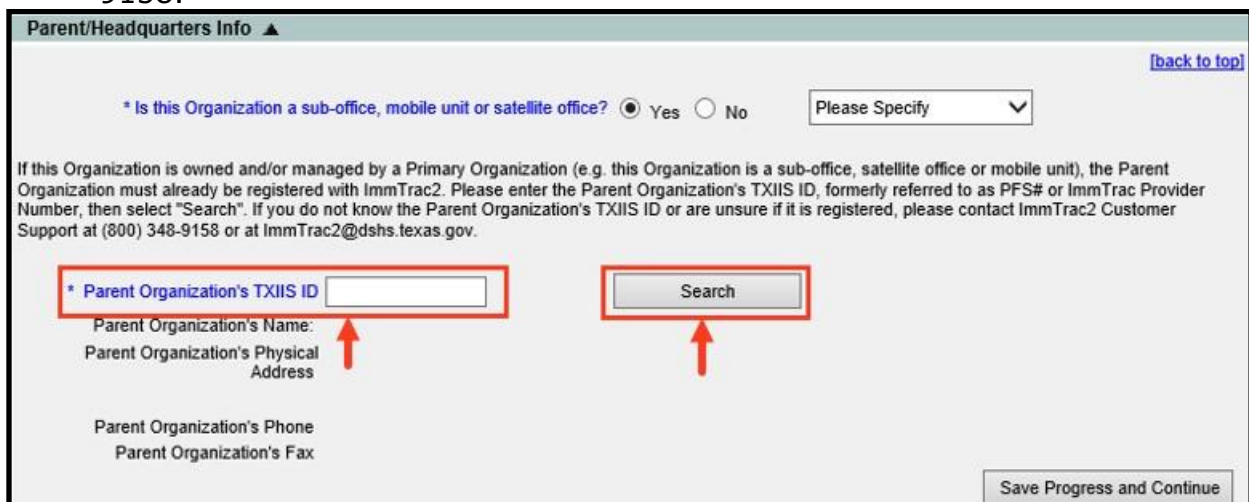


Figure 11: Parent TXIIS Search

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3. The "Please Specify" box is now visible. Click the drop-down arrow and select: Sub-office, Mobile Unit, or Satellite Office. See *Figure 12: Parent/Headquarters Info – Sub-Office*.
 - a) Providers with multiple locations sharing one EHR (electronic health records) system/vendor must indicate Parent/Sub-site relationship for each location.
 - b) Definitions of organization types:
 - i. A **sub-office** is a public organizational site that reports up to the Main Office in their company.
 - ii. A **mobile unit** is the same as a sub-office, but this is a unit that moves physically from site to site by some means of transportation.
 - iii. A **satellite office** is a government site that reports up to another government office.

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

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

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 Please Specify
Sub-office
Mobile Unit
Satellite Office

Parent Organization's Name: DSHS HSR 7 HQ - TEMPLE (RE)
 Parent Organization's Physical Address: 2408 S 37TH ST
 TEMPLE TX, 76504-7168
 Parent Organization's Phone: 254-778-6744
 Parent Organization's Fax:

Figure 12: Parent/Headquarters Info - Sub-Office

4D. Organization Point of Contact (POC)

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.

The title for the Organization Point of Contact is now required and is highlighted below.

When completing the Organization Point of Contact section, *do not* check the box if this contact already has an ImmTrac2 user account. See *Figure 13: POC - Add User Account*.

NOTE: The Organizational Point of Contact can be the same person as the Primary Registry Contact at your organization.

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 13: POC - Add User Account

4E. Primary Registry Contact

The 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.

The title of the Primary Registry Contact is now a required field and is highlighted below.

When completing the Primary Registry Contact section, *do not* check the box if this contact already has an ImmTrac2 user account. See *Figure 14: Primary Registry Contact – Add User Account*.

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 14: Primary Registry Contact - Add User Account

4F. User Account(s) Info

In this section enter people in your organization who need to be ImmTrac2 users, but **do not** have a **current** ImmTrac user Name. See *Figure 15: User Accounts Info*.

Each individual accessing ImmTrac2 is assigned a username. Usernames must not be shared. For security purposes, each user is required to provide an email address. All email addresses will be verified by the system for uniqueness.

Please fully complete each section one at a time before adding another. If additional users need to be added, select "Add Additional Users".

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.

* First Name Middle * Last Name

Phone Number - - Ext

* Email x

Current ImmTrac2 Username

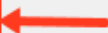
[+ Add Additional Users](#) 

Figure 15: User Accounts Info

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If the "Add Additional Users" hyperlink was incorrectly selected, the entry can be removed by clicking the "Delete Entry" button. See *Figure 16: Delete Entry*.

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.

* First Name Middle * Last Name

Phone Number - - Ext

* Email


Current ImmTrac2 Username

* First Name Middle * Last Name

Phone Number - - Ext

* Email x

Current ImmTrac2 Username

 Delete Entry

[+ Add Additional Users](#) Save Progress and Continue

Figure 16: Delete Entry

NOTE: Users can only report immunizations for organizations that they have access to.

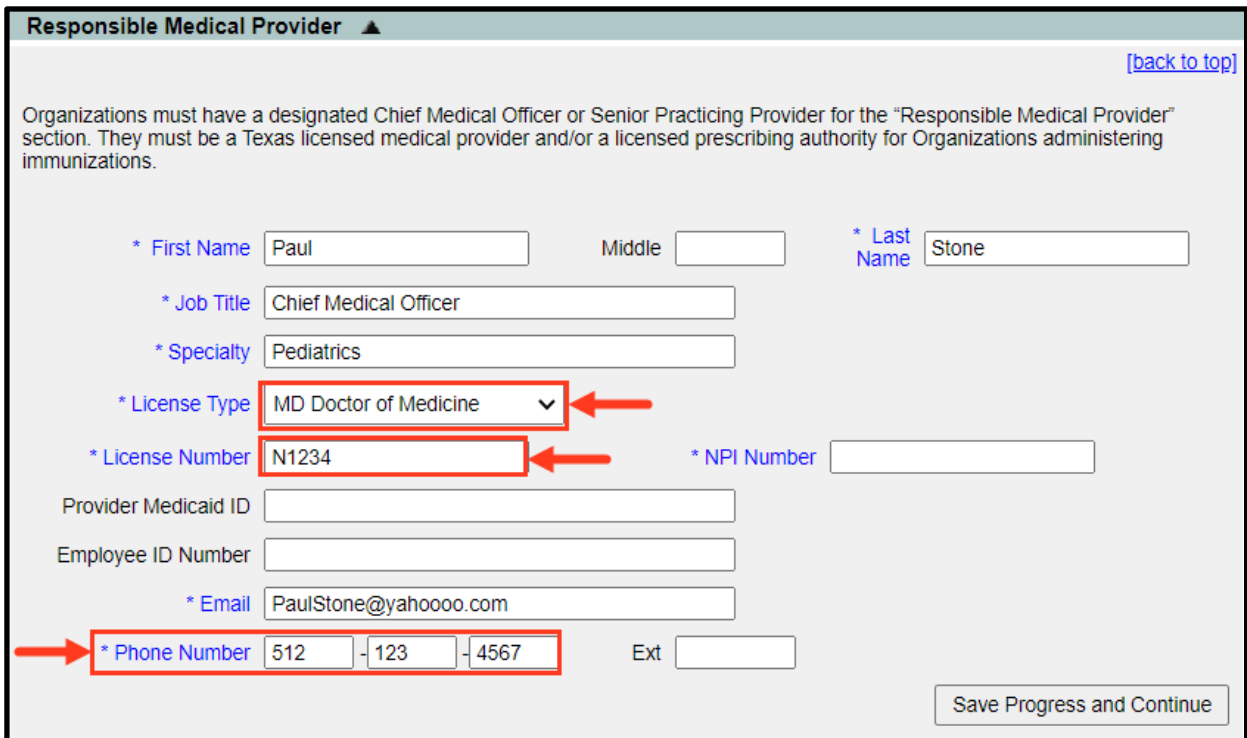
Users must be associated to each organization where the immunization was administered. If a user is associated with a parent organization, they *do not* need to be associated with the sub-site, *unless* they are adding immunizations for the sub-site.

4G. Responsible Medical Provider

This section is for the Chief/Senior Medical Authority or a Texas Licensed Medical Professional (Example: MD, DO, PA, APRN, or Pharmacist) over that organizational site.

Note that a phone number is now required for the Responsible Medical Provider.

Organizations must have a designated Chief Medical officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical professional with prescribing authority for organizations that administer immunizations. See *Figure 17: Responsible Medical Provider*.



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

Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type

* License Number * NPI Number

Provider Medicaid ID

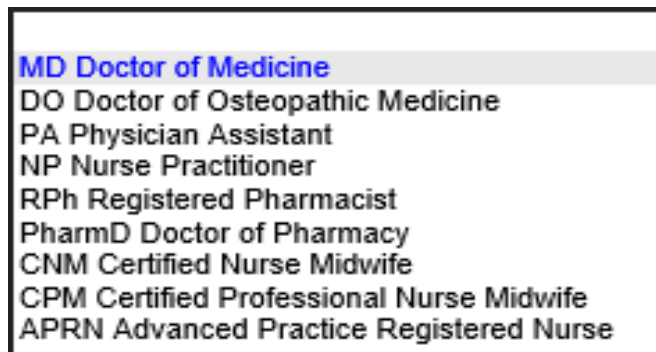
Employee ID Number

* Email

* Phone Number - - Ext

Figure 17: Responsible Medical Provider

See *Figure 18: License Types* for the drop-down menu of License Type.



MD Doctor of Medicine

DO Doctor of Osteopathic Medicine

PA Physician Assistant

NP Nurse Practitioner

RPh Registered Pharmacist

PharmD Doctor of Pharmacy

CNM Certified Nurse Midwife

CPM Certified Professional Nurse Midwife

APRN Advanced Practice Registered Nurse

Figure 18: License Types



The formats for license numbers are:

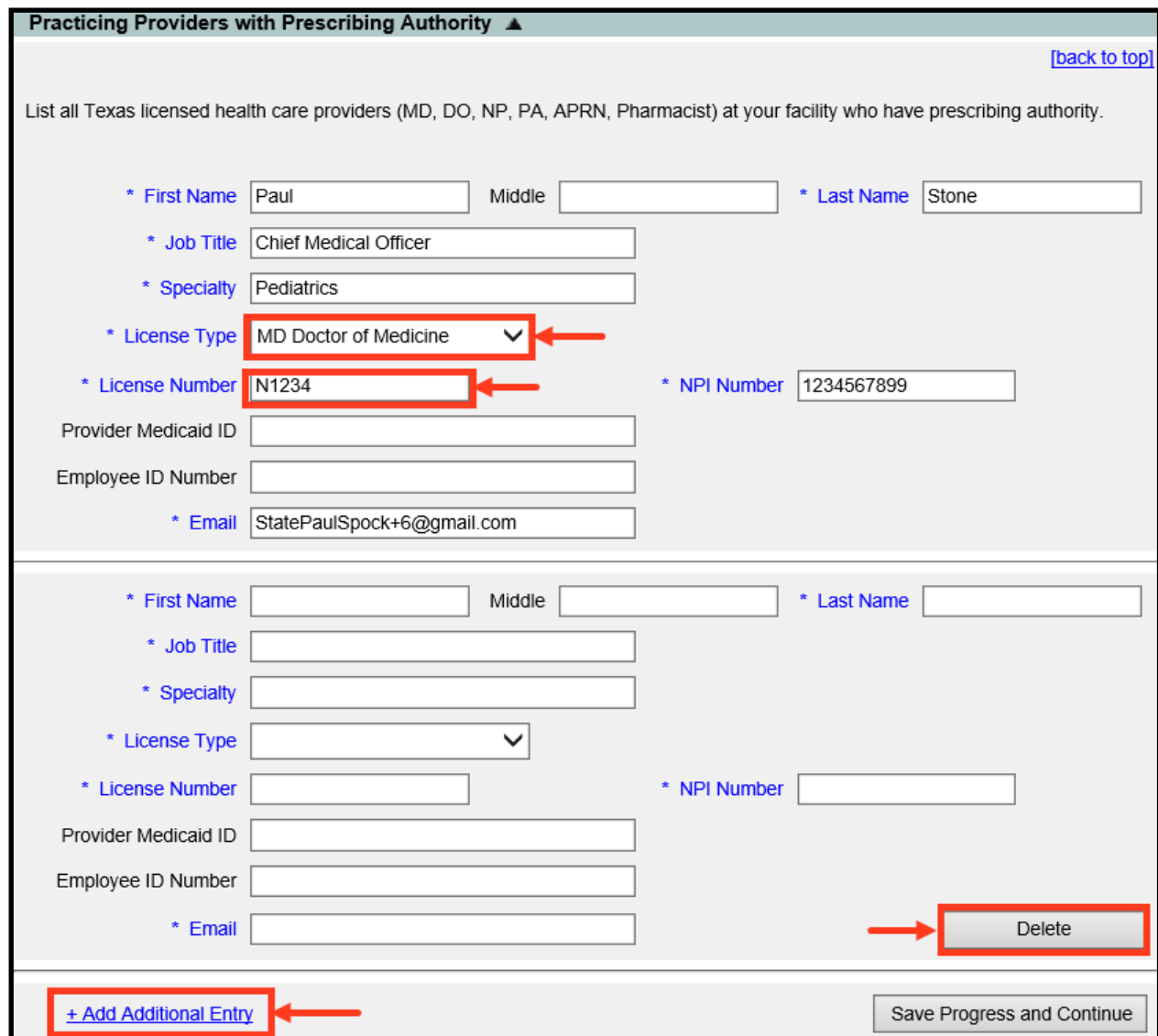
- MD is a letter and four numbers.
Example: N5678
- PA is "PA" followed by four or five numbers.
Example: PA12345
- The NPI Number consists of 10 numbers (all numeric).
Example: 1234567893
- Advanced Practice Nurses do not put the "AP" in front of their license number. Up to seven (7) numeric characters are accepted here.
Example: 1234567
- There are no RN or LVN license types available here to select. The RN and LVN license types will NEVER be collected on this screen.

4H. Practicing Providers with Prescribing Authority

This section is for Texas Licensed Medical Professional(s) that will be prescribing immunizations. These providers must have a Texas license number and an NPI number. See *Figure 19: Practicing Providers with Prescribing Authority*. They will be the ones that are attached to the immunization information in the “**Administered by**” field in ImmTrac2.

NOTE: A free NPI Number (National Plan and Provider Enumeration System (NPPES)) can be applied for at <https://nppes.cms.hhs.gov/#/>.

If the “Add Additional Entry” hyperlink was mistakenly selected, the entry can be removed by clicking the “Delete” button.



Practicing Providers with Prescribing Authority ▲ [\[back to top\]](#)

List all Texas licensed health care providers (MD, DO, NP, PA, APRN, Pharmacist) at your facility who have prescribing authority.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type ▼

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email

[+ Add Additional Entry](#)

Figure 19: Practicing Providers with Prescribing Authority

See *Figure 20: License Types* for the drop-down menu of License Type.

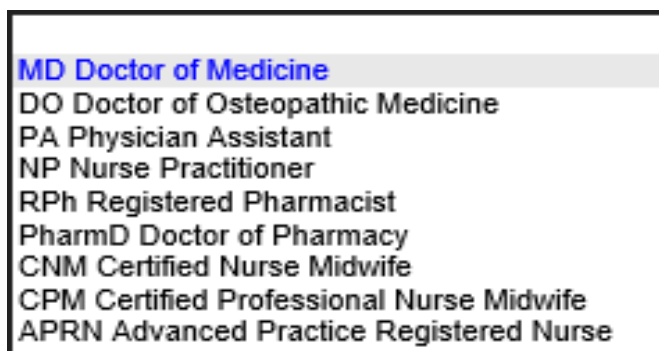


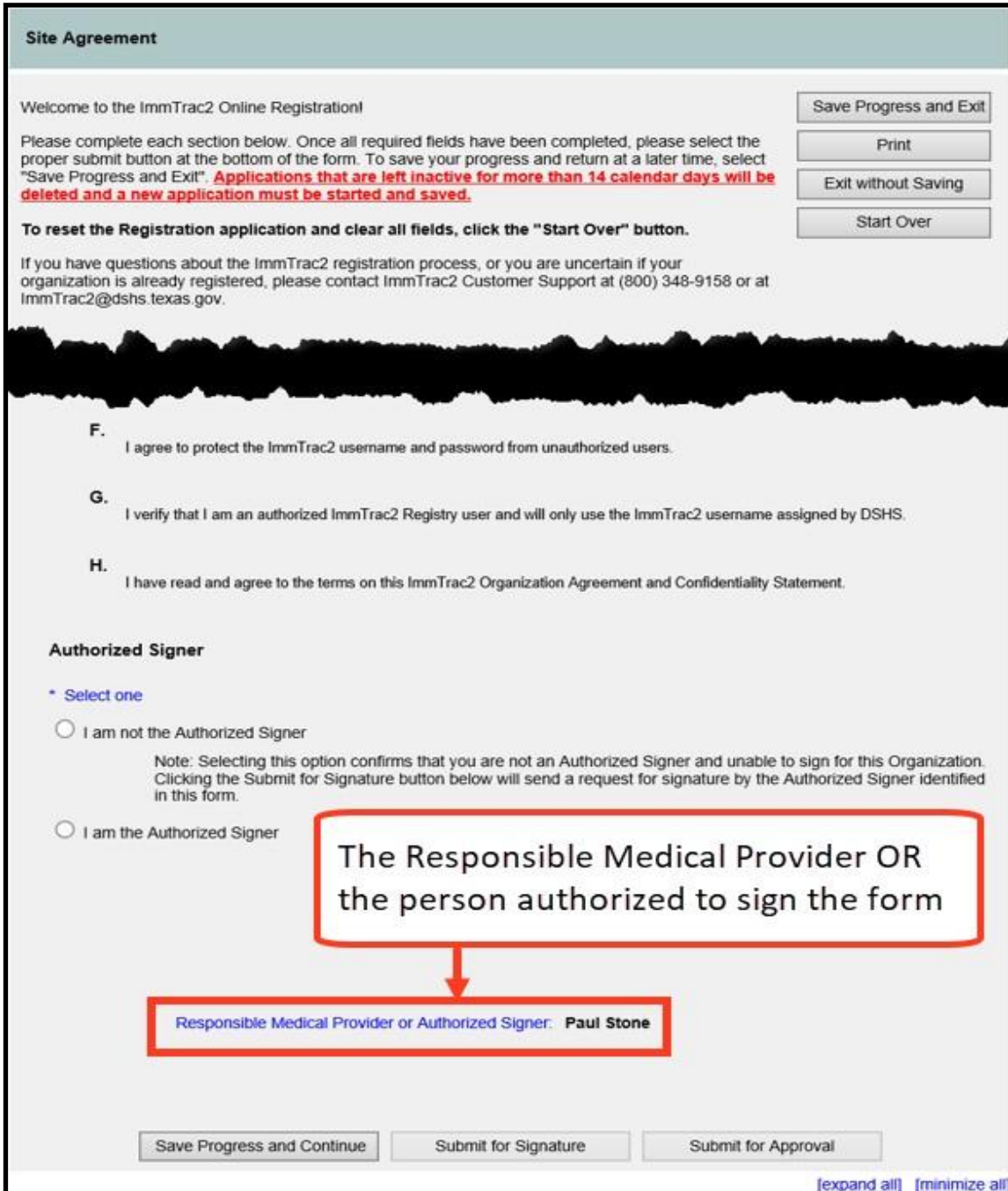
Figure 20: License Types

The formats for license numbers are:

- MD is a letter and four numbers.
Example: N5678
- PA is "PA" followed by four or five numbers.
Example: PA12345
- The NPI Number consists of 10 numbers (all numeric).
Example: 1234567893
- Advanced Practice Nurses do not put the "AP" in front of their license number. Up to seven (7) digits are accepted here.
Example: 1234567
- There are no RN or LVN license types available here to select. The RN and LVN license types will NEVER be collected on this screen.

4I. Agree and Sign

See *Figure 21: Agree and Sign*. This is a long document so only the top and bottom portions are displayed below. You must **read and agree** with the Organization Agreement and Confidentiality Statement.



Site Agreement

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, please select the proper submit button at the bottom of the form. To save your progress and return at a later time, select "Save Progress and Exit". **Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

To reset the Registration application and clear all fields, click the "Start Over" button.

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.

Save Progress and Exit
Print
Exit without Saving
Start Over

F. I agree to protect the ImmTrac2 username and password from unauthorized users.

G. I verify that I am an authorized ImmTrac2 Registry user and will only use the ImmTrac2 username assigned by DSHS.

H. I have read and agree to the terms on this ImmTrac2 Organization Agreement and Confidentiality Statement.

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

The Responsible Medical Provider OR the person authorized to sign the form

Responsible Medical Provider or Authorized Signer: Paul Stone

Save Progress and Continue **Submit for Signature** **Submit for Approval**

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

Figure 21: Agree and Sign



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The applicant filling out the registration or renewal may or may not be the person who electronically signs the form.

Note: Anyone authorized by the Medical Authority may sign the form on their behalf.

The Responsible Medical Provider accordion tab lists information about the Responsible Medical Provider. See previous *Figure 17: Responsible Medical Provider*.

All required fields on the electronic form must be filled out before the registration or renewal applicant can 'Submit for Signature' or 'Submit for Approval'.

A Site Agreement Renewal is *required* every two (2) years.

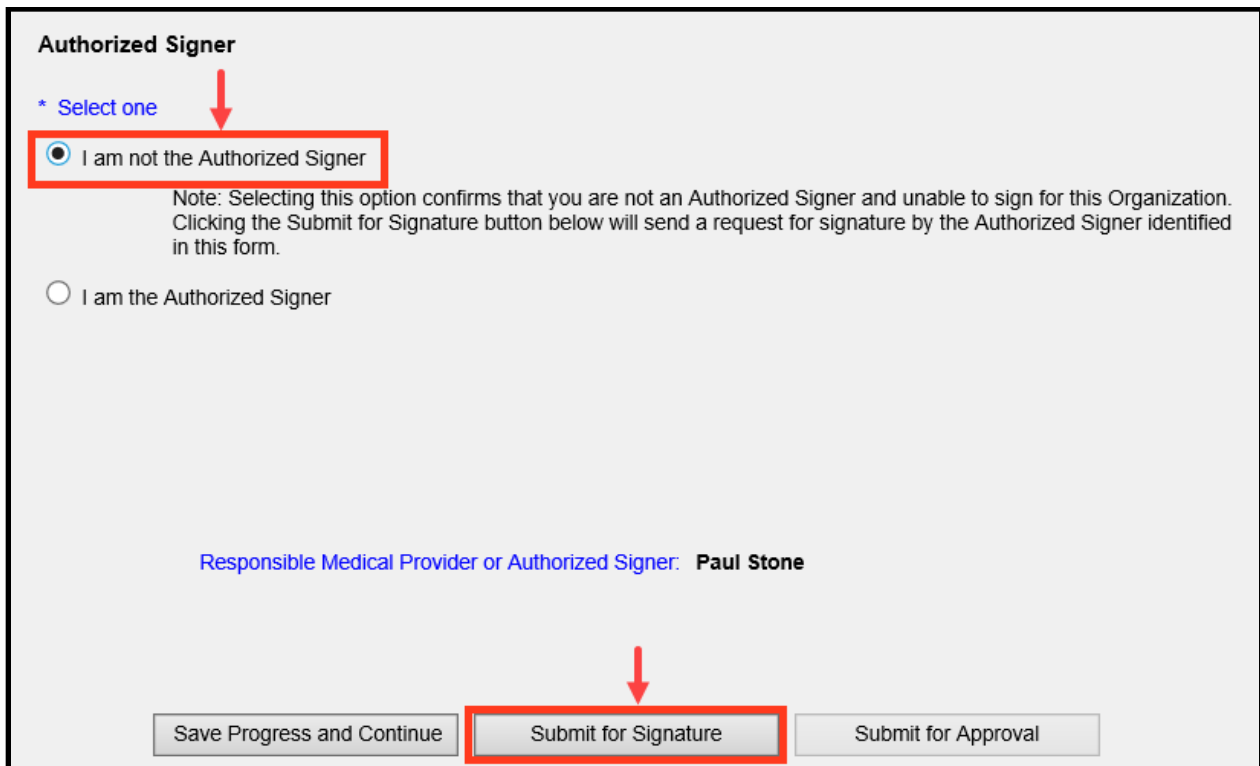
The details of the site agreement include the legal requirements for who can access the registry as well as the usage policies that each organization agrees to abide by. ImmTrac2 contains Protected Health Information (PHI) and Personal Identifiable Information (PII). At the point the responsible medical provider or authorized signer submits the form for approval to the Texas Immunization Registry, the person is required to acknowledge (check box) that they have read and agree to the terms of the agreement and confidentiality statement.

4J. Agree and Sign – I Am Not the Authorized Signer

This section is to be completed by the medical staff completing the form for the Texas Medical Licensed Professional who will be taking responsibility to ensure all users comply with the agreement for all PHI and PII data contained in ImmTrac2.

If the person filling this form out is **not** the Authorized Signer, (see *Figure 22: I Am Not the Authorized Signer*) then:

- Select the option "I am not the Authorized Signer",
- Click the "Submit for Signature" box to have the form emailed to the Authorized Signer's email address to sign the 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

Responsible Medical Provider or Authorized Signer: **Paul Stone**

Save Progress and Continue **Submit for Signature** Submit for Approval

Figure 22: I Am Not the Authorized Signer

Who is the Authorized Signer? The default Authorized Signer is the Responsible Medical Provider. See *Figure 23: Responsible Medical Provider*.

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

Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type ▼

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email x

Figure 23: Responsible Medical Provider

The Authorized Signer will receive an email with a Random Access Code, a link to "review and sign", and a link to "decline signing" (see *Figure 24: Authorized Signer*).

ImmTrac2 Registration – Your action is needed Inbox x

ImmTrac2@dshs.texas.gov 10:07 AM

to When copying the access code, don't include the period.

The Organization Point of Contact (POC) for your Organization, (Paul Stone) has identified you as an Authorized Signer who qualifies to sign the ImmTrac2 Registration/Renewal for (Pauls Seventh Pediatric Practice). We have temporarily saved the data entered during the ImmTrac2 Registration process. Your action is required within 30 calendar days to proceed with this Registration.

Please click a link below to access the incomplete Registration/Renewal and continue. Please provide your email address and this access code: AVRXT9E8. Should you have any issues, please contact the ImmTrac2 Customer Support Team at (800) 348-9158 or at ImmTrac2@dshs.texas.gov

The URL to review and sign the incomplete Registration/Renewal is: <https://training-immtrac.dshs.texas.gov/TXTRN/enrollProviderEntry.do?action=LOADBYRACSIGNER>.

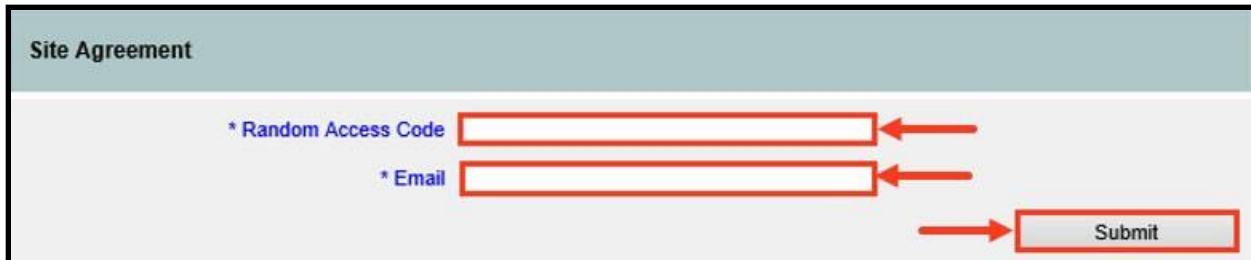
The URL to decline signing the incomplete Registration/Renewal is: <https://training-immtrac.dshs.texas.gov/TXTRN/enrollProviderEntry.do?action=DECLINE>.

Figure 24: Authorized Signer

Texas Immunization Registry

If the link to **review and sign** is clicked, a webpage asks for the random access code and the email of the official signer (See *Figure 25: Random Access Code*).

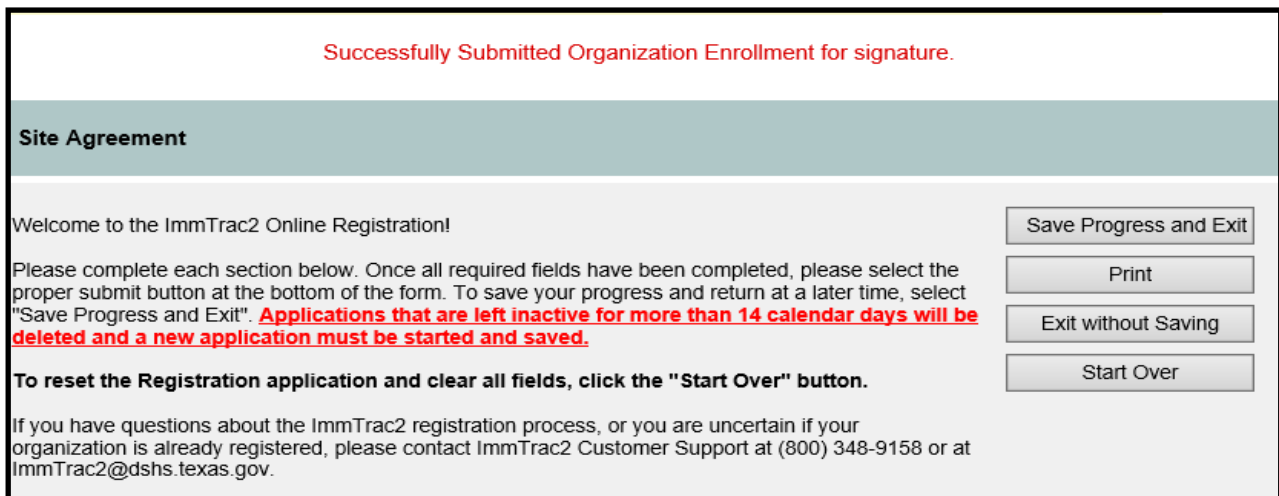
NOTE: The Random Access Code will NEVER have a period at the end of it. Please be careful when copying and pasting the code to not include the period.



The screenshot shows a form titled "Site Agreement". It contains two input fields: "* Random Access Code" and "* Email". Both fields are highlighted with red boxes, and red arrows point to them from the right. Below the input fields is a "Submit" button, also highlighted with a red box and a red arrow pointing to it from the left.

Figure 25: Random Access Code

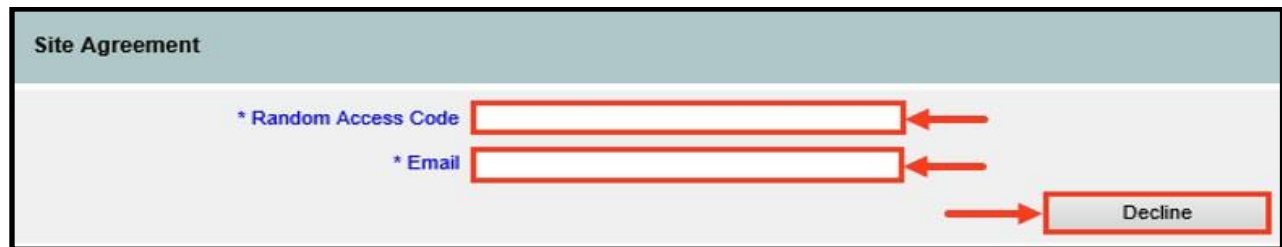
The Site Agreement is displayed with the message, "Successfully Submitted Organization Enrollment for signature". See *Figure 26: Successfully Submitted for Signature*.



The screenshot shows a message box with a red header: "Successfully Submitted Organization Enrollment for signature." Below the header is a "Site Agreement" section. The text reads: "Welcome to the ImmTrac2 Online Registration!" followed by instructions to complete sections and select a submit button. A red warning message states: "Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved." Below this is a "Start Over" button. At the bottom, there is contact information for ImmTrac2 Customer Support. On the right side of the form, there are four buttons: "Save Progress and Exit", "Print", "Exit without Saving", and "Start Over".

Figure 26: Successfully Submitted for Signature

If the link to *decline* signing the Site Agreement is chosen, then the option to decline is displayed. Please be careful when copying and pasting the Random Access code *do not* include a period at the end of the code. See *Figure 27: Decline to Sign*.



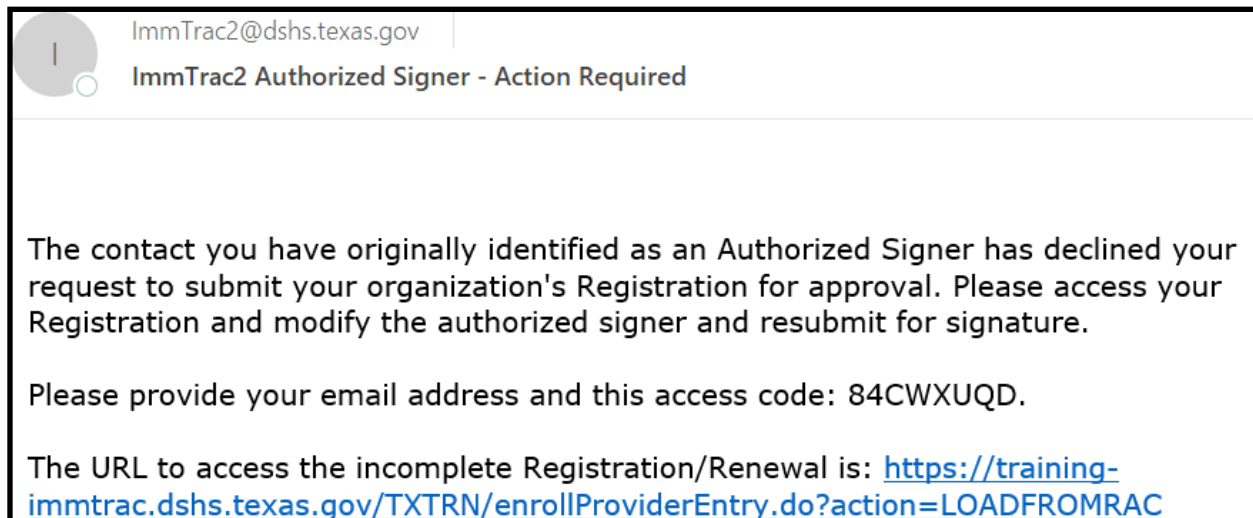
Site Agreement

* Random Access Code

* Email

Figure 27: Decline to Sign

If the "Decline" button is chosen, an email is sent to the person who submitted the registration for signature, stating that the Authorized Signer declined the request to submit the registration, and to select someone else as the Authorized Signer and resubmit the registration for signature. See *Figure 28: Authorized Signer Declined*.



ImmTrac2@dshs.texas.gov |
ImmTrac2 Authorized Signer - Action Required

The contact you have originally identified as an Authorized Signer has declined your request to submit your organization's Registration for approval. Please access your Registration and modify the authorized signer and resubmit for signature.

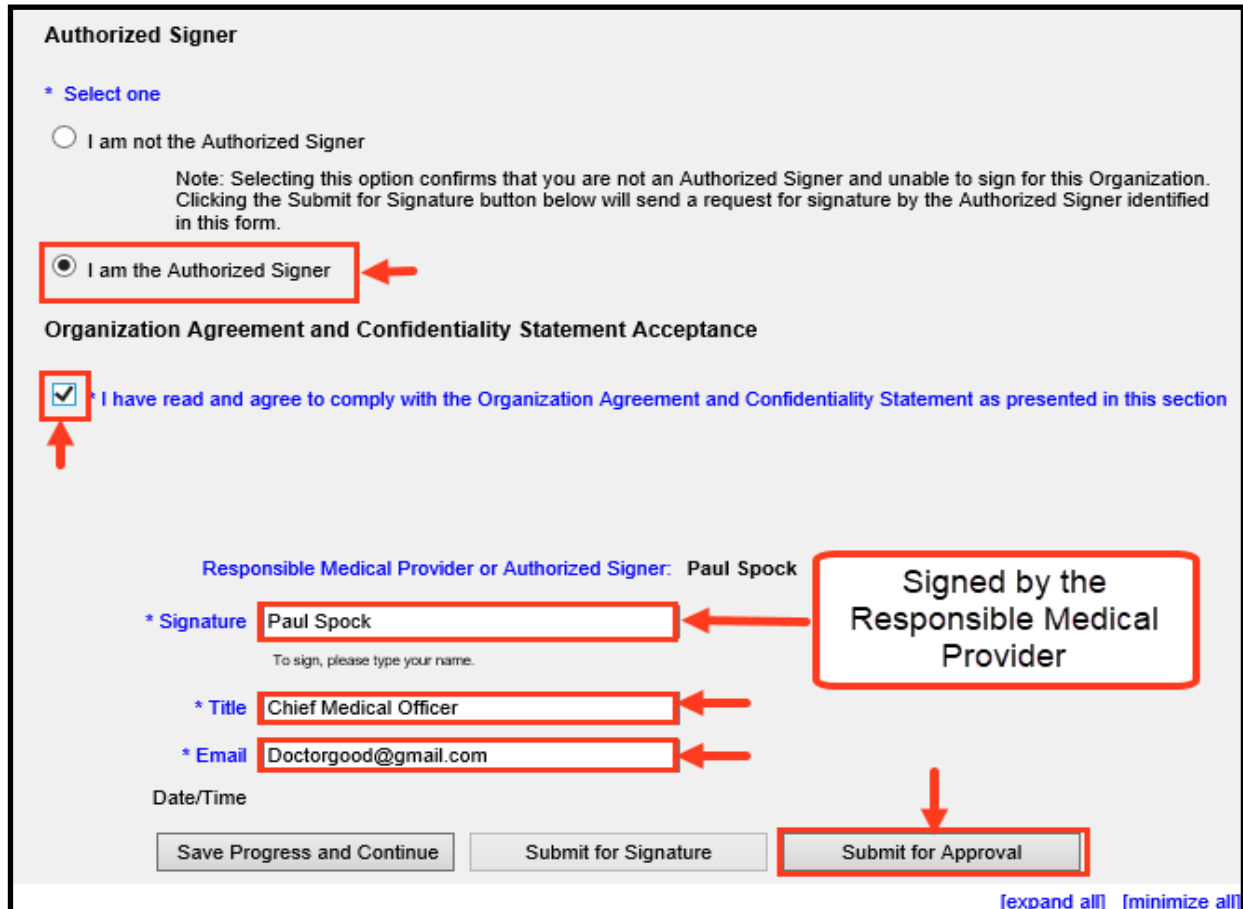
Please provide your email address and this access code: 84CW XUQD.

The URL to access the incomplete Registration/Renewal is: <https://training-immtrac.dshs.texas.gov/TXTRN/enrollProviderEntry.do?action=LOADFROMRAC>

Figure 28: Authorized Signer Declined

4K. Agree and Sign – I Am the Authorized Signer

This section is to be completed by the Responsible Medical Provider or a person Authorized to Sign the agreement. The Responsible Medical Provider is responsible to ensure all users comply with the agreement for the Protected Health Information (PHI) and Personally Identifiable Information (PII) data contained in ImmTrac2. See *Figure 29: Signed by the Responsible Medical Provider.*



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

Responsible Medical Provider or Authorized Signer: Paul Spock

* Signature: Paul Spock
To sign, please type your name.

* Title: Chief Medical Officer

* Email: Doctorgood@gmail.com

Date/Time

Save Progress and Continue Submit for Signature **Submit for Approval**

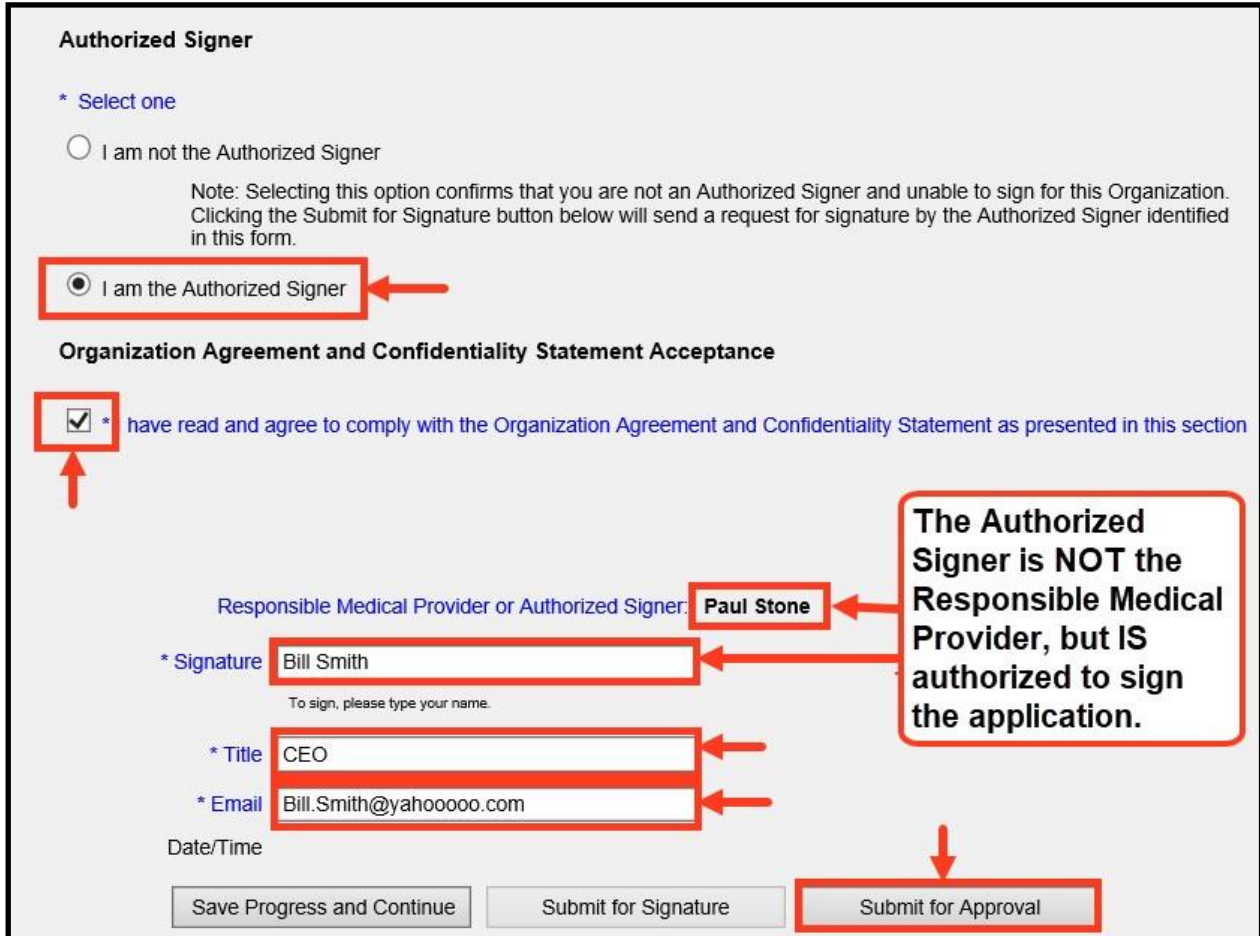
[expand all] [minimize all]

Figure 29: Signed by the Responsible Medical Provider

- The checkbox "I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section" must be checked.
- The Signature line must be entered, along with the title and email address of the Authorized Signer. Then click "Submit for Approval".

Texas Immunization Registry

Although the Responsible Medical Provider is listed on the Authorized Signer page, an Authorized Signer *who is not the Responsible Medical Provider* can also sign on behalf of them and submit the form for approval. See *Figure 30: Authorized Signer Who Is Not the Responsible Medical Provider*.



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

Responsible Medical Provider or Authorized Signer: Paul Stone

* Signature: Bill Smith
To sign, please type your name.

* Title: CEO

* Email: Bill.Smith@yahooooo.com

Date/Time

Save Progress and Continue Submit for Signature **Submit for Approval**

The Authorized Signer is NOT the Responsible Medical Provider, but IS authorized to sign the application.

Figure 30: Authorized Signer Who Is Not the Responsible Medical Provider

Once the application is successfully submitted, the Authorized Signer will receive a "Submitted Successfully" message at the top of the screen.

NOTE: Please allow up to 10 to 14 BUSINESS days to process. For additional assistance, please contact the ImmTrac2 Customer Support Team.

5. Status of the Registration

The types of Registration Application status are as follows:

5A. Incomplete

There is some missing or partial information that needs to be added or updated per the email you were sent. The information must be complete before it can be successfully submitted and processed in the system. See *Figure 31: Incomplete*.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations

When submitting a registration for a new organization, please co...ave
your progress and return at a later time to complete the registration, select "Save Progress and Exit". To
continue working on your incomplete registrations, click the "Incomplete" link below.

See important note below

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Sixth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Incomplete	14 days
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Approval	

Figure 31: Incomplete

5B. Submitted for Signature

The person filling out the registration is not the Authorized Signer. See *Figure 32: Submitted for Signature*.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations
When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Sixth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Signature	
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Approval	

Figure 32: Submitted for Signature

Texas Immunization Registry

The Authorized Signer indicated in the registration will receive an email with a Random Access Code who will then sign the registration and submit it for approval. The default for the authorized signer will be the name used in the Responsible Medical Provider tab. See *Figure 33: Default Signer is the Responsible Medical Provider*.

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

Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

* **First Name** Middle * **Last Name**

* **Job Title**

* **Specialty**

* **License Type** ▼

* **License Number** * **NPI Number**

Provider Medicaid ID

Employee ID Number

* **Email**

Figure 33: Default Signer is the Responsible Medical Provider

5D. Submitted for Approval

The registration has been successfully signed and sent to DSHS for processing. See *Figure 34: Submitted for Approval*.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations
When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Approval	
Pauls Sixth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Signature	
Chips Ahoy Pediatric Clinic	1100 Buddy Holly Avenue, Lubbock TX 79424	Submitted for Approval	
Pauls Fourth Pediatric Practice	1100 W. 53rd, Austin TX 78756	Approved	
Pauls Third Pediatric Practice	1100 W. 53RD STREET, AUSTIN TX 78756	Approved	

Figure 34: Submitted for Approval

NOTE: Please allow up to 10 to 14 BUSINESS days to process. For additional assistance, please contact the ImmTrac2 Customer Support Team.



Texas Immunization Registry

After your registration has been successfully submitted to DSHS, the Organization Point of Contact will receive an email confirming receipt by DSHS. See *Figure 35: Submitted for Approval*.

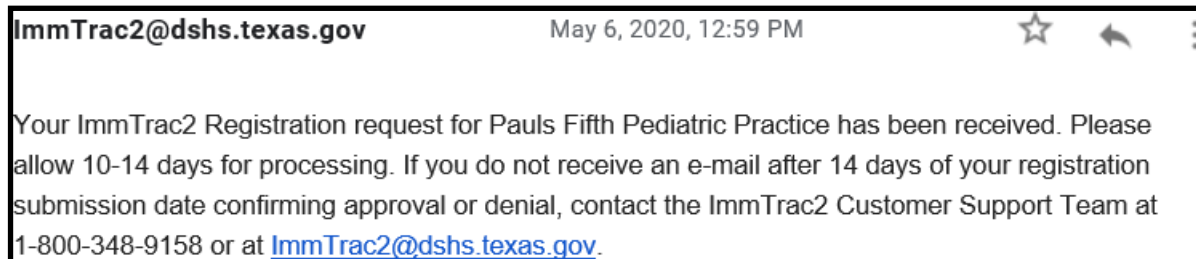


Figure 35: Submitted for Approval

5E. Returned

The registration has been reviewed by DSHS and returned to the Organization email to be corrected and resubmitted. The reviewer at DSHS will notate what needs to be changed. See *Figure 36: Returned*.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations
When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Returned	

Figure 36: Returned



Texas Immunization Registry

See the example below. *Figure 37: Example of Returned Registration Email* displays an email informing an organization that their registration was returned with specific instructions to correct before resubmitting.

From: ImmTrac2@dshs.texas.gov
Date: 18 August 2019
Subject: ImmTrac2 Enrollment Action Required - Changes Made to Enrollment Form
To: john@johnspharmacy.com
You have been identified as the Authorized Signer of record for the following organization:

Authorized Signer: John Smith
Organization: John's Pharmacy
Type: REGISTRATION
FORM ID: DSHS175618
Date Submitted: 08/18/2019

During an initial review of your organization's Registration form, the following values were changed:

Summary of Changes

NONE - See DSHS Specific Instructions at the bottom of this email

The changes listed above or described in the DSHS Specific Instructions section below, require your review and the enrollment form previously submitted must be resubmitted for approval. You must re-access your Registration form to complete this action. To access the Registration form, please click the link below and continue. Enter the provided access code S4J13ABC, your email address and then click the Submit button. Once you have accessed the Registration form, review changes made and then resubmit your form for approval.

The URL to access the Registration form is:
<https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=LOADBYRACSIGNER>

DSHS Specific Instructions

Please provide a valid medical license for John Smith

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

Figure 37: Example of Returned Registration Email



5F. Approved

When your site registration has been approved by DSHS, the Organization Point of Contact will be emailed notification of approval. See *Figure 38: Example of Approved Site Registration Email*.

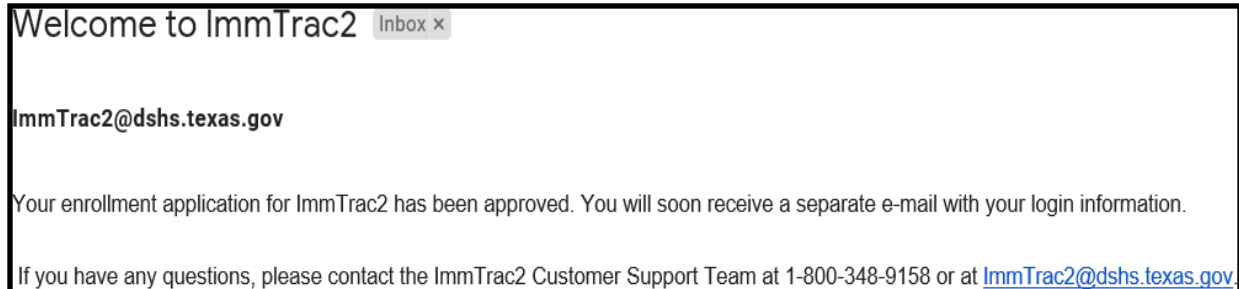


Figure 38: Example of Approved Site Registration Email

6. Accessing Previously Approved Registrations

If you want to see your previously approved Site Registration, click the "registration/renewal" tab at the top of the screen and then select "Access previously approved Registration or Renewal". See *Figure 39: Access Previously Approved Registration or Renewal*.

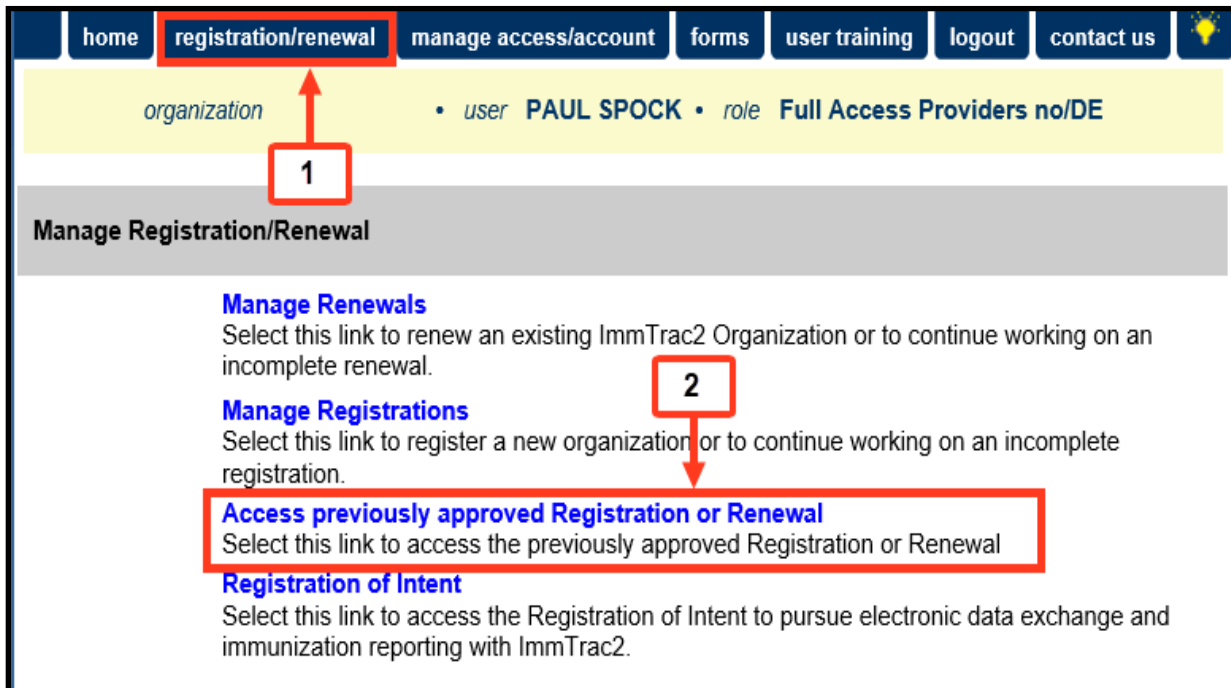


Figure 39: Access Previously Approved Registration or Renewal

You can print out the Site Agreement once it is opened. See *Figure 40: Site Agreement*.

home
registration/renewal
manage access/account
forms
user training
logout
contact us

organization **Pauls Fifth Pediatric Practice** • user **PAUL SPOCK** • role **Full Access Providers no/DE**

Site Agreement

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) ▼

Primary Registry Contact ▼

User Accounts Info ▼

Responsible Medical Provider ▼

Practicing Providers with Prescribing Authority ▼

Agree and Sign ▼

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

Figure 40: Site Agreement

7. Troubleshooting Site Registrations

7A. Check for Errors After Submitting Registration

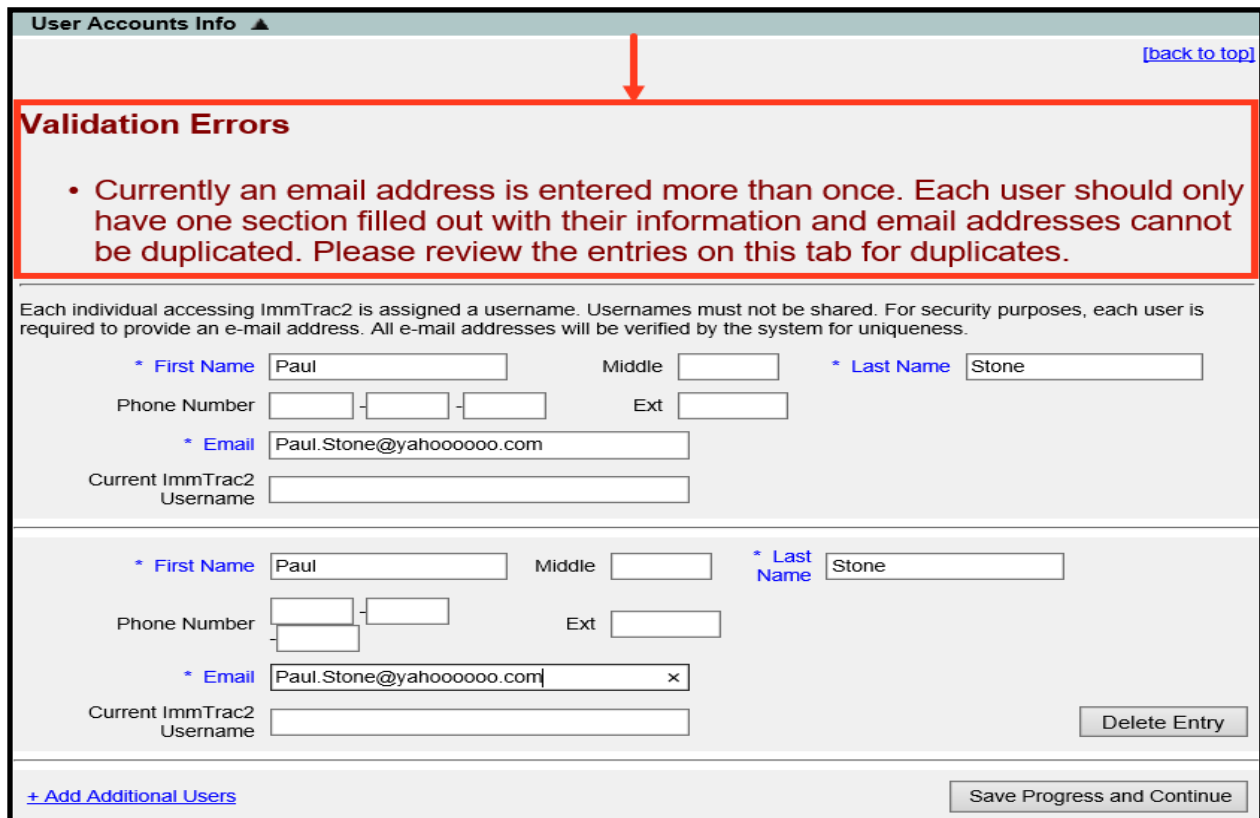
When you click “Submit for Approval” at the end of the site agreement, the registration will be checked for missing or invalid information on required fields.

For some fields with missing or invalid information, an error message will appear at the top of the registration (see *Figure 41: Validation Error Message at Top of Registration Form*). CAREFULLY go back through the application, open each section one at a time, and look for any required fields marked with asterisks that are blank or any sections that have red error messages (see *Figure 42: Validation Error Message at Top of Section*).

Validation Errors

- Please scroll down through each accordion tab to review validation error(s) listed at the top of the section.
- Please enter information in all required fields with an asterisk (*)

Figure 41: Validation Error Message at Top of Registration Form



User Accounts Info ▲ [\[back to top\]](#)

Validation Errors

- Currently an email address is entered more than once. Each user should only have one section filled out with their information and email addresses cannot be duplicated. Please review the entries on this tab for duplicates.

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.

* First Name	<input type="text" value="Paul"/>	Middle	<input type="text"/>	* Last Name	<input type="text" value="Stone"/>
Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	Ext	<input type="text"/>		
* Email	<input type="text" value="Paul.Stone@yahoooooo.com"/>				
Current ImmTrac2 Username	<input type="text"/>				

* First Name	<input type="text" value="Paul"/>	Middle	<input type="text"/>	* Last Name	<input type="text" value="Stone"/>
Phone Number	<input type="text"/> - <input type="text"/>	Ext	<input type="text"/>		
* Email	<input type="text" value="Paul.Stone@yahoooooo.com"/> x				
Current ImmTrac2 Username	<input type="text"/>				

[+ Add Additional Users](#)

Figure 42: Validation Error Message at Top of Section

7B. Browser Issues

For a browser, use the most recent version of Google Chrome or Internet Explorer 11 to avoid problems when submitting the site renewal.

Google Chrome

The Google Chrome icon looks like a disk with red, yellow, and green colors. See *Figure 43: Google Chrome Icon*.



Figure 43: Google Chrome Icon

To make sure that you have the most recent version of Google Chrome follow these steps.

1. In the upper right corner of the browser click on the three vertical dots, which is the "More" icon. See *Figure 44: "More" Icon*.

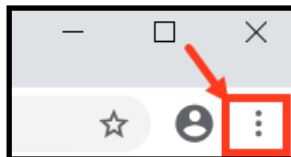


Figure 44: "More" Icon

2. If you see an option to Update Google Chrome, click it and then click Relaunch. If you did not see an option to Update Google Chrome then you are using the latest version of Chrome.

Internet Explorer 11

The icon for Internet Explorer 11 is a blue "e" with a halo around it. See *Figure 45: Internet Explorer 11 Icon*.



Figure 45: Internet Explorer 11 Icon

How can you tell if you're in version 11 of Internet Explorer? In the upper right corner of the browser click the "gear" or "cog". See *Figure 46: Internet Explorer Gear or Cog*.



Figure 46: Internet Explorer Gear or Cog

Texas Immunization Registry

Then click "About Internet Explorer" from the dropdown selections. See *Figure 47: About Internet Explorer*.

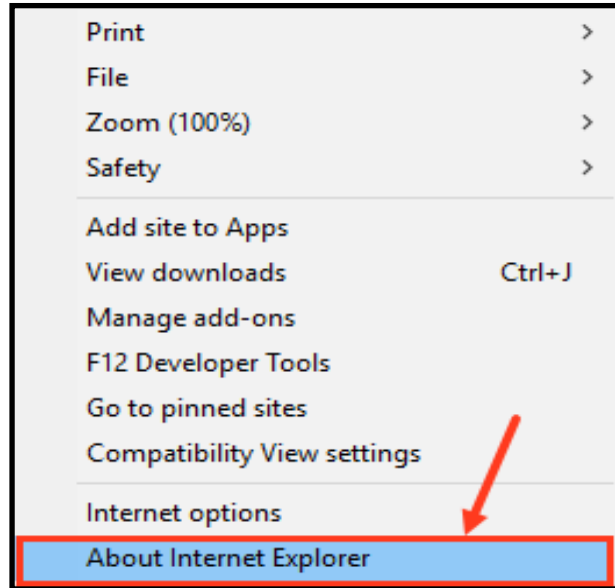


Figure 47: About Internet Explorer

A popup message will display which version of Internet Explorer you are using. See *Figure 48 About Internet Explorer - Version*.



Figure 48: About Internet Explorer - Version

If you are having issues logging in to ImmTrac2 you may need to check your computer settings.

To check compatibility settings in Internet Explorer 11:

1. Find and left click the small cog wheel in upper right corner of your browser (see *Figure 49: Internet Explorer Gear or Cog*).



Figure 49: Internet Explorer Gear or Cog

Texas Immunization Registry

2. In the drop-down box, click Compatibility View Settings (see *Figure 50: Drop-Down Box*).

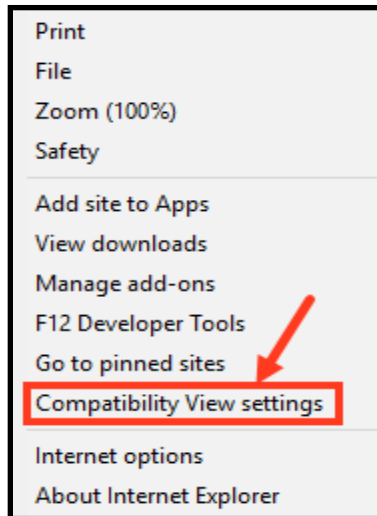


Figure 50: Drop-Down Box

3. In the Compatibility View Settings box (see *Figure 51: Compatibility View Settings*):
 - A. The large box titled "Websites you've added to Compatibility View" should be blank, and
 - B.
 - C. The two boxes below it should NOT be checked.

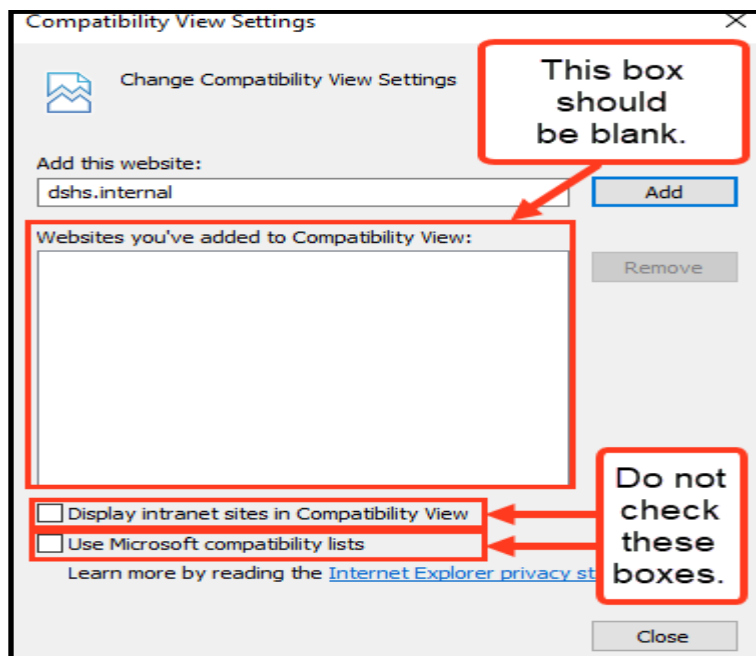


Figure 51: Compatibility View Settings

Texas Immunization Registry

If you do have websites listed in the large box titled “Websites you’ve added to Compatibility View”, to remove them (see *Figure 52: Removing Websites*):

1. Click on the website name in the large box,
2. Click the Remove button, and
3. When finished removing websites click the Close button

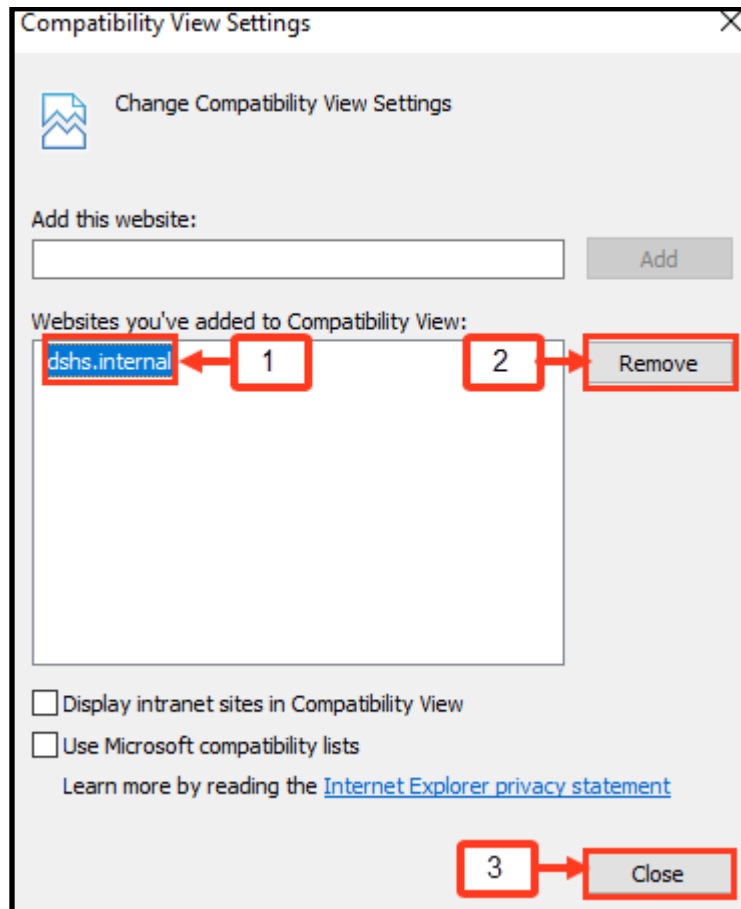


Figure 52: Removing Websites

7C. Login Issues

Org Codes have four letters followed by four numbers, such as ABCD1234 and are system generated.

Usernames are two letters, four numbers, and two letters and are system generated. The first two letters are the first two letters of the user's first name, and the last two letters are the first two letters of the user's last name. In-between are four numbers. Example: pa1234sp.

Passwords (see *Figure 53: Password Requirements*):

Password Requirements: Must be between 8 and 16 characters Must have at least one of each of the following: Upper case letter Lower case letter Numeric value Special character At least 4 characters must be different from previous password No dictionary words Cannot reuse last 6 passwords

Figure 53: Password Requirements

Do not share your usernames or passwords, per the confidentiality agreement you agree to each time when logging in.

Additional Users: Once a complete renewal is received, processed and approved, the Additional Users will receive an email with their credentials along with a temporary password email to log into ImmTrac2. The user will receive two separate emails. One email will contain the credentials, and the other email will have the user's password.

If new user accounts are not accessed within 30 days of creation, the account will be locked. It can be unlocked by clicking the "Forgot Password" button. See *Figure 54: Forgot Password Button*.

Forgot Password?

Figure 54: Forgot Password Button

If a new user account is never accessed within 120 days of creation, the user credentials are deleted.

Interruption in Access: Requests to change a Point of Contact will require the ImmTrac2 site agreement to be renewed. When the ImmTrac2 site agreement expires, users will be temporarily disabled until the site agreement has been processed and approved.

7D. Common Issues for Completing Site Registrations

Required fields have an asterisk (*) and are in blue. **Before submitting a registration**, review **EACH** section of the application and look for required fields that are blank.

Unique organization name: The organization name must be unique. For large organizations with similar names, use a unique identifier specific to the site. (Ex: "Pediatric Clinic – Dr. Paul Smith" or "Kindercare – 1003" or "Martin Luther King Middle – Austin ISD")

Unique physical address: If the address already exists in ImmTrac2 by a different business, use address line 2 to make the address unique, such as adding a suite number.

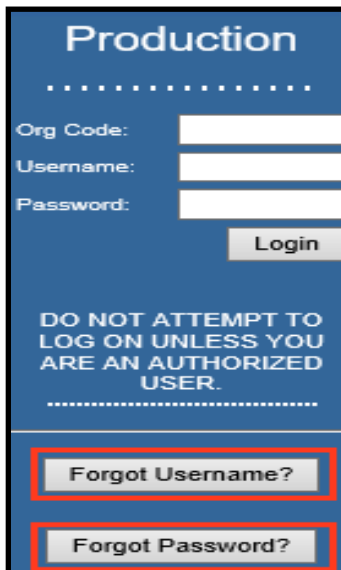
Look out for spaces before, after, or in the Email addresses:

User Account Info: If you are a "current user", do not add yourself as an additional user.

Advanced Practice Nurses (APN) should not put an "AP" in front of their license number.

The email address for each user must be unique. For security purposes, each user account is required to have a unique e-mail address. This will allow each individual user to reset their own password and retrieve their Org Code and Username. See *Figure 55: Forgot Username and Forgot Password Buttons*, *Figure 56: Reset Password*, and *Figure 57: Forgot Username*.

NOTE: Each individual user should not share their credentials as this violates the organization site agreement.



The image shows a login interface titled "Production". It includes three input fields: "Org Code:", "Username:", and "Password:". Below these fields is a "Login" button. A warning message reads: "DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER." At the bottom of the form, two buttons are highlighted with red boxes: "Forgot Username?" and "Forgot Password?".

Figure 55: Forgot Username and Forgot Password Buttons

User Information

To reset your password, please enter your Org Code, Username, and Email address associated with your ImmTrac2 account and click Submit.

* Org Code:

* Username:

* Email address:

* Required field

Figure 56: Reset Password

Forgot Username

To retrieve your username, please enter your First Name, Last Name, and Email Address associated with your ImmTrac2 account and click Submit.

* First Name

* Last Name

* Email Address

* Required field

Figure 57: Forgot Username

7E. Save Progress and Exit

To save your progress and return later, select "SAVE PROGRESS AND EXIT". See *Figure 58: Save Progress and Exit Button*.

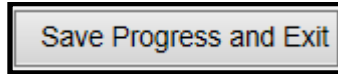


Figure 58: Save Progress and Exit Button

Then a message appears asking if you are sure you want to exit (see *Figure 59: Exit Message*).

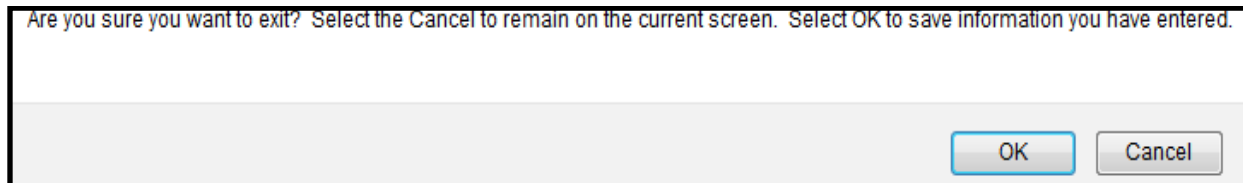


Figure 59: Exit Message

If "OK" is selected and you want to save and exit, a message appears that progress has been saved and ImmTrac2 has sent you an email with instructions on how to return to the incomplete application. ***If you think you did not receive an email, please check the Authorized Signer email box (and your spam, junk mail, and clutter folders) and verify that the email listed is correct.***

NOTE: Applications left inactive for more than 14 calendar days will be deleted and a new application must be started and saved. See *Figure 60: Progress Saved Message*.

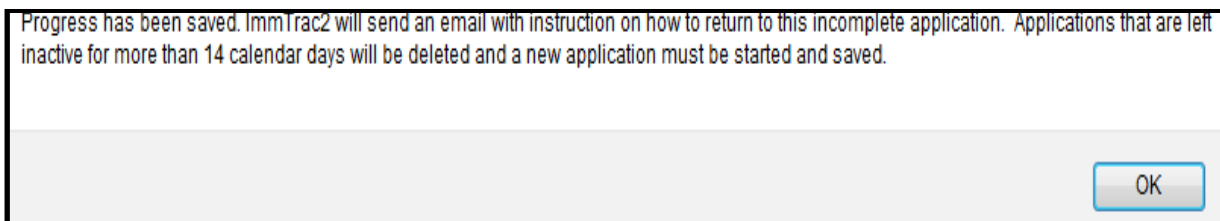


Figure 60: Progress Saved Message

If you have started the registration process, then saved it and exited, when coming back to open the registration, the "Incomplete" application status may be clicked to open the registration and continue. See *Figure 61: Incomplete Registration*.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations
When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Sixth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Incomplete	14 days
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Approval	

Figure 61: Incomplete Registration

An email is sent to the Authorized Signer email address listed in the Site Agreement. The opened email tells you to allow 10 to 14 days for processing. See Figure 62: Registration Request Received.

ImmTrac2@dshs.texas.gov 3:44 PM (11 minutes ago) ☆ ↶ ⋮

Your ImmTrac2 Registration request for Pauls Seventh Pediatric Practice has been received. Please allow 10-14 days for processing. If you do not receive an e-mail after 14 days of your registration submission date confirming approval or denial, contact the ImmTrac2 Customer Support Team at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov.

Figure 62: Registration Request Received

Texas Immunization Registry

To continue the in-progress registration,

- Go back into ImmTrac2, select the "registration/renewal" tab in the menu bar near the top of the screen,
- Select "Manage Registrations" (see *Figure 63: Manage Registrations Screen*), and
- Select the registration that is still in progress by clicking on the word "Incomplete" in that row.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations
When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Sixth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Incomplete	14 days
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Approval	

Figure 63: Manage Registrations Screen

When incomplete registrations are left inactive for more than 14 calendar days, they will be deleted from ImmTrac2. After 14 days, a new application must be saved or submitted.

For more information and support with renewals or registrations, contact the Texas Immunization Renewal/Registration Team.

Email:

ImmTrac2@dshs.texas.gov

Phone:

800-348-9158, press option 4

Registration Website:

<https://www.dshs.texas.gov/>

ImmTrac Information Website:

<https://www.dshs.texas.gov/immunize/immtrac/>