

NMSIIS Provider and EHR Information Sheet



New
Mexico
Statewide
Immunization
Information
System

Version 2.0
July 1, 2019



This Provider and EHR Information Sheet gives contact and site information for Automated Data Exchange (ADX) with the New Mexico Statewide Immunization Information System (NMSIIS). An asterisk (*) marks required information. Providers, please email the completed form to the coordinator at Elizabeth.Cisneros@state.nm.us.

Provider Contact Information

***Facility/Location Name:** _____

NMSIIS Org ID (if assigned): _____

Physical Address of Facility/Location: _____

City: _____ State: _____ Zip: _____

Facility Point of Contact Registered Email Address: _____

***Primary Point of Contact:** _____

Job Title: _____

City: _____ State: _____

Email: _____

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

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

Facility/Location Project Manager: _____

Job Title: _____

City: _____ State: ____

Email: _____

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

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

***Facility/Location Technical Lead:** _____

Job Title: _____

City: _____ State: ____

Email: _____

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

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

Primary Location Contact for NMSIIS: _____

Note: This is the contact at your location, not the NMDOH contact.

Job Title: _____

City: _____ State: ____

Email: _____

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

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

EHR Contact Information

EHR Vendor (company): _____

EHR Point of Contact: _____

EHR Version (if known): _____

EHR Vendor's Contact Person: _____

Job Title: _____

City: _____ State: ____

Email: _____

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

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

EHR Vendor's Data Exchange Technical Lead: _____

Backup point of contact if primary is not available

Job Title: _____

City: _____ State: ____

Email: _____

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

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

