

### KSWebIZ New Provider Screening

Thank you for your interest in KSWebIZ! Please take the time to answer the screening questions on this form. Answering these questions completely and accurately will ensure that you are directed to the proper contact for assistance with KSWebIZ enrollment and onboarding.

***\*Please note: Current KSWebIZ policies require participating practices to submit and/or enter data. Practices not wishing to submit and/or enter data will not be enrolled to participate with KSWebIZ.***

What is the name of your practice?	
What is the address of your practice? Street, City, County, State, Zip	
What is the phone number of practice?	
Is your practice enrolled in the Vaccines For Children Program (VFC)? If yes, please provide your VFC Pin.	Yes    No    VFC Pin:
Is your practice part of a medical group?	Yes    No
If yes, what is the name of the medical group?	
If yes, how many practices are a part of the medical group?	
In what way does your practice intend to exchange data with KSWebIZ? <ul style="list-style-type: none"> <li>• Direct Entry = username &amp; password access to web portal for manual data entry</li> <li>• Interface = your EHR or EMR sends data to KSWebIZ</li> </ul>	
If Interface, what EHR or EMR product does your practice use?	
If Interface, what is the name of the vendor of your EHR or EMR product?	
Is your practice a member of the Kansas Health Information Exchange (KHIE)?	Yes    No
If yes, please specify which Health Information Organization (HIO) your practice is a member of? <ul style="list-style-type: none"> <li>• KHIN (Kansas Health Information Network)</li> <li>• LACIE (Lewis And Clark Information Exchange)</li> </ul>	
Please provide the first name, last name, phone number, and email for the Primary Contact of your practice.	
Please provide the first name, last name, and email of each user you anticipate will need access to KSWebIZ.  <i>*Per KSWebIZ User Access Policy, each user accessing KSWebIZ must maintain a unique email address to ensure login information is kept secure and not shared.</i>	

Please return completed form to KSWebIZ at [kdhe.IMMOnboarding@ks.gov](mailto:kdhe.IMMOnboarding@ks.gov). Once all information is received registry staff will verify and process submitted information.

KSWebIZ Staff asks that you please allow a minimum of two weeks (10 business days) to process accounts.

Questions can be sent to [kdhe.IMMOnboarding@ks.gov](mailto:kdhe.IMMOnboarding@ks.gov) or call the Help Desk at 1-877-296-0464