



NMSIIS Provider and EHR Information Sheet

The NMSIIS Provider and EHR Information Sheet provides contact and site information for automated data exchange with the New Mexico Statewide Immunization Information System (NMSIIS). After completing this form, please submit to the program at NMSIIS.Access@doh.nm.gov **PLEASE PRINT CLEARLY and COMPLETE ALL FIELDS.**

Provider Contact Information		
Facility/Location Name:		
NMSIIS Org ID (if assigned):		
Physical Address of Facility/Location:		
City:	State:	Zip Code:

Facility/Location Technical Lead: _____

Job Title: _____ Email: _____

Primary Phone: (____) - ____ - ____ Ext: _____ Secondary Phone: (____) - ____ - ____ Ext: _____

Fax: (____) - ____ - ____ Ext: _____

Primary Location Contact for NMSIIS : _____

(NOTE: this person may be the same as above. If so, please note)

Job Title: _____ Email: _____

Primary Phone: (____) - ____ - ____ Ext: _____ Secondary Phone: (____) - ____ - ____ Ext: _____

Fax: (____) - ____ - ____ Ext: _____

Electronic Health Record (EHR) Contact Information
EHR Vendor/Company:
EHR Version (if known):

Primary EHR Vendor Point of Contact Name: _____

Job Title: _____ Email: _____

Primary Phone: (____) - ____ - ____ Ext: _____ Secondary Phone: (____) - ____ - ____ Ext: _____

Fax: (____) - ____ - ____ Ext: _____

Back Up EHR Vendor Point of Contact Name: _____

Job Title: _____ Email: _____

Primary Phone: (____) - ____ - ____ Ext: _____ Secondary Phone: (____) - ____ - ____ Ext: _____

Fax: (____) - ____ - ____ Ext: _____

