

Organization Information Form

The information in this form will be referenced as our HL7 staff creates the Trading Partner Agreement and adds this organization to the Tennessee Immunization Information System, TennIIS.

Please complete and return this form to the Tennessee Vaccine-Preventable Diseases and Immunization Program (VPDIP) together with:

- Facility Information Form
- Vendor/Transport Form

Contact the TennIIS Data Exchange Team at TennIIS.MU@tn.gov if you need assistance.

Organization Information

Organization Name

Street Address (line 1)

Street Address (line 2)

City / State / Zip

Phone

Group NPI

Please note that this should not be an NPI number that is assigned to an individual/Eligible Professional.

Will any of your facilities/locations be participating in the Vaccines for Children (VFC) Program?

Yes No Unknown

Site Type

Organization Points of Contact (POC) – *Must include a primary and backup contact.*

The organization's Point of Contact (POC) is the individual responsible for managing their organization's TennIIS users and communicating directly with VPDIP any user or organization updates. A primary and backup contact is required. Please include unique email addresses and phone numbers for each contact, if possible.

Primary Facility Contact

Backup Facility Contact

Name

Name

Email

Email

Phone

Phone