



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# **The Texas Immunization Registry:**

## **ImmTrac2 Site Renewal Guide**



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## 1. When is a Site Renewal Needed?

Any active user can renew their site agreement. A site renewal may be needed if:

- The two-year site agreement has expired.
- The Point of Contact (POC) needs to be changed. Requests for a POC change should be planned by the organization to not cause an interruption in service. To update an organization POC, the organization's site agreement must be renewed. Any staff member within the organization that has an active ImmTrac2 account can log in to the system and begin the renewal process. During the renewal process, the user can update the POC and amend any other information before submitting for approval. The approval processes can take 10-14 business days.
- Users need to be added or removed from the organization. If more than three users need to be added or changed, the POC should do a renewal.

If any required field (for example, organization name, address, city, or POC) has changed, you must do a site renewal. Please contact ImmTrac Customer Support by phone at 1-800-348-9158 (option 4) or e-mail at [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov).

The only time that a new ImmTrac2 **registration** must be completed is:

- If an organization is registering for the first time, or
- If 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 renewals can take 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 Renewal Process

Go to <https://immtrac.dshs.texas.gov> and enter the Org Code, Username, and Password.

### If you are assigned to multiple organizations:

Click the "ImmTrac2" button next to the organization that needs the site renewal. See *Figure 1: Switch Organizations*. If you see (Site Agreement Expired) – call Customer Support.

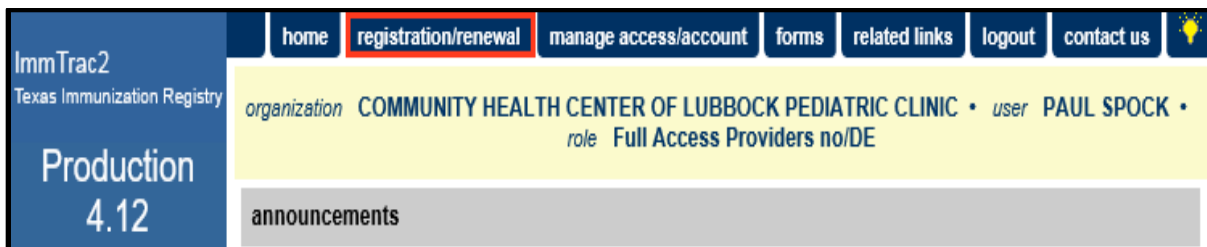


The screenshot shows the 'Switch Organizations' interface. At the top, there are navigation tabs: HOME, FORMS, REGISTRATION, RELATED LINKS, and a lightbulb icon. Below the tabs, the user's current organization is 'AUSTIN ISD', user is 'PAUL SPOCK', and role is 'Full Access Providers no/DE'. A list of organizations is displayed with 'ImmTrac2' and 'Manage Access' buttons. 'AUSTIN ISD' is bolded and highlighted with a red box. Other organizations like 'CENTRAL TEXAS CHILDRENS CENTER' and 'TEXAS CHILDRENS PEDIATRICS-MAIN' are marked as 'Site Agreement Expired'. A red box at the bottom contains the text: 'If you see "Site Agreement Expired", call ImmTrac at 800-348-9158.'

Figure 1: Switch Organizations

### If you are only assigned to one organization:

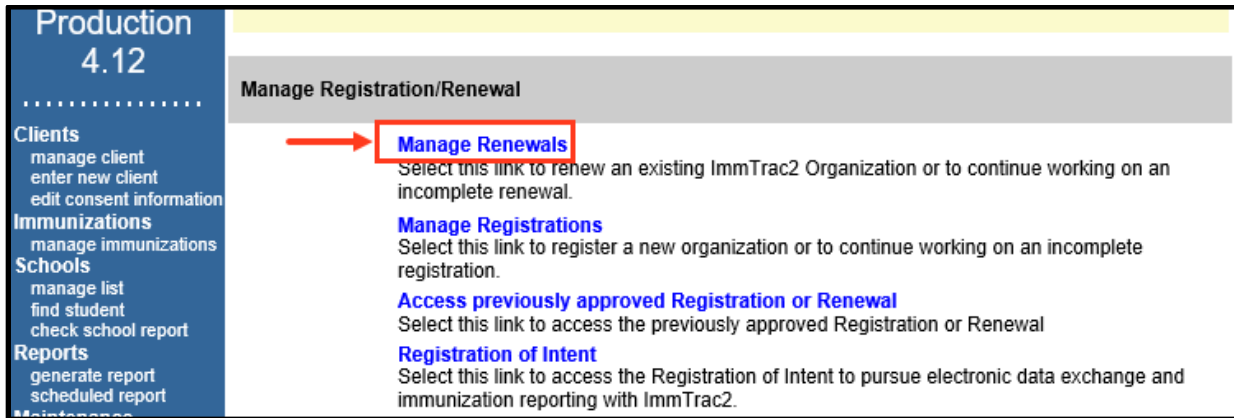
You will only see the menu bar at the top (see *Figure 2: Registration/Renewal Tab*). Click the "registration/renewal" tab.



The screenshot shows the 'Registration/Renewal Tab' interface. At the top, there is a menu bar with tabs: home, registration/renewal, manage access/account, forms, related links, logout, and contact us. The 'registration/renewal' tab is highlighted with a red box. Below the menu bar, the user's current organization is 'COMMUNITY HEALTH CENTER OF LUBBOCK PEDIATRIC CLINIC', user is 'PAUL SPOCK', and role is 'Full Access Providers no/DE'. There is also an 'announcements' section at the bottom.

Figure 2: Registration/Renewal Tab

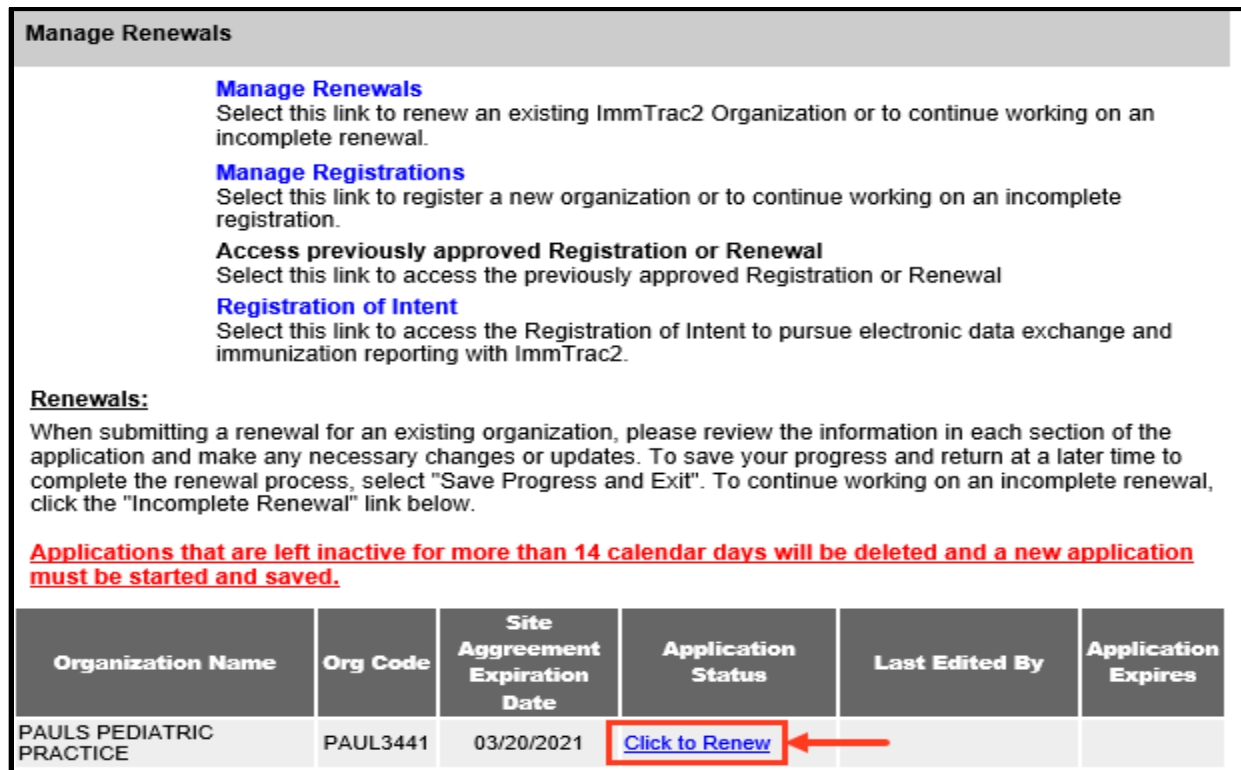
On the "Manage Registration/Renewal" screen select "Manage Renewals".  
See *Figure 3: Manage Renewals*.



*Figure 3: Manage Renewals*

## Click to Renew

This is the status you will see when if you need to start a **New Renewal** for any reason. See *Figure 4: Click to Renew*.

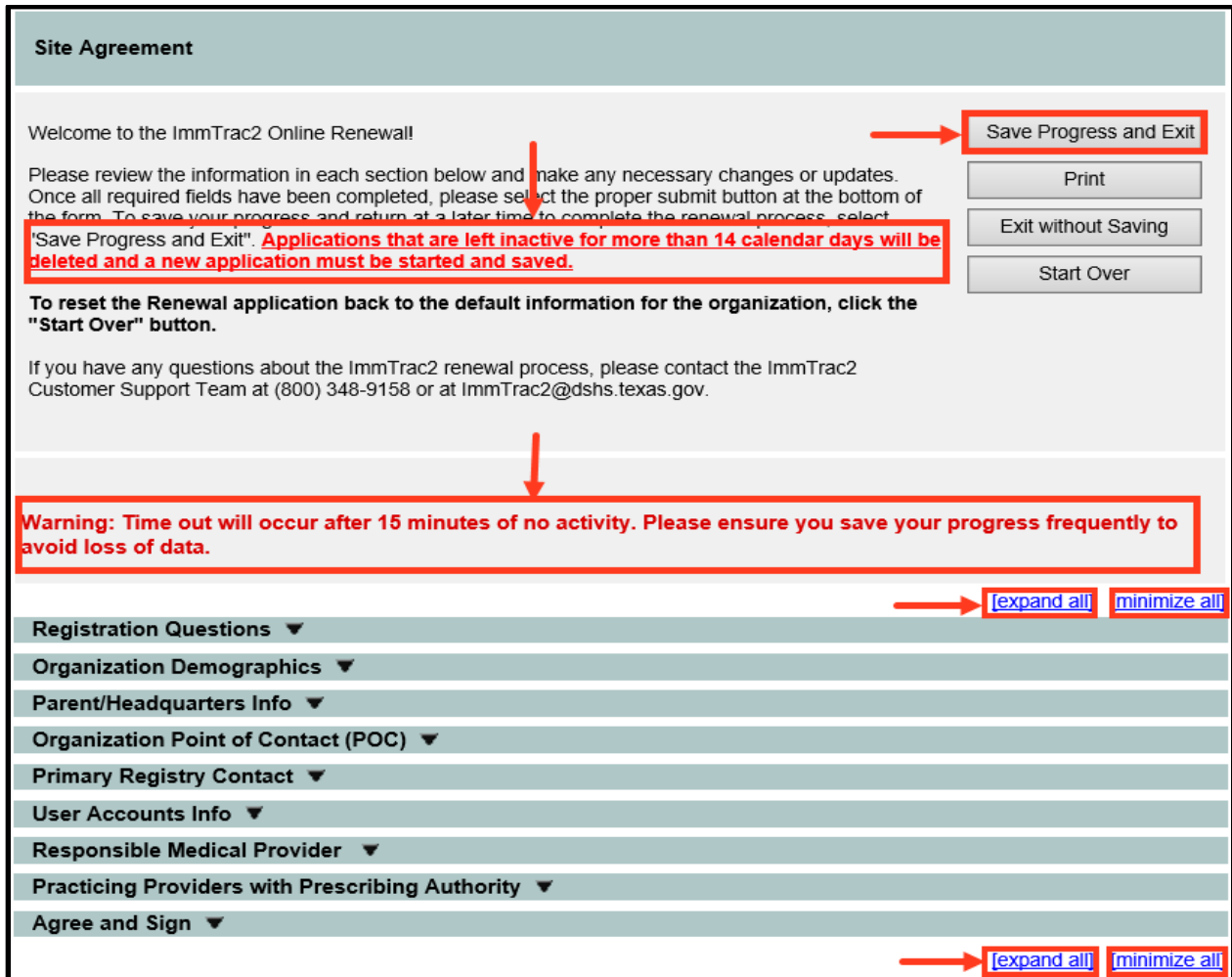


*Figure 4: Click to Renew*

### 3. Starting the Renewal

The applicant who is registering or renewing is required to list themselves as the Organization POC and/or the Primary Registry Contact (PRC).

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. See *Figure 5: Site Agreement*.



**Site Agreement**

Welcome to the ImmTrac2 Online Renewal!

Please review the information in each section below and make any necessary changes or updates. 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 to complete the renewal process, 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 Renewal application back to the default information for the organization, click the "Start Over" button.

If you have any questions about the ImmTrac2 renewal process, please contact the ImmTrac2 Customer Support Team 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 ▼

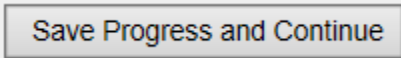
Agree and Sign ▼

Buttons: Save Progress and Exit, Print, Exit without Saving, Start Over, expand all, minimize all

*Figure 5: Site Agreement*



*After each of the following Renewal sections, click the Save Progress and Continue button. Your Renewal will be timed out after 15 minutes of no activity. See Figure 6: Save Progress and Continue Button.*



*Figure 6: Save Progress and Continue*

## 4. Renewal 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](http://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](http://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 suite, building, or section numbers in Address line 2 to ensure that your organizations address is unique.

Examples: add a suite number, a building section, an area, a doctor's name; or for schools add elementary, middle, high, or ISD. See *Figure 8: Organization Demographics*.

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

CURRENT ORGANIZATION CODE: PAUL3441  
 CURRENT ORGANIZATION NAME: Pauls Pediatric Practice  
 CURRENT PHYSICAL ADDRESS: 1100 W. 49TH, AUSTIN TX, 78756

**\*\* 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

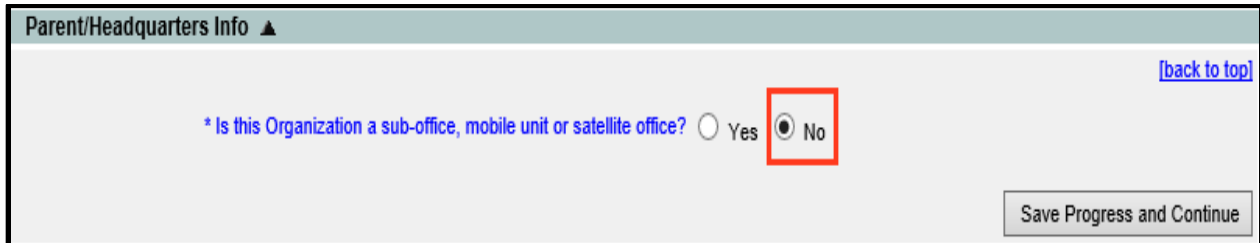
Organization Medicaid ID

Figure 8: Organization Demographics

## 4C. Parent/Headquarters Info

**If you do not have a parent organization** (See *Figure 9: Parent/Headquarters Info*):

If your organization is the parent or stand-alone site being renewed, the **No** option must be selected.



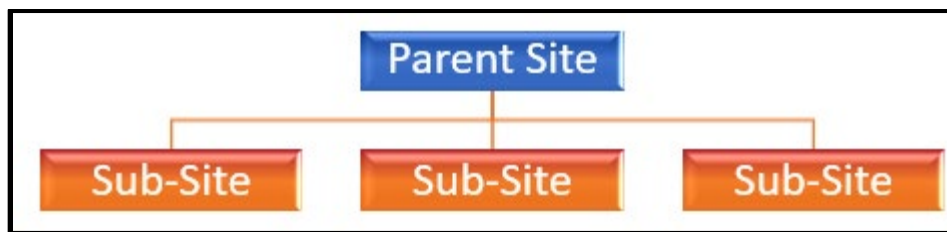
Parent/Headquarters Info ▲ [\[back to top\]](#)

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

Save Progress and Continue

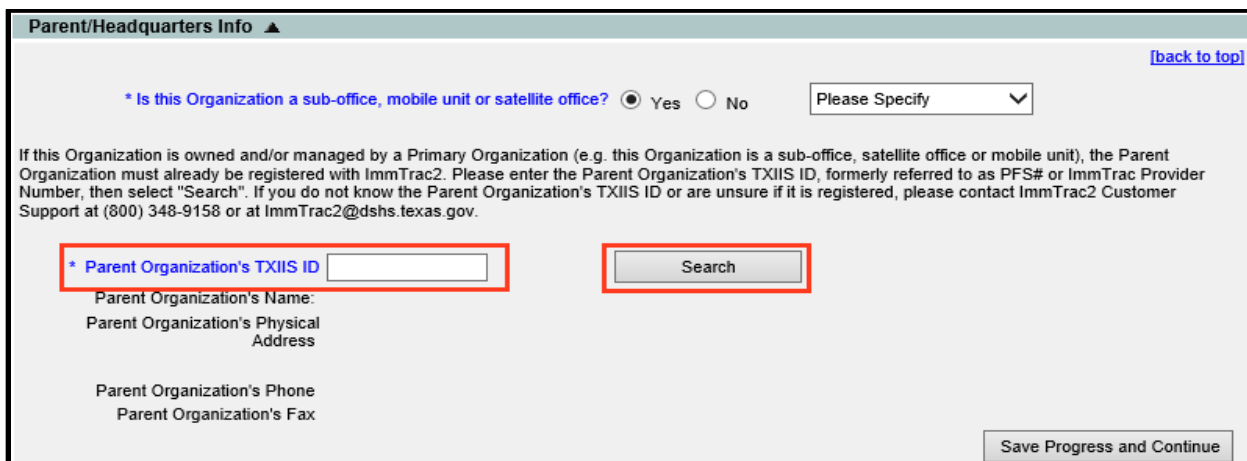
*Figure 9: Parent/Headquarters Info*

**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 at 1-800-348-9158 or email [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov).



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

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

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](mailto:ImmTrac2@dshs.texas.gov).

\* Parent Organization's TXIIS ID

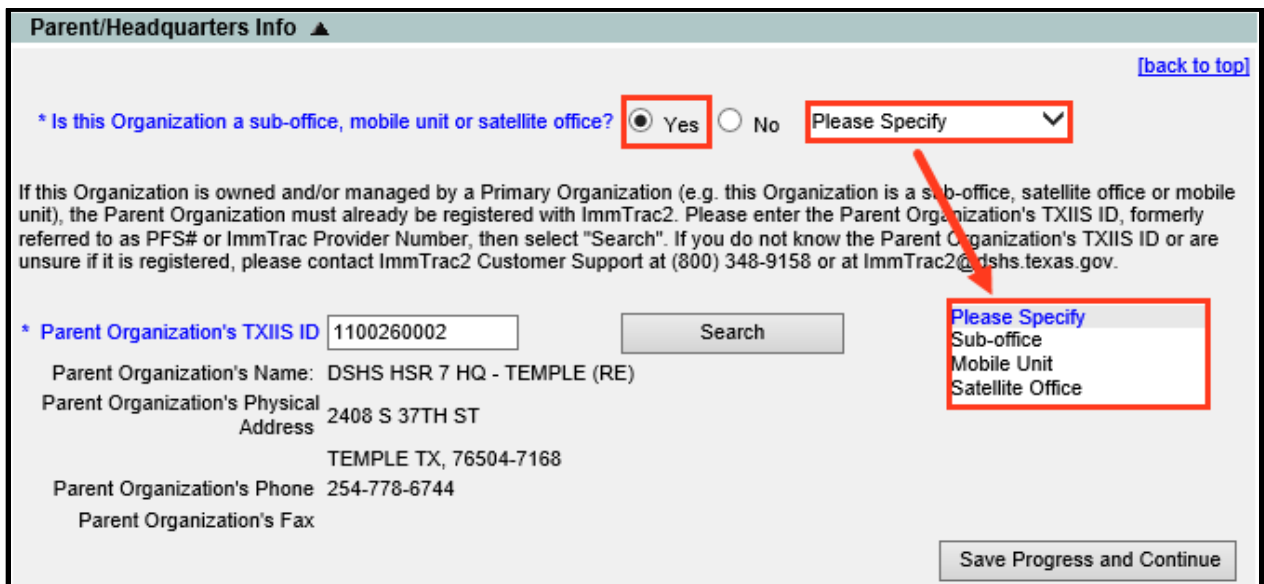
Parent Organization's Name:  
Parent Organization's Physical Address

Parent Organization's Phone  
Parent Organization's Fax

Save Progress and Continue

*Figure 11: Parent TXIIS ID*

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.

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](http://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.

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**  x

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.

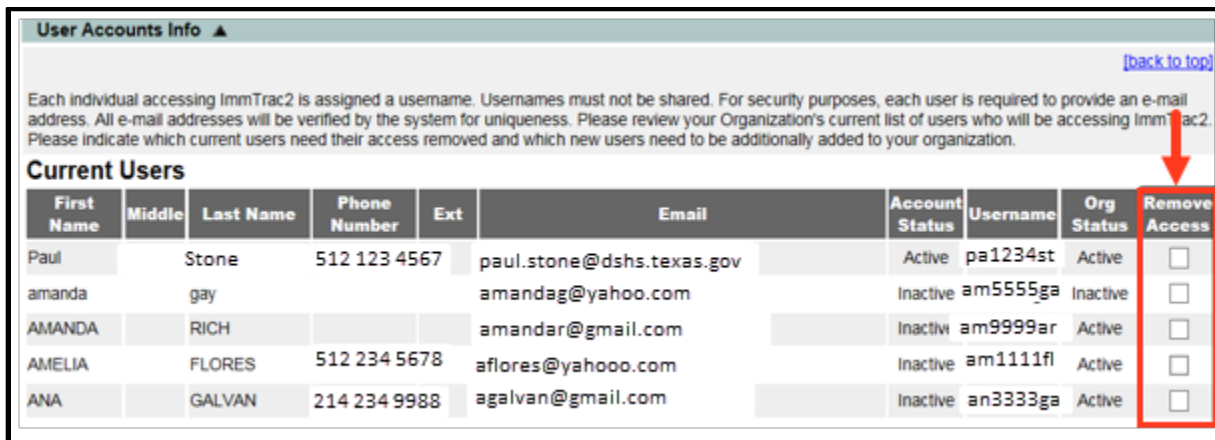
*Figure 14: Primary Registry Contact - Add User Account*

## 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*.

Everyone 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 review your organization's current list of users who will be accessing ImmTrac2.

Staff that are no longer associated to your organization can be removed by clicking on the check box on the right side of the user's name.



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

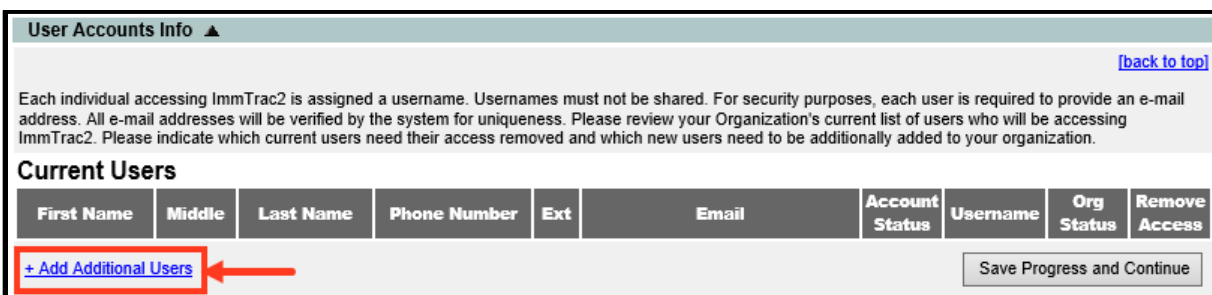
Each individual accessing ImmTrac2 is assigned a username. Usernames must not be shared. For security purposes, each user is required to provide an e-mail address. All e-mail addresses will be verified by the system for uniqueness. Please review your Organization's current list of users who will be accessing ImmTrac2. Please indicate which current users need their access removed and which new users need to be additionally added to your organization.

**Current Users**

First Name	Middle	Last Name	Phone Number	Ext	Email	Account Status	Username	Org Status	Remove Access
Paul		Stone	512 123 4567		paul.stone@dshs.texas.gov	Active	pa1234st	Active	<input type="checkbox"/>
amanda		gay			amandag@yahoo.com	Inactive	am5555ga	Inactive	<input type="checkbox"/>
AMANDA		RICH			amandar@gmail.com	Inactive	am9999ar	Active	<input type="checkbox"/>
AMELIA		FLORES	512 234 5678		aflores@yahoo.com	Inactive	am1111fl	Active	<input type="checkbox"/>
ANA		GALVAN	214 234 9988		agalvan@gmail.com	Inactive	an3333ga	Active	<input type="checkbox"/>

Figure 15: User Accounts Info

If additional users need to be added, select "Add Additional Users". See *Figure 16: 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. Please review your Organization's current list of users who will be accessing ImmTrac2. Please indicate which current users need their access removed and which new users need to be additionally added to your organization.

**Current Users**

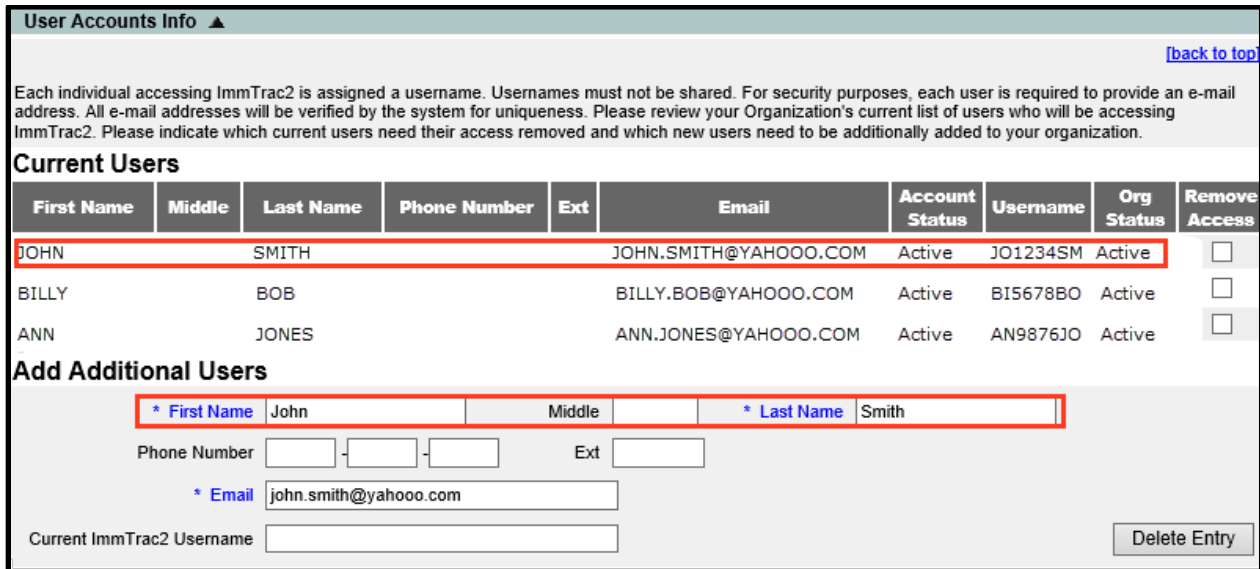
First Name	Middle	Last Name	Phone Number	Ext	Email	Account Status	Username	Org Status	Remove Access
+ Add Additional Users									

Save Progress and Continue

Figure 16: Add Additional Users



If you are a current ImmTrac2 user, **do not add yourself as an additional user**. See *Figure 17: Avoid Adding Users That Already Exist*.



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 review your Organization's current list of users who will be accessing ImmTrac2. Please indicate which current users need their access removed and which new users need to be additionally added to your organization.

**Current Users**

First Name	Middle	Last Name	Phone Number	Ext	Email	Account Status	Username	Org Status	Remove Access
JOHN		SMITH			JOHN.SMITH@YAHOOO.COM	Active	JO1234SM	Active	<input type="checkbox"/>
BILLY		BOB			BILLY.BOB@YAHOOO.COM	Active	BI5678BO	Active	<input type="checkbox"/>
ANN		JONES			ANN.JONES@YAHOOO.COM	Active	AN9876JO	Active	<input type="checkbox"/>

**Add Additional Users**

\* First Name John Middle \* Last Name Smith

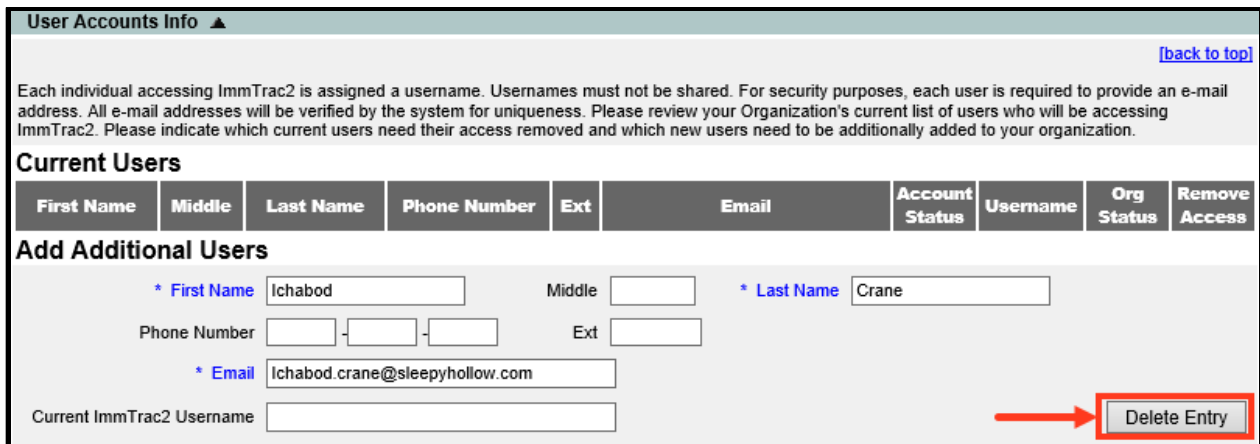
Phone Number - - Ext

\* Email john.smith@yahoo.com

Current ImmTrac2 Username

*Figure 17: Avoid Adding Users That Already Exist*

If the "Add Additional Users" hyperlink was incorrectly selected, the entry can be removed by clicking the "Delete Entry" button. See *Figure 18: 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. Please review your Organization's current list of users who will be accessing ImmTrac2. Please indicate which current users need their access removed and which new users need to be additionally added to your organization.

**Current Users**

First Name	Middle	Last Name	Phone Number	Ext	Email	Account Status	Username	Org Status	Remove Access
------------	--------	-----------	--------------	-----	-------	----------------	----------	------------	---------------

**Add Additional Users**

\* First Name Ichabod Middle \* Last Name Crane

Phone Number - - Ext

\* Email Ichabod.crane@sleepyhollow.com

Current ImmTrac2 Username

*Figure 18: Delete Entry*

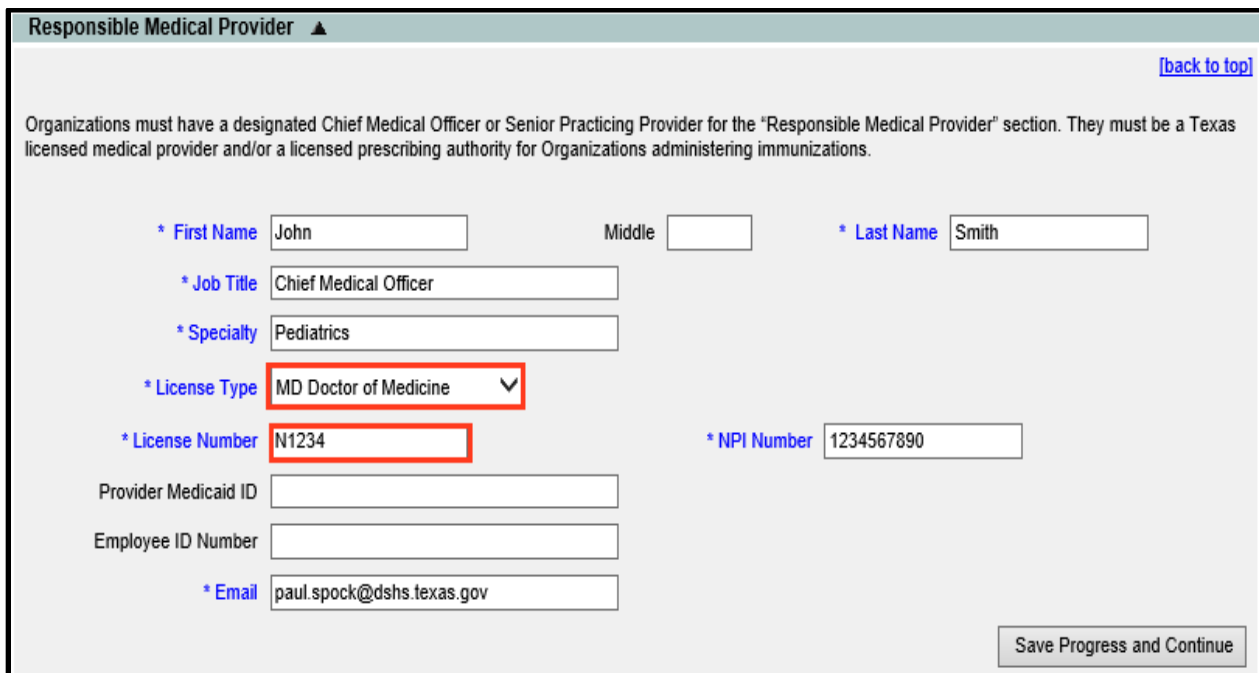
**NOTE:** Users can only report immunizations for organizations to which they have access.

Users will need to 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 child site, UNLESS they are adding immunizations for the child organization.

## 4G. Responsible Medical Provider

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

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 19: 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

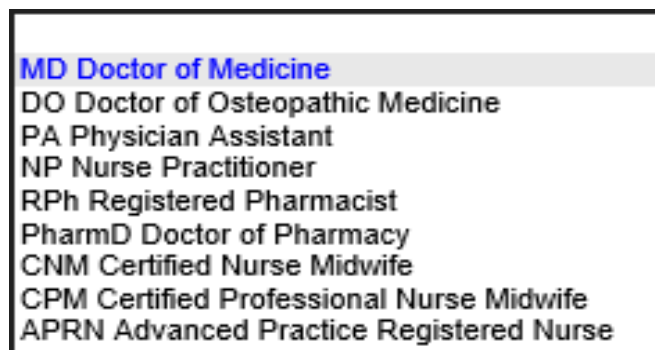
Provider Medicaid ID

Employee ID Number

\* Email

*Figure 19: Responsible Medical Provider*

See *Figure 20: 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 20: License Types*

The formats for license numbers are:

- MD is a letter and 4 numbers.  
Example: N5678
- PA is "PA" followed by 4 or 5 numbers.  
Example: PA12345
- The NPI Number consists of 10 numbers, formed by 9 numbers followed by a numeric check digit.  
Example: 1234567893
- Advanced Practice Nurses should not put an "AP" in front of their license number.  
Example: 123456
- There are no RN or LVN license types. 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 21: Practicing Providers with Prescribing Authority*.

**NOTE:** They will be the ones that are attached to the immunization information in the “**Administered by**” field.

If the “Add Additional Entry” hyperlink was incorrectly 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	<input type="text" value="John"/>	Middle	<input type="text"/>	* Last Name	<input type="text" value="Smith"/>
* Job Title	<input type="text" value="Practicing Provider"/>				
* Specialty	<input type="text" value="Pediatrics"/>				
* License Type	<input style="border: 2px solid red;" type="text" value="MD Doctor of Medicine"/>				
* License Number	<input style="border: 2px solid red;" type="text" value="N1234"/>		* NPI Number	<input type="text" value="2345678921"/>	
Provider Medicaid ID	<input type="text"/>				
Employee ID Number	<input type="text"/>				
* Email	<input type="text" value="Doctorgood@gmail.com"/>				

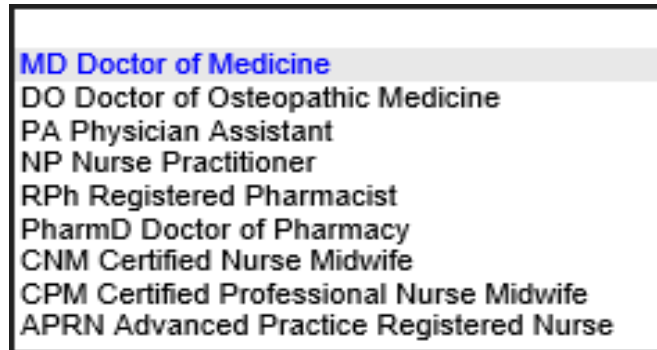
---

* First Name	<input type="text"/>	Middle	<input type="text"/>	* Last Name	<input type="text"/>
* Job Title	<input type="text"/>				
* Specialty	<input type="text"/>				
* License Type	<input type="text"/>				
* License Number	<input type="text"/>		* NPI Number	<input type="text"/>	
Provider Medicaid ID	<input type="text"/>				
Employee ID Number	<input type="text"/>				
* Email	<input type="text"/>				

[+ Add Additional Entry](#)

Figure 21: Practicing Providers with Prescribing Authority

See *Figure 22: License Types* for the drop-down menu of License Type.



*Figure 22: License Types*

The formats for license numbers are:

- MD is a letter and 4 numbers.  
Example: N5678
- PA is "PA" followed by 4 or 5 numbers.  
Example: PA12345
- The NPI Number consists of 10 numbers, formed by 9 numbers followed by a numeric check digit.  
Example: 1234567893
- Advanced Practice Nurses should not put an "AP" in front of their license number.  
Example: 123456
- There are no RN or LVN license types. RN and LVN license types will NEVER be collected on this screen.

## 4I. 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. See *Figure 23: Agree and Sign*.

**Site Agreement**

Welcome to the ImmTrac2 Online Renewal!

Please review the information in each section below and make any necessary changes or updates. 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 to complete the renewal process, 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 Renewal application back to the default information for the organization, click the "Start Over" 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

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

Responsible Medical Provider or Authorized Signer: Paul Spock

*Figure 23: Agree and Sign*

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 19: 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 years.

The details of the site agreement include the legal requirements for who can access the registry as well as the usage policies by which each organization agrees to abide. 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 24: 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 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 Spock

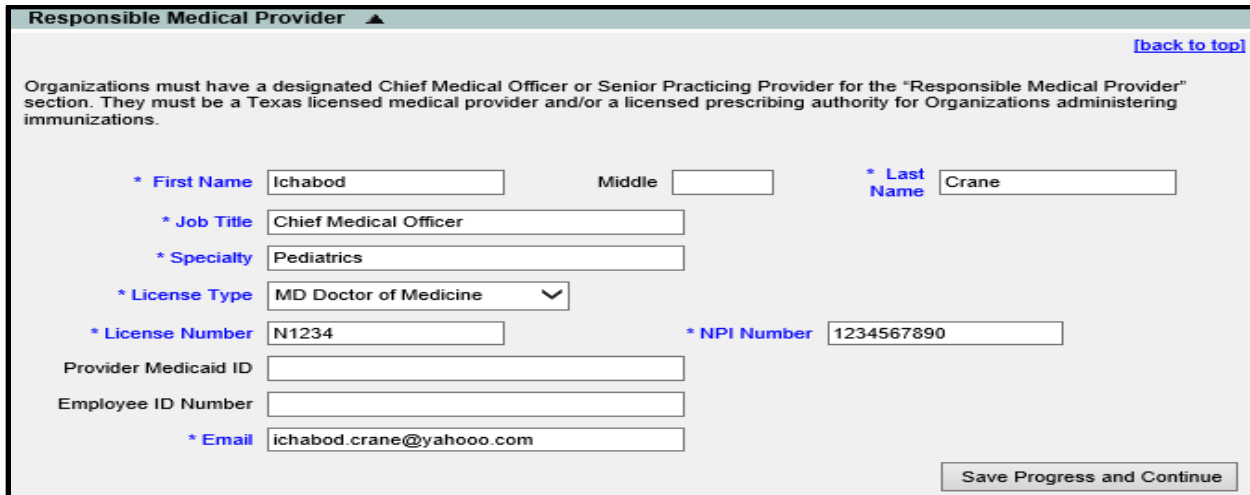
Save Progress and Continue    Submit for Signature    Submit for Approval

*Figure 24: I Am Not the Authorized Signer*



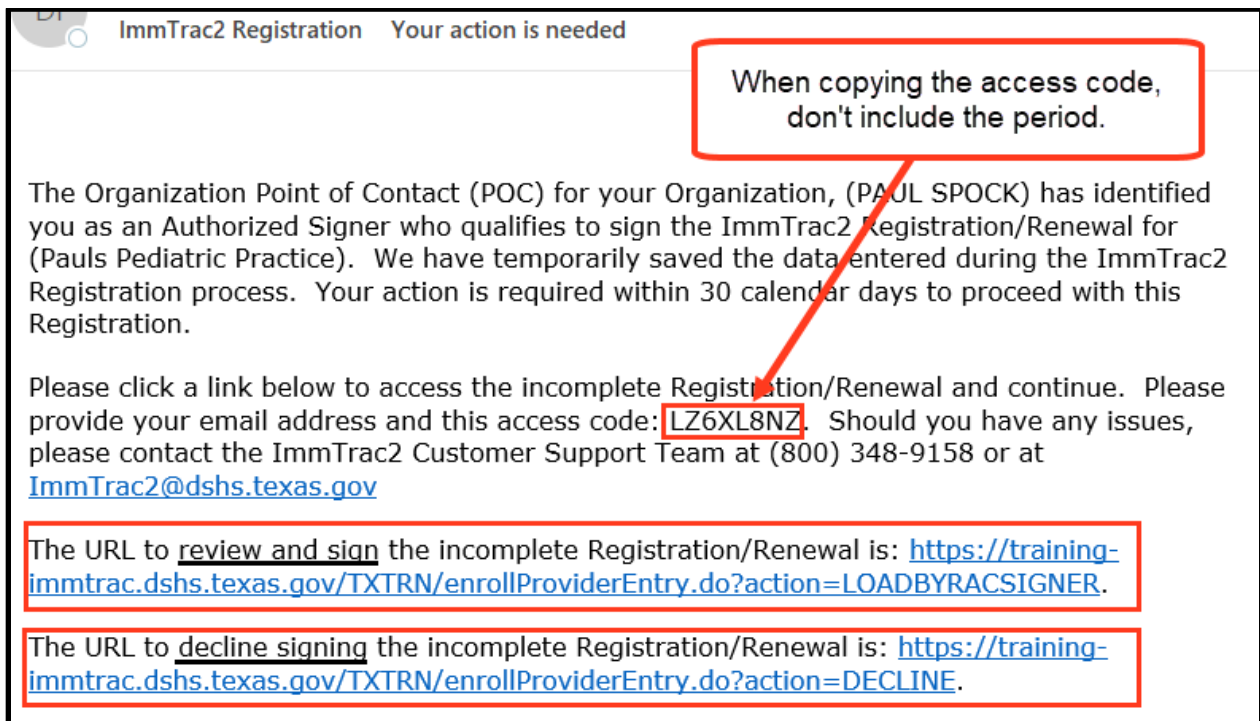
## Who is the Authorized Signer?

The default Authorized Signer is the Responsible Medical Provider. See *Figure 25: Responsible Medical Provider*.



*Figure 25: Responsible Medical Provider*

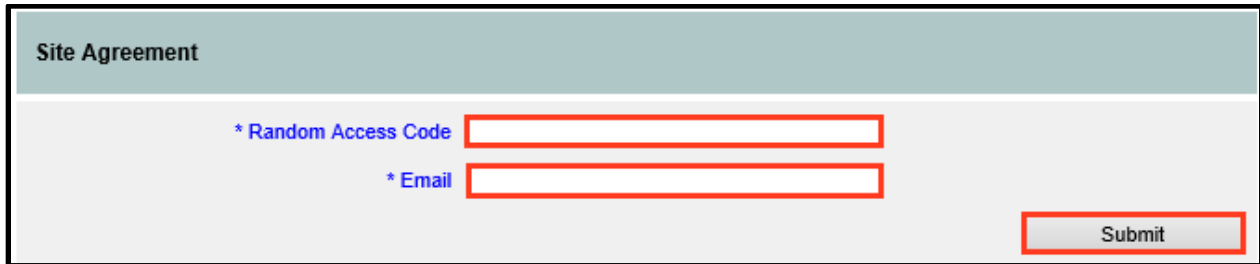
The Authorized Signer will receive an email with a Random-Access Code, a link to “review and sign”, and a link to “decline signing”. (see *Figure 26: Authorized Signer*).



*Figure 26: Authorized Signer*

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 27: Random-Access Code*).

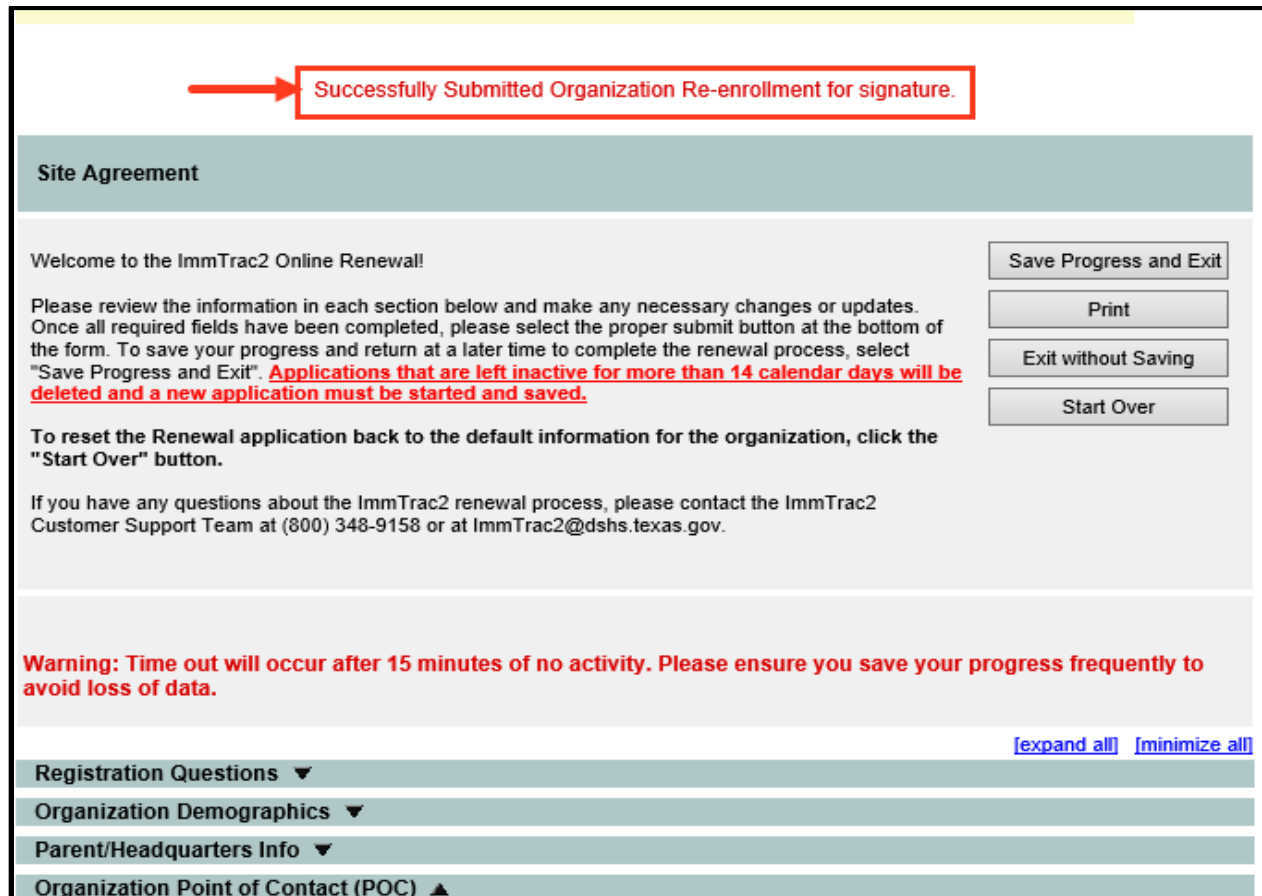
**NOTE:** The Random-Access Code will NEVER have a period at the end of it. Please be careful when copying and pasting the code to not include the period.



The screenshot shows a form titled "Site Agreement". It contains two input fields: "\* Random Access Code" and "\* Email". Both fields are empty and have a red border. To the right of the form is a "Submit" button, also with a red border.

*Figure 27: Random Access Code*

The Site Agreement is displayed with the message, "Successfully Submitted Organization Re-enrollment for signature". See *Figure 28: Successfully Submitted for Signature*.

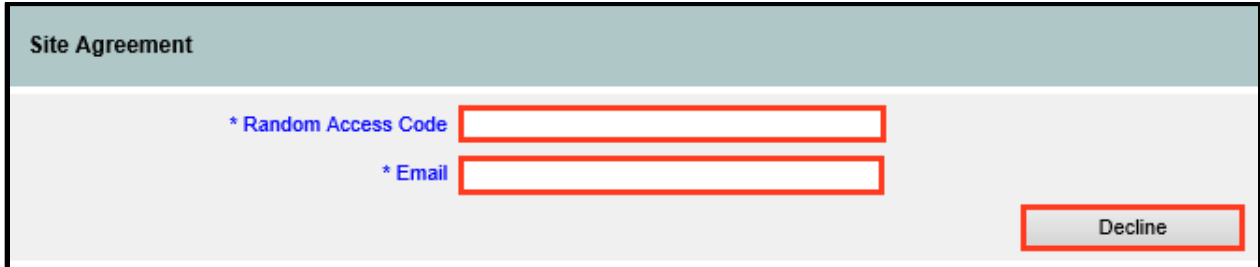


The screenshot shows the "Site Agreement" page after successful submission. At the top, a red box with an arrow points to the message: "Successfully Submitted Organization Re-enrollment for signature." Below this, the page content includes:

- A "Site Agreement" header.
- Welcome to the ImmTrac2 Online Renewal!
- Instructions: "Please review the information in each section below and make any necessary changes or updates. 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 to complete the renewal process, 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.**"
- Buttons: "Save Progress and Exit", "Print", "Exit without Saving", and "Start Over".
- Reset instructions: "To reset the Renewal application back to the default information for the organization, click the 'Start Over' button."
- Contact information: "If you have any questions about the ImmTrac2 renewal process, please contact the ImmTrac2 Customer Support Team at (800) 348-9158 or at ImmTrac2@dshs.texas.gov."
- Warning: "Warning: Time out will occur after 15 minutes of no activity. Please ensure you save your progress frequently to avoid loss of data."
- Navigation menu with expand/collapse links: "Registration Questions", "Organization Demographics", "Parent/Headquarters Info", and "Organization Point of Contact (POC)".

*Figure 28: Successfully Submitted for Signature*

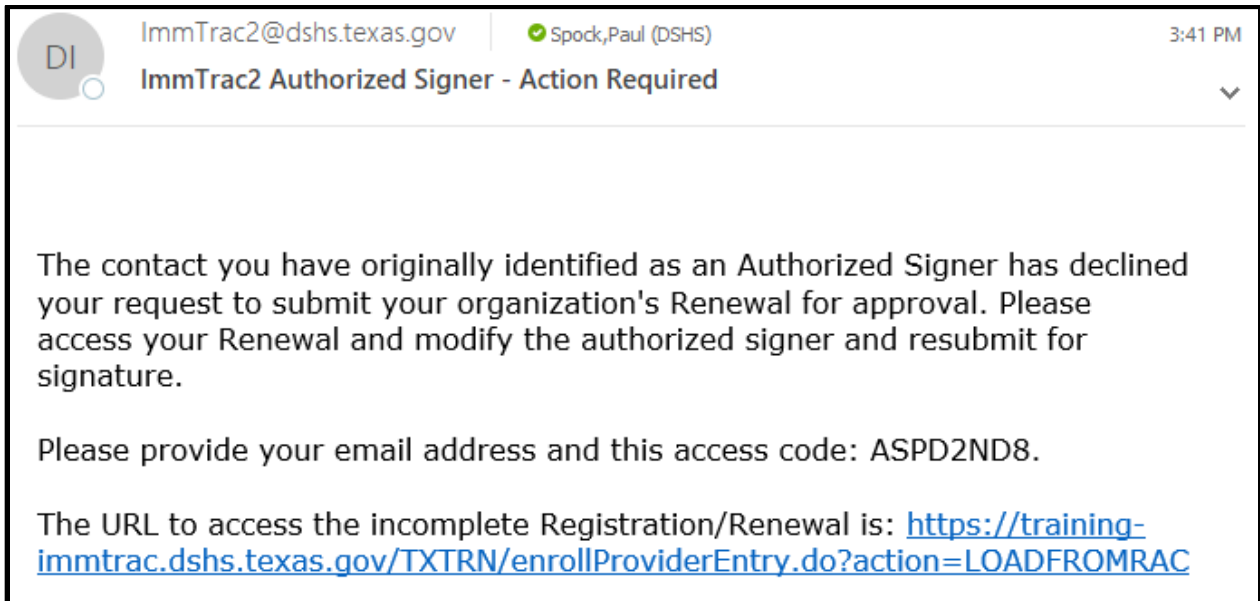
If the link to **decline** signing the Site Agreement is chosen, then the option to decline is displayed. Please be careful when copying and pasting the Random-Access code to not include a period at the end of the code. See *Figure 29: Decline to Sign*.



The screenshot shows a form titled "Site Agreement". It contains two input fields: "\* Random Access Code" and "\* Email", both highlighted with red boxes. A "Decline" button is also highlighted with a red box in the bottom right corner.

*Figure 29: Decline to Sign*

If the Decline option is chosen, an email is sent to the person who submitted the renewal for signature, stating that the Authorized Signer declined the request to submit the renewal, and to select someone else as the Authorized Signer and resubmit the renewal for signature. See *Figure 30: Authorized Signer Declined*.



The screenshot shows an email notification. The sender is "ImmTrac2@dshs.texas.gov" and the recipient is "Spock, Paul (DSHS)". The subject is "ImmTrac2 Authorized Signer - Action Required". The email body contains the following text:

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

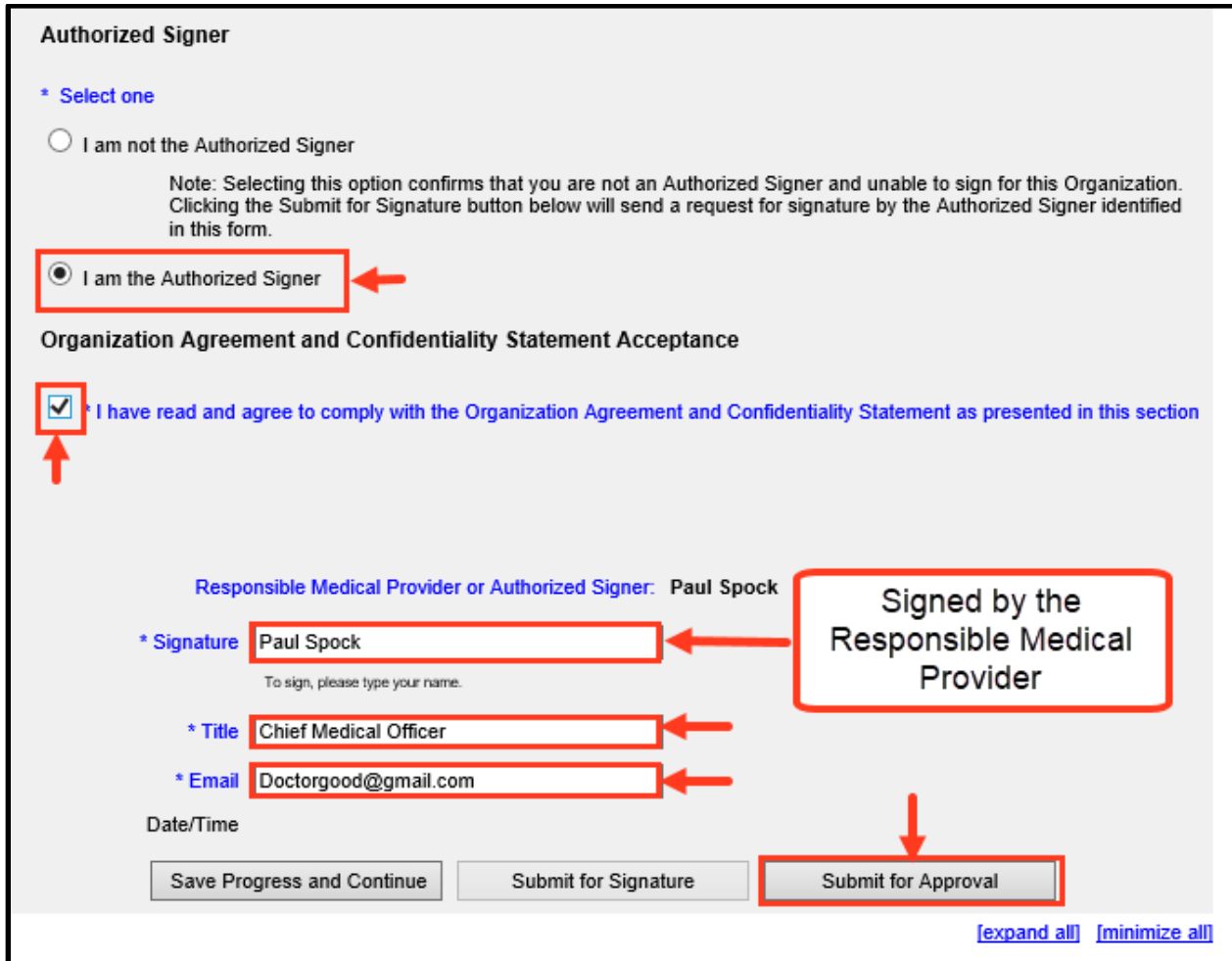
Please provide your email address and this access code: ASPD2ND8.

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

*Figure 30: 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 31: 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 31: 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”.

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 32: 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@yahoo0000.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 32: 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 **10 to 14 BUSINESS days** to process. For additional assistance, please contact the ImmTrac2 Customer Support Team.

## 5. Status of the Renewal

The types of Renewal Application Status are as follows:

### 5A. Click to Renew

This is the status mentioned earlier that you will see if you need to start a New Renewal for any reason. See *Figure 33: Click to Renew*.

**Manage Renewals**

**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.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" 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.**

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	03/20/2021	<a href="#">Click to Renew</a>		

*Figure 33: Click to Renew*

## 5B. 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 completed before it can be successfully submitted and processed in the system. See *Figure 34: Incomplete*.

**Manage Renewals**

[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.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" link below.

See important note below

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

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	03/20/2021	Incomplete	ImmTrac2	14 days

*Figure 34: Incomplete*

## 5C. Submitted for Signature

The person filling out the Site Renewal is not the Authorized Signer. See *Figure 35: Submitted for Signature*.

**Manage Renewals**

**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.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" 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.**

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	03/20/2021	Submitted for Signature	ImmTrac2	

*Figure 35: Submitted for Signature*



The Authorized Signer indicated in the site renewal will receive an email with a Random-Access Code who will then sign the renewal and submit it for approval. The default for the authorized signer will be the name used in the Responsible Medical Provider tab. See *Figure 36: 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 36: Default Signer is the Responsible Medical Provider*

## 5D. Submitted for Approval

The renewal has been successfully signed and sent to DSHS for processing. See *Figure 37: Submitted for Approval*.

**Manage Renewals**

**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.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" link below.

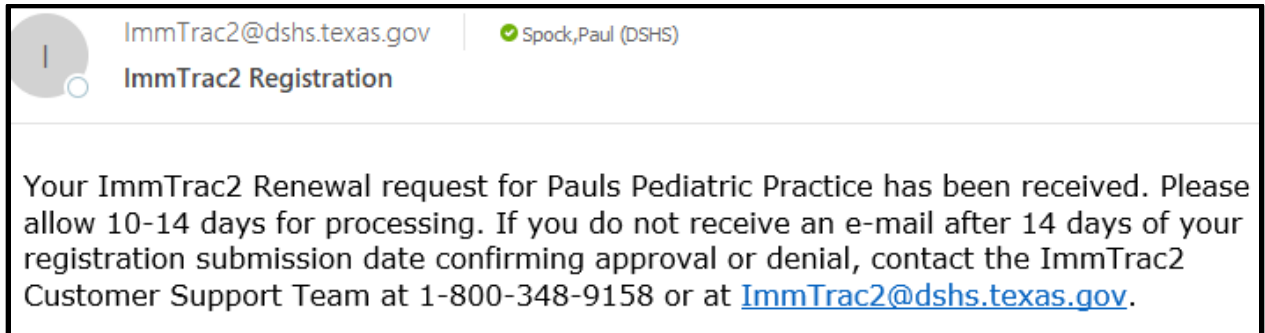
**Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	03/20/2021	Submitted for Approval	ImmTrac2	

*Figure 37: Submitted for Approval*

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

After your site renewal has been successfully submitted to DSHS, the Organization Point of Contact will receive an email confirming receipt by DSHS. See *Figure 38: Submitted for Approval*.



*Figure 38: Submitted for Approval*

## 5E. Returned

The renewal 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 39: Returned*.

**Manage Renewals**

**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.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" 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.**

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	03/20/2021	Returned	ImmTrac2	

*Figure 39: Returned*

See the example below. *Figure 40: Example of Returned Renewal Email* displays an email informing an organization that their renewal was returned with specific instructions to correct before resubmitting.

From: [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov)

Date: 18 August 2019

Subject: ImmTrac2 Enrollment Action Required - Changes Made to Enrollment Form

To: [john@johnspharmacy.com](mailto: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**

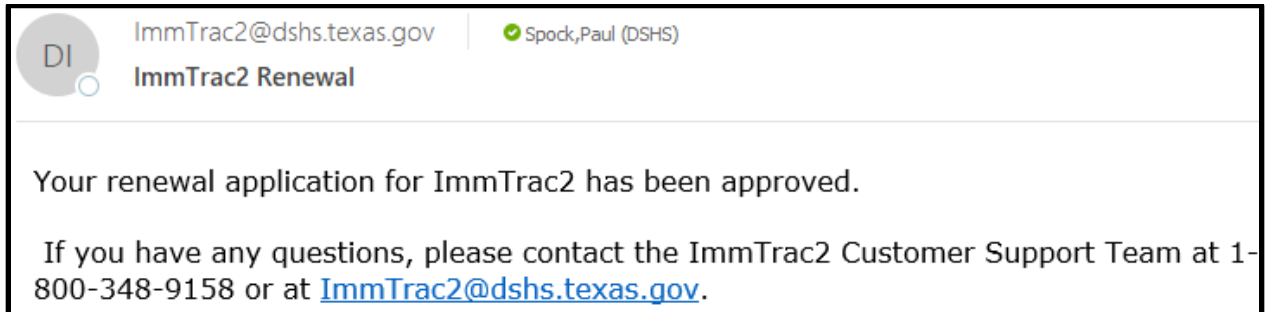
Please provide a valid medical license for John Smith

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](mailto:ImmTrac2@dshs.texas.gov).

*Figure 40: Example of Returned Renewal Email*

## 5F. Approved

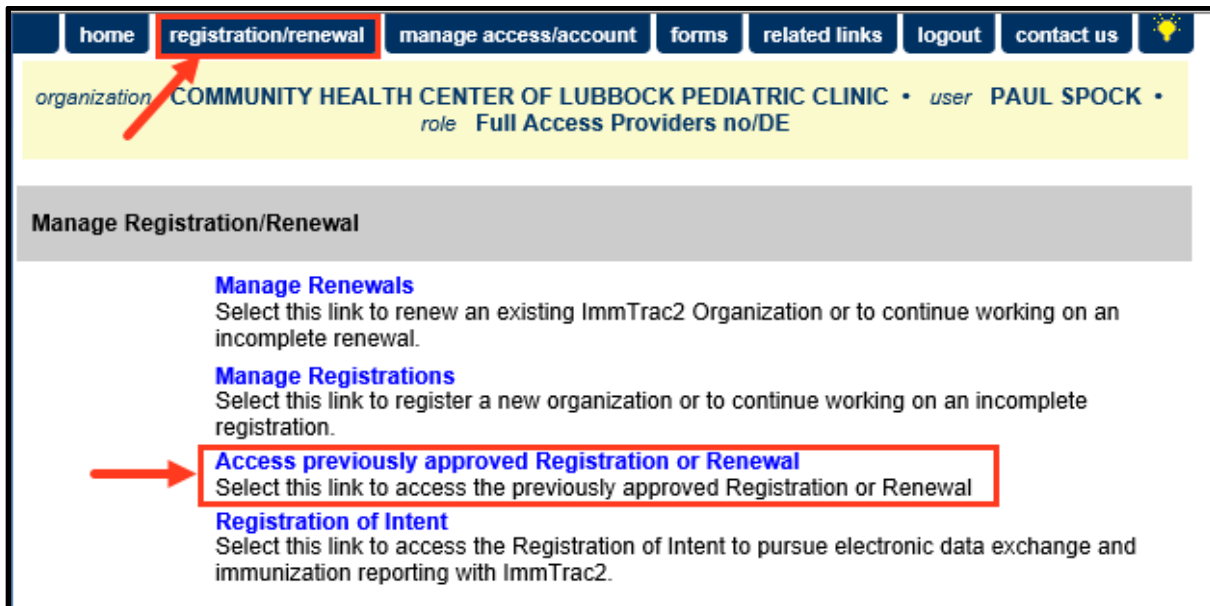
When your site renewal has been approved by DSHS, the Organization Point of Contact will be emailed notification of approval. See *Figure 41: Example of Approved Site Renewal Email*.



*Figure 41: Example of Approved Site Renewal Email*

## 6. Accessing Previously Approved Renewals

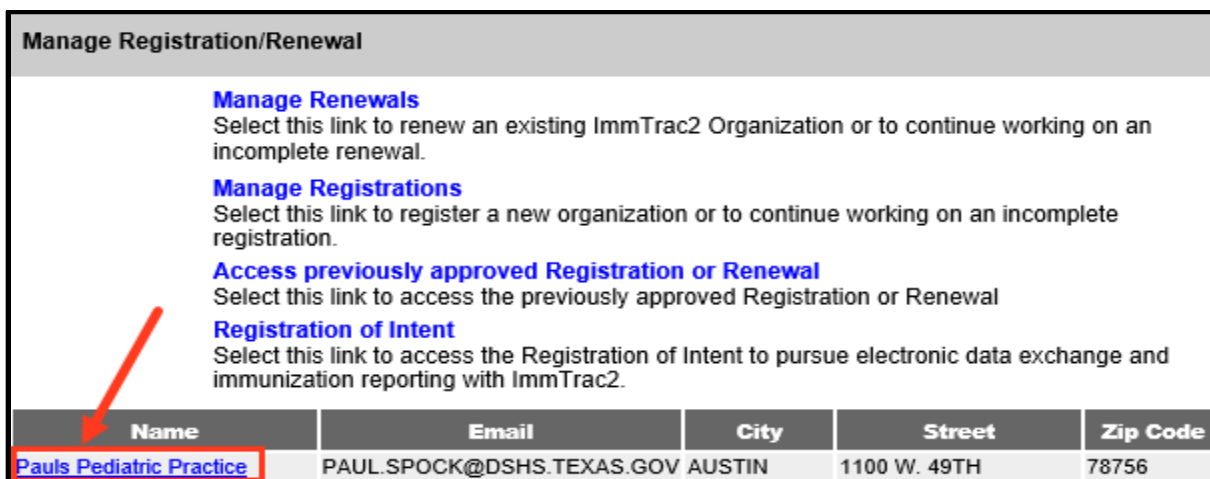
If you want to see your Site Agreement Renewal that has previously been approved, you can click on the “registration/renewal” tab at the top of the screen and then select “Access previously approved Registration or Renewal”. See *Figure 42: Access Previously Approved Registration or Renewal*.



The screenshot shows a navigation bar with tabs: home, registration/renewal (highlighted with a red box and arrow), manage access/account, forms, related links, logout, and contact us. Below the navigation bar, the user's organization is identified as 'COMMUNITY HEALTH CENTER OF LUBBOCK PEDIATRIC CLINIC' and the user as 'PAUL SPOCK' with the role 'Full Access Providers no/DE'. The main content area is titled 'Manage Registration/Renewal' and contains several links: 'Manage Renewals', 'Manage Registrations', 'Access previously approved Registration or Renewal' (highlighted with a red box and arrow), and 'Registration of Intent'.

*Figure 42: Access Previously Approved Registration or Renewal*

Then click the organization name in blue to view the organization’s site agreement. You can print out the renewal once it is opened. See *Figure 43: Previously Approved Registration or Renewal*.



The screenshot shows the 'Manage Registration/Renewal' page with the same links as Figure 42. A red arrow points to the organization name 'Pauls Pediatric Practice' in the table below. The table has columns for Name, Email, City, Street, and Zip Code.

Name	Email	City	Street	Zip Code
Pauls Pediatric Practice	PAUL.SPOCK@DSHS.TEXAS.GOV	AUSTIN	1100 W. 49TH	78756

*Figure 43: Previously Approved Registration or Renewal*

## 7. Troubleshooting Site Renewals

### 7A. Check for Errors After Submitting Renewal

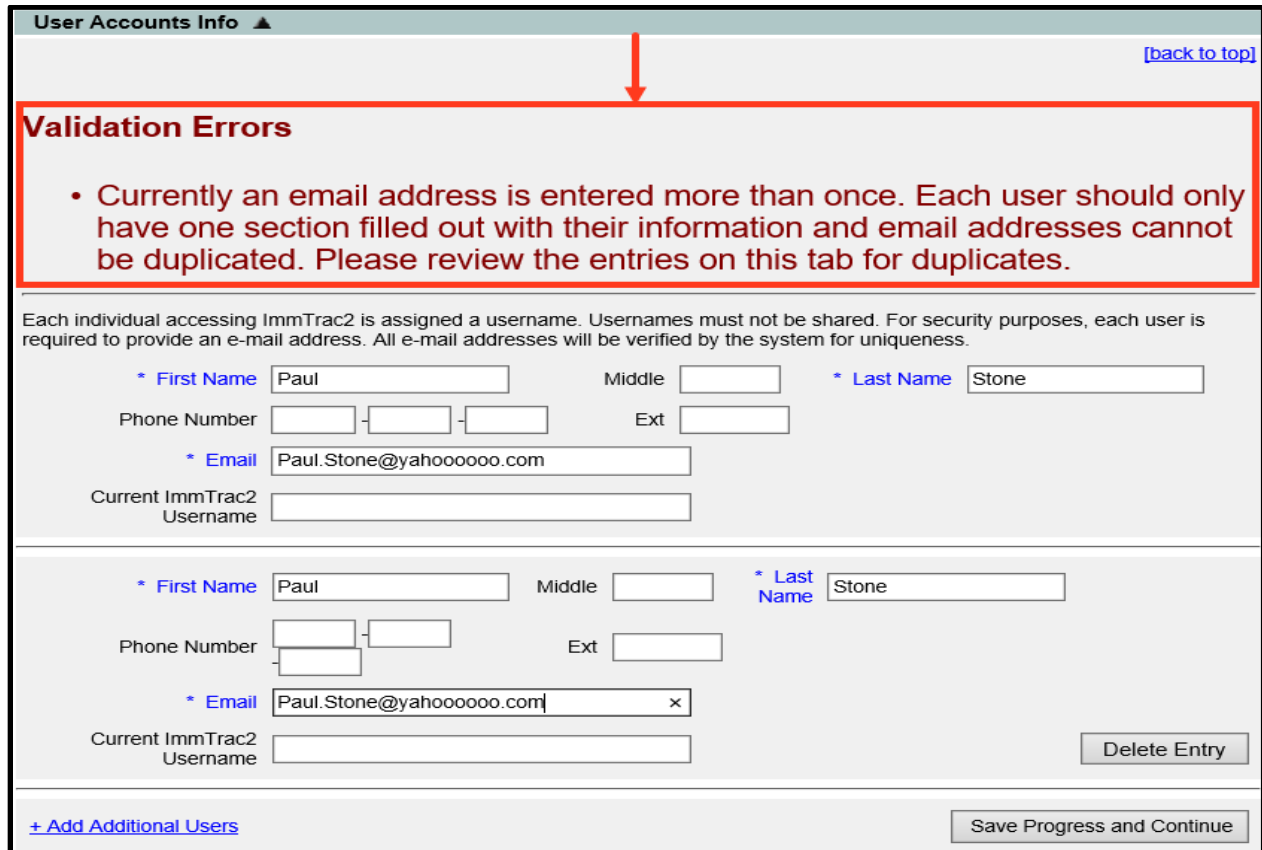
**When you click “Submit for Approval” at the end of the site agreement, the renewal will be checked for missing or invalid information on required fields.**

For some fields with missing or invalid information, an error message will appear at the top of the registration (see *Figure 44: Validation Error Message at Top of Renewal 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 45: 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 44: Validation Error Message at Top of Renewal 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  Middle  \* Last Name

Phone Number  -  -  Ext

\* Email

Current ImmTrac2 Username

---

\* First Name  Middle  \* Last Name

Phone Number  -  Ext

\* Email  x

Current ImmTrac2 Username

[+ Add Additional Users](#)

*Figure 45: 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

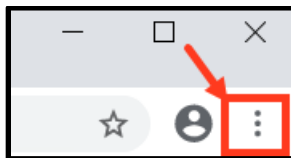
The Google Chrome icon looks like a disk with red, yellow, and green colors. See *Figure 46: Google Chrome Icon*.



*Figure 46: 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 47: "More" Icon*.



*Figure 47: "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 48: Internet Explorer 11 Icon*.



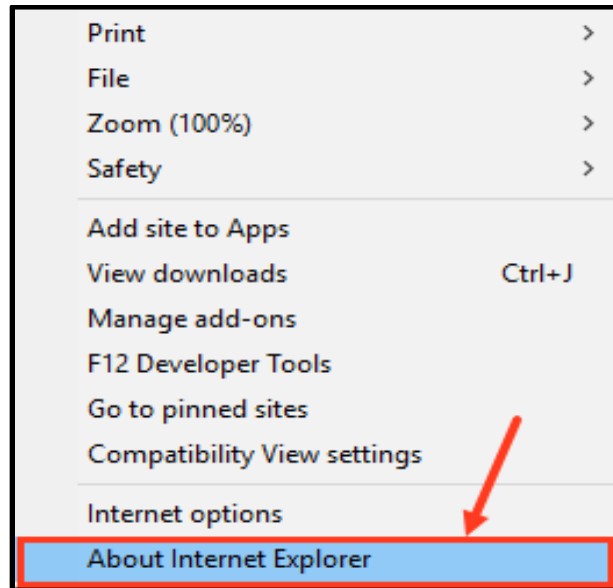
*Figure 48: Internet Explorer 11 Icon*

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 49: Internet Explorer Gear or Cog*.



*Figure 49: Internet Explorer Gear or Cog*

Then click "About Internet Explorer" from the dropdown selections. See *Figure 50: About Internet Explorer*.



*Figure 50: About Internet Explorer*

A popup message will display which version of Internet Explorer you are using. See *Figure 51: About Internet Explorer*.



*Figure 51: About Internet Explorer*

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

Make sure you are using either Chrome or Internet Explorer 11. Your IT person can help you with this as well.

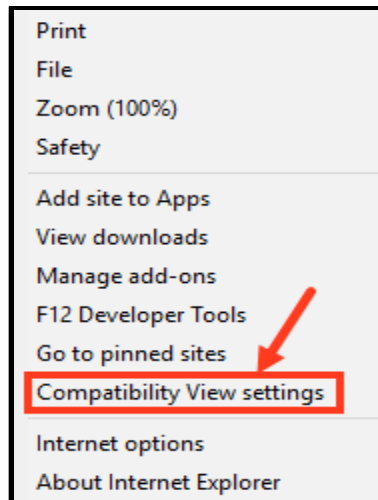
To check compatibility settings in Internet Explorer 11:

1. Find and left click on the small cog wheel in upper right corner of your browser (see *Figure 52: Internet Explorer Gear or Cog*).



*Figure 52: Internet Explorer Gear or Cog*

2. In the drop-down box, click Compatibility View Settings (see *Figure 53: Drop-Down Box*).



*Figure 53: Drop-Down Box*

3. In the Compatibility View Settings box (see *Figure 54: Compatibility View Settings*):
  - A. The large box titled "Websites you've added to Compatibility View" should be blank, and
  - B. The two boxes below it should NOT be checked.

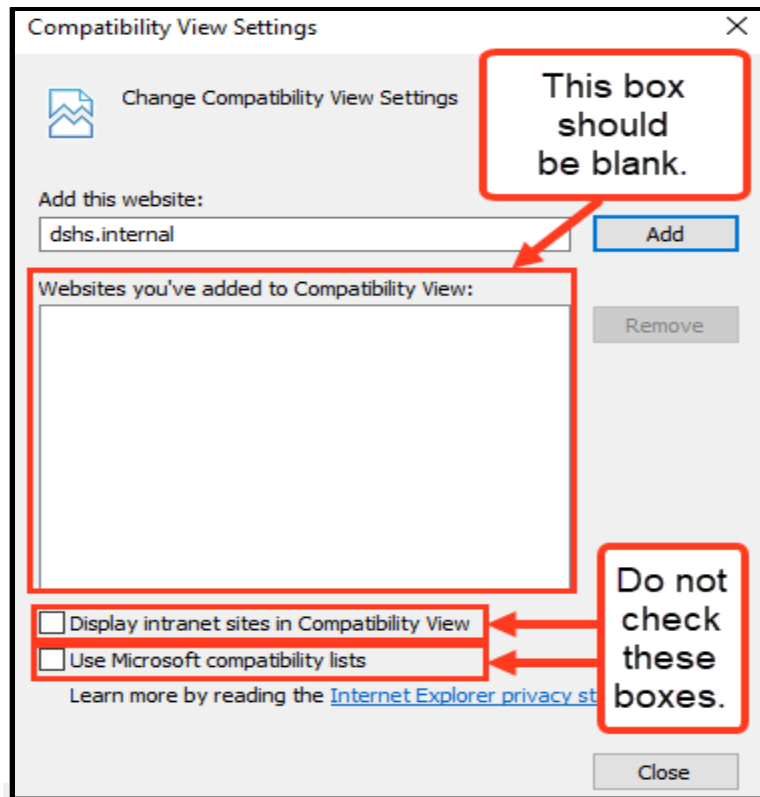


Figure 54: Compatibility View Settings

If you do have websites listed in the large box titled “Websites you’ve added to Compatibility View”, to remove them (see *Figure 55: 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.

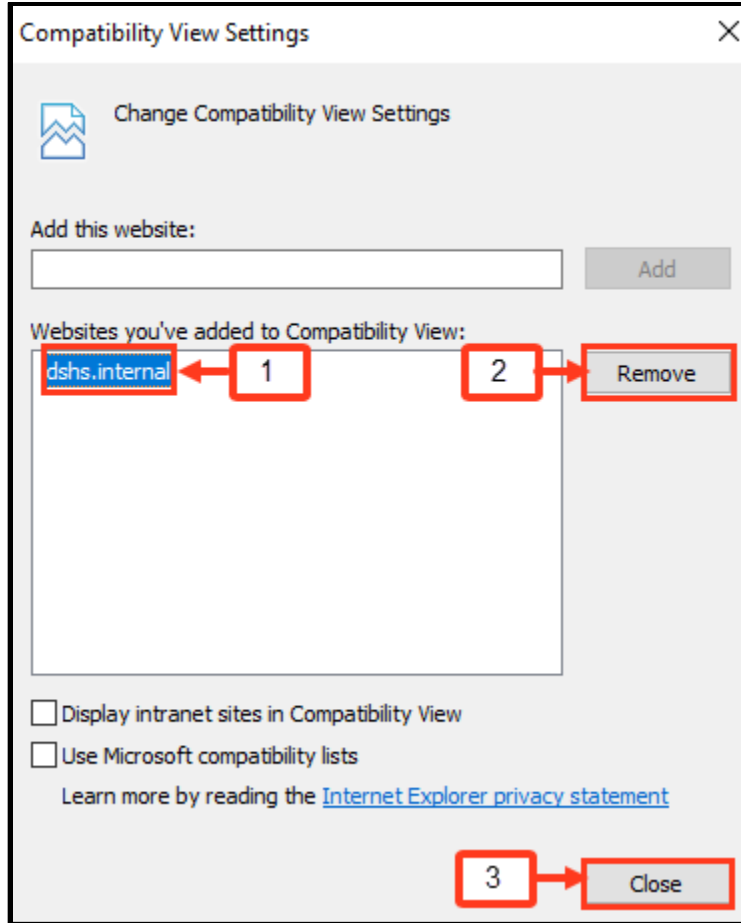


Figure 55: Removing Websites

## 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 56: 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 56: 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 57: Forgot Password Button*.

Forgot Password?

*Figure 57: 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 Renewals

**Required fields** have an asterisk (\*) and are in blue. **Before submitting a renewal**, 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.

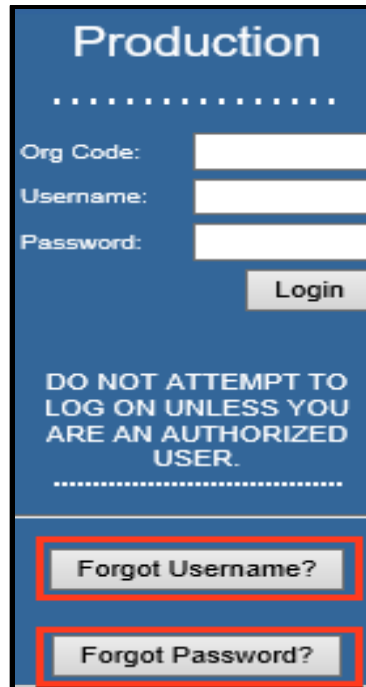
**Look out for spaces before, after, or in the Email addresses:**

**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 email address. This will allow each individual user to reset their own password and retrieve their Org Code and Username. See *Figure 58: Forgot Username and Forgot Password Buttons*, *Figure 59: Reset Password*, and *Figure 60: Forgot Username*.

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



**Production**

.....

Org Code:

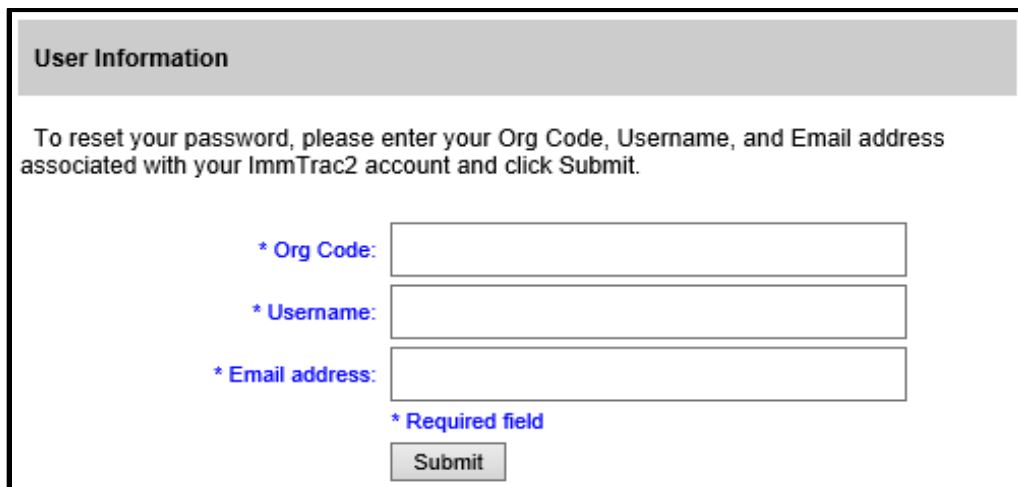
Username:

Password:

DO NOT ATTEMPT TO  
LOG ON UNLESS YOU  
ARE AN AUTHORIZED  
USER.

.....

*Figure 58: 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 59: 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

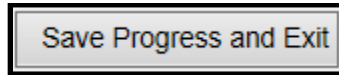
\* Email Address

\* Required field

*Figure 60: Forgot Username*

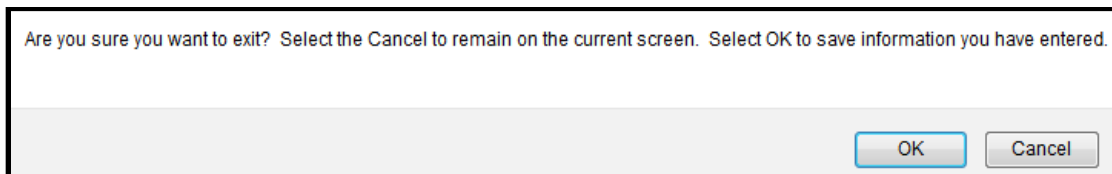
## 7E. Save Progress and Exit

To save your progress and return later, select "SAVE PROGRESS AND EXIT". See *Figure 61: Save Progress and Exit Button*.



*Figure 61: Save Progress and Exit Button*

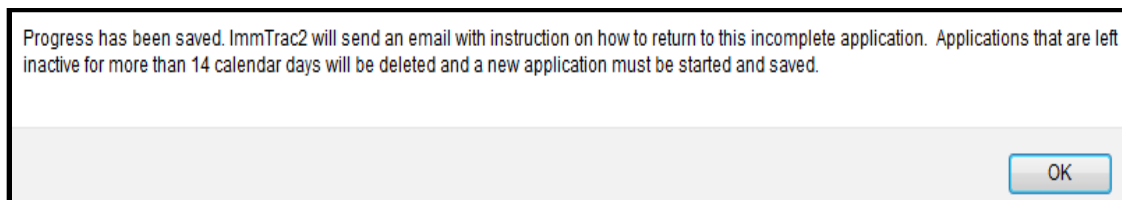
Then a message appears asking if you are sure you want to exit (see *Figure 62: Exit Message*).



*Figure 62: 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 63: Progress Saved Message*.



*Figure 63: Progress Saved Message*

If you have started the renewal process, then saved it and exited, when coming back to open the renewal, the "Incomplete" or "Click to Renew" application status may be clicked to open the renewal and continue. See *Figure 64: Incomplete Renewal*.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" 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.**

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	03/20/2021	<a href="#">Incomplete</a>	ImmTrac2	12 days

Figure 64: Incomplete Renewal

An email with the title "ImmTrac2: Incomplete Renewal" is sent to the Authorized Signer email address listed in the Site Agreement. The opened email tells you how to access the incomplete renewal. See *Figure 65: Incomplete Renewal Message*.

Thank you for starting the process to renew your organization.  
At this point, your renewal is **still Incomplete**.  
Your renewal will **expire in 14 days** if it is not updated or completed.  
Further action is required to finish this process and have your renewal submitted for approval.

Please follow these instructions to access your **Incomplete** renewal.

1. Login to [ImmTrac2](#).
2. Agree to the Confidentiality Statement.
3. Select an organization to login to.
  - If you are only associated to one organization, go to step 4.
4. Select the 'registration/renewal' tab at the top of the screen.
5. Select Manage Renewals.
6. Select your in-progress renewal.

If you have any questions, please contact the ImmTrac2 Customer Support Team at 1-800-348-9158 or at [ImmTrac2@dshs.texas.gov](mailto:ImmTrac2@dshs.texas.gov)

Click on the ImmTrac2 button next to the organization.

Figure 65: Incomplete Renewal Message

- To continue the in-progress renewal,
- Go back into ImmTrac2, select the "registration/renewal" tab in the menu bar near the top of the screen,
  - Select "Manage Renewals" (see *Figure 66: Manage Renewals Screen*), and
  - Select the renewal that is still in progress by clicking on the word "Incomplete" in that row.

**Manage Renewals**

**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.

**Renewals:**  
When submitting a renewal for an existing organization, please review the information in each section of the application and make any necessary changes or updates. To save your progress and return at a later time to complete the renewal process, select "Save Progress and Exit". To continue working on an incomplete renewal, click the "Incomplete Renewal" 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.**

Organization Name	Org Code	Site Agreement Expiration Date	Application Status	Last Edited By	Application Expires
PAULS PEDIATRIC PRACTICE	PAUL3441	09/12/2021	Incomplete	ImmTrac2	14 days

Figure 66: Manage Renewals Screen

**When incomplete renewals 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](mailto:ImmTrac2@dshs.texas.gov)

Phone: 1-800-348-9158, press option 4

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

ImmTrac Information Website:

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